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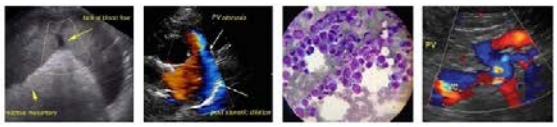

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Einstein Love

SPECIES

Canine

BREED

Cane Corso X

SEX

Intact Male

AGE

8 Years

WEIGHT

101.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Centreville AH

REFERRING VET

Dr. Sandhu

INVOICE

44118

DATE

1/11/23

PRESENTING CLINICAL SIGNS

Ongoing weight loss without any diet changes. Now only eating canned food and treats. Turns up nose at dry food. About 6 months ago had a few significant flare ups of allergic skin infections and some ocular discharge. Cannot be vaccinated so not up to date. Sedation required to examine or ultrasound.

Abnormal PE/Chem/CBC/UA Results: Last bloodwork done one year ago under Dexdom. T.Protein elevated, Globulins elevated, Alb/Glob ratio decreased, Glucose decreased, Calcium decreased, Magnesium decreased, Amylase elevated, Plt elevated, Hemoglobin decreased, Hematocrit decreased, T4 decreased 8(10-45)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is symmetrically enlarged (4.8 cm wide) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

The right kidney is normal in size (8.06 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (7.13 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (3.55 cm long x 2.2 cm at the cranial pole and 0.97 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.64 cm long x 0.50 cm at the cranial pole and 0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. In the cranial/head aspect of the spleen, there is a large 12+ cm x 8+ cm heterogeneous, cavitated mass, resulting in capsular expansion. No obvious capsular escape. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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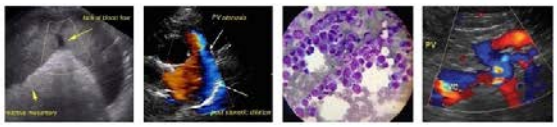

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Both testicles are visualized without evident testicular pathology.

PRIMARY FINDINGS

- **Hypersplenism with a heterogeneous cavitated splenic mass –** Concerning for infiltrative neoplasia such as sarcoma. However, benign infectious diseases can result in similar appearing lesions, as can large cysts, hematomas, extramedullary hematopoiesis, etc. Therefore, definitive determination cannot be made without tissue sampling.

SECONDARY FINDINGS

- **Benign Prostatic Hyperplasia –** Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, recheck labs, CBC/Chem panel, electrolytes, and urinalysis are recommended.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Pending results of the above, a fine needle aspirate of the splenic mass could be considered if patient's coagulation status is appropriate. However, given the cavitated appearance, risk of future hemorrhage, etc., even with a benign lesion, combined with the heavy sedation likely necessary for an aspirate, alternatively, an exploratory laparotomy for planned splenectomy and histopath may be a more reasonable approach.

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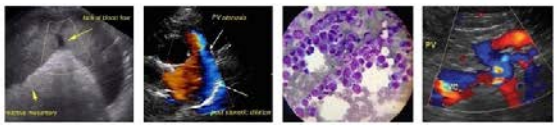

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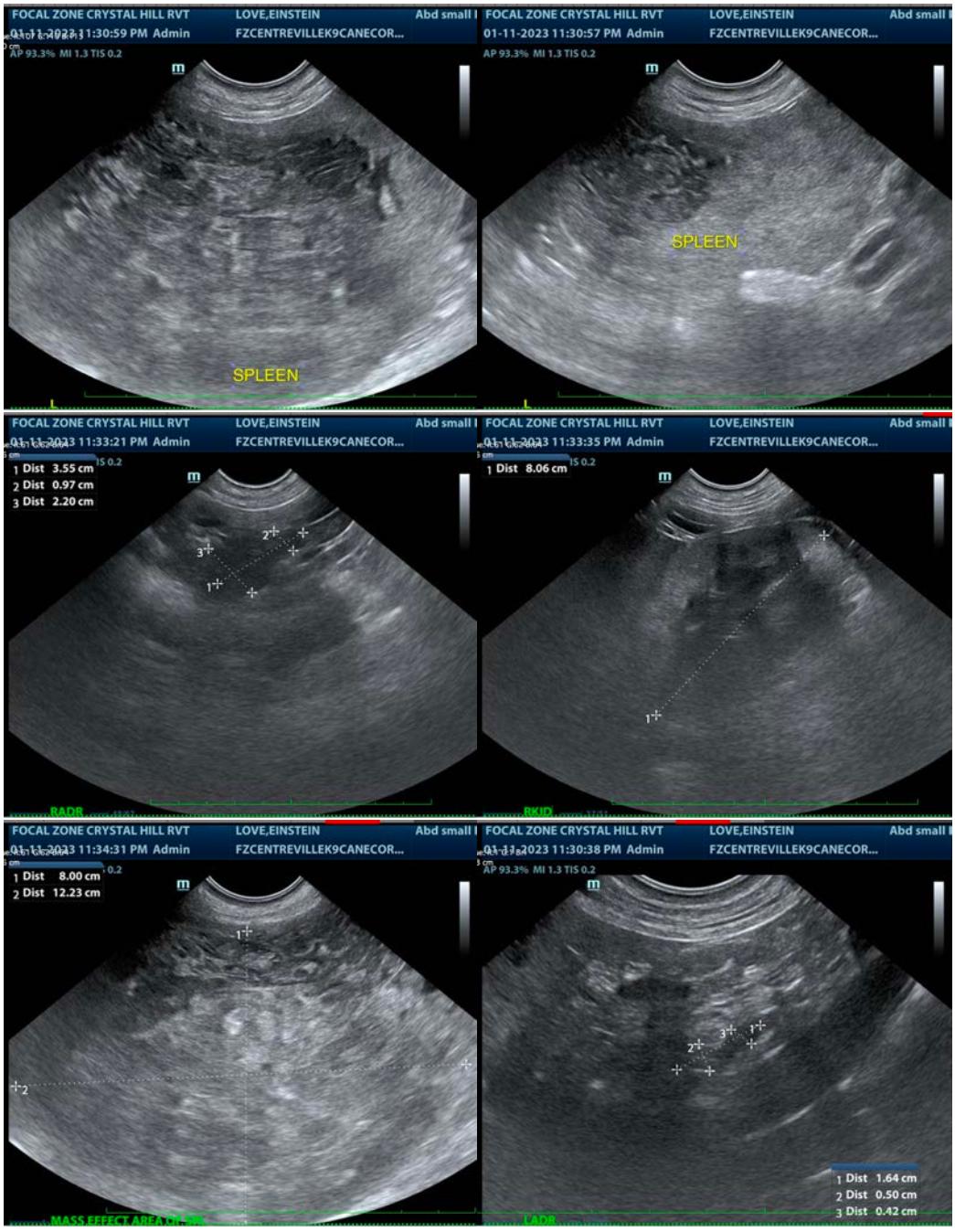

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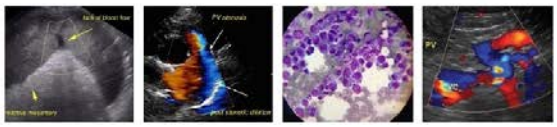

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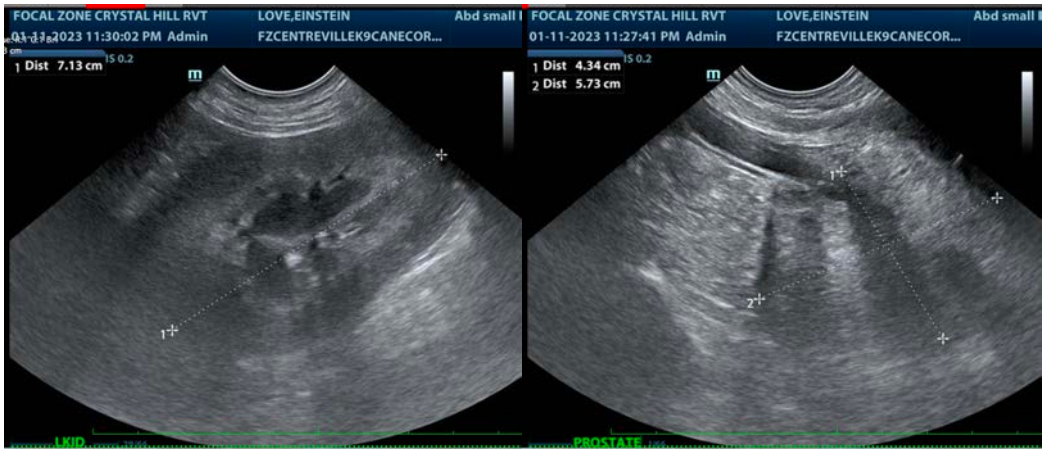

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com