SonoPath
Clinical Sonography & Telecytology
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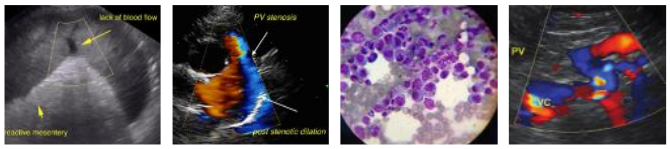


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Apolo Rivera

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

16 Years

WEIGHT

92 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dra, Gisele Bonnete

INVOICE

20617

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound. Presented to the rDVM due to abdominal distension. Radiographs were taken and showed mass effect on cranial abdomen and loss of detail. Pt presented for an abdominal ultrasound to further evaluate the abdomen. FNA of the liver was done and submitted to pathologist.

Abnormal PE/Chem/CBC/UA Results: PE: Abdominal distension and mild fluid wave BW: CBC: WBC: 48 (6-17) Neu: 42 (3-12) HCT: 33 (37-55) CHEM: ALP, ALT, BUN, CREAT, GLU and TP all wnl Hemolysis index 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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 normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (7.5 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.

Right kidney is normal is size (7.1 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 area of both adrenal glands is examined without evident adrenal pathology.

Spleen

The spleen contains an approximately 7.0 cm heterogenous partially cavitated mass, resulting in capsular expansion and suspected escape.

Liver

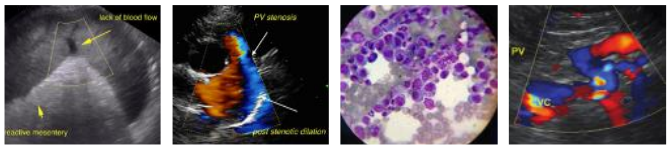
Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with 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. 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.



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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Heterogenous cavitated lymph nodes are noted adjacent to the splenic and hepatic pathology in the cranial abdomen and a large amount of echogenic appearing free fluid is also present.

ULTRASONOGRAPHIC FINDINGS

- The heterogenous cavitated splenic mass is most concerning for infiltrative neoplasia, such as sarcoma or potentially infiltrative round cell neoplasia vs other, given the concurrent liver pathology and free fluid. A benign lesion is possible but considered exceedingly less likely.
- The diffusely heterogenous/nodular liver, containing similarly heterogenous and cavitated lesions, is concerning for the same process as could be seen with metastatic sarcoma or again, infiltrative round cell neoplasia.
- The cranial lymphadenopathy is also concerning for metastatic disease.
- The free fluid noted is consistent with this patients reported history of hemoabdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Reportedly, an aspirate of the liver was obtained, therefore, submission of the sample for cytology is recommended in case this patient has infiltrative round cell neoplasia, that may be amendable to medical management.

An exploratory laparotomy with planned splenectomy and liver biopsy could be considered with the goal of stopping the hemorrhage palliatively, however, given the expansive nature of the visibly gross pathology, full surgical removal of it is not possible.

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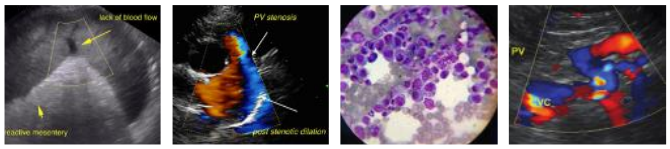

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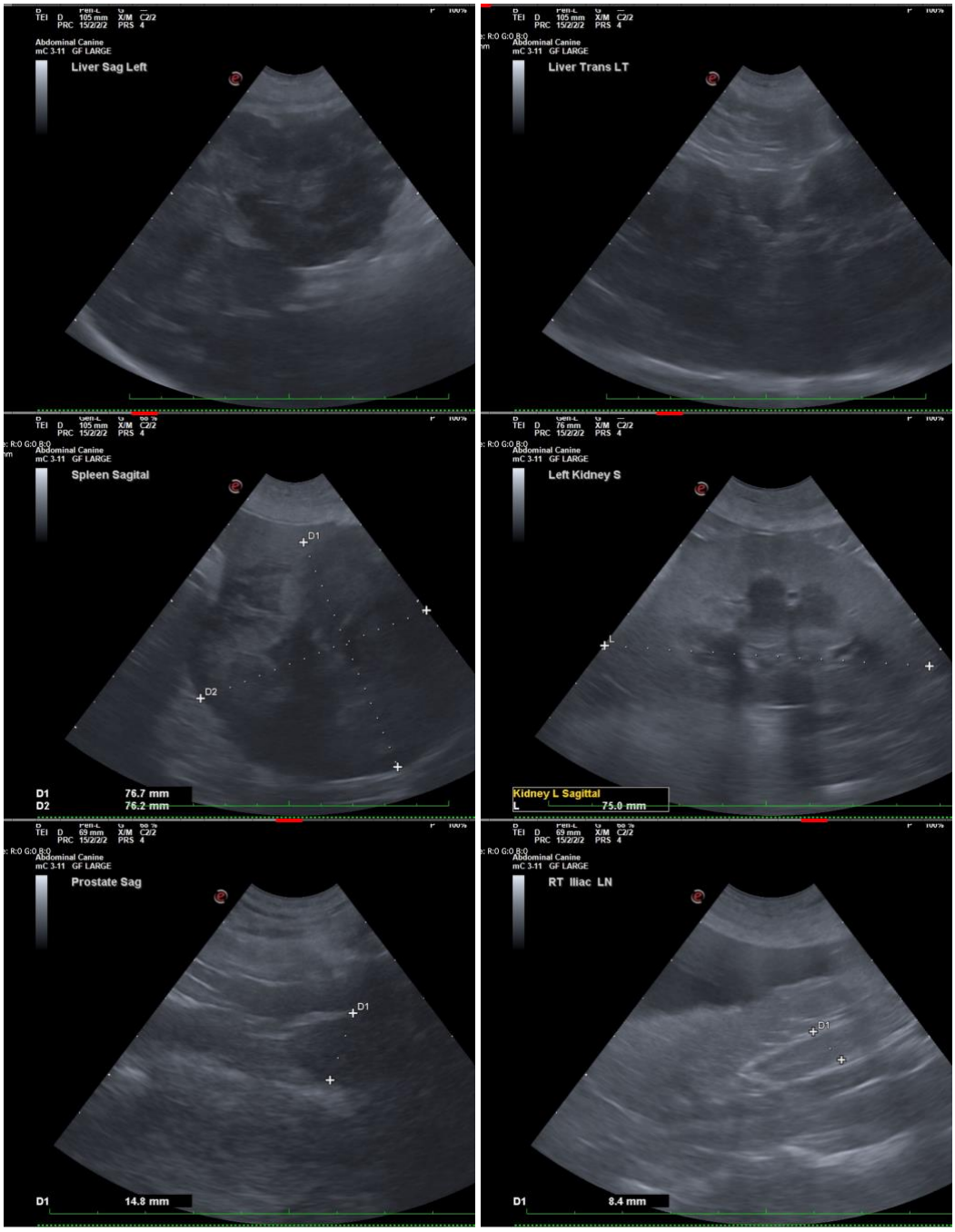

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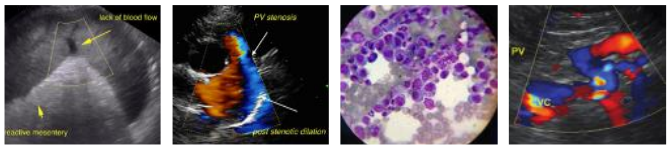

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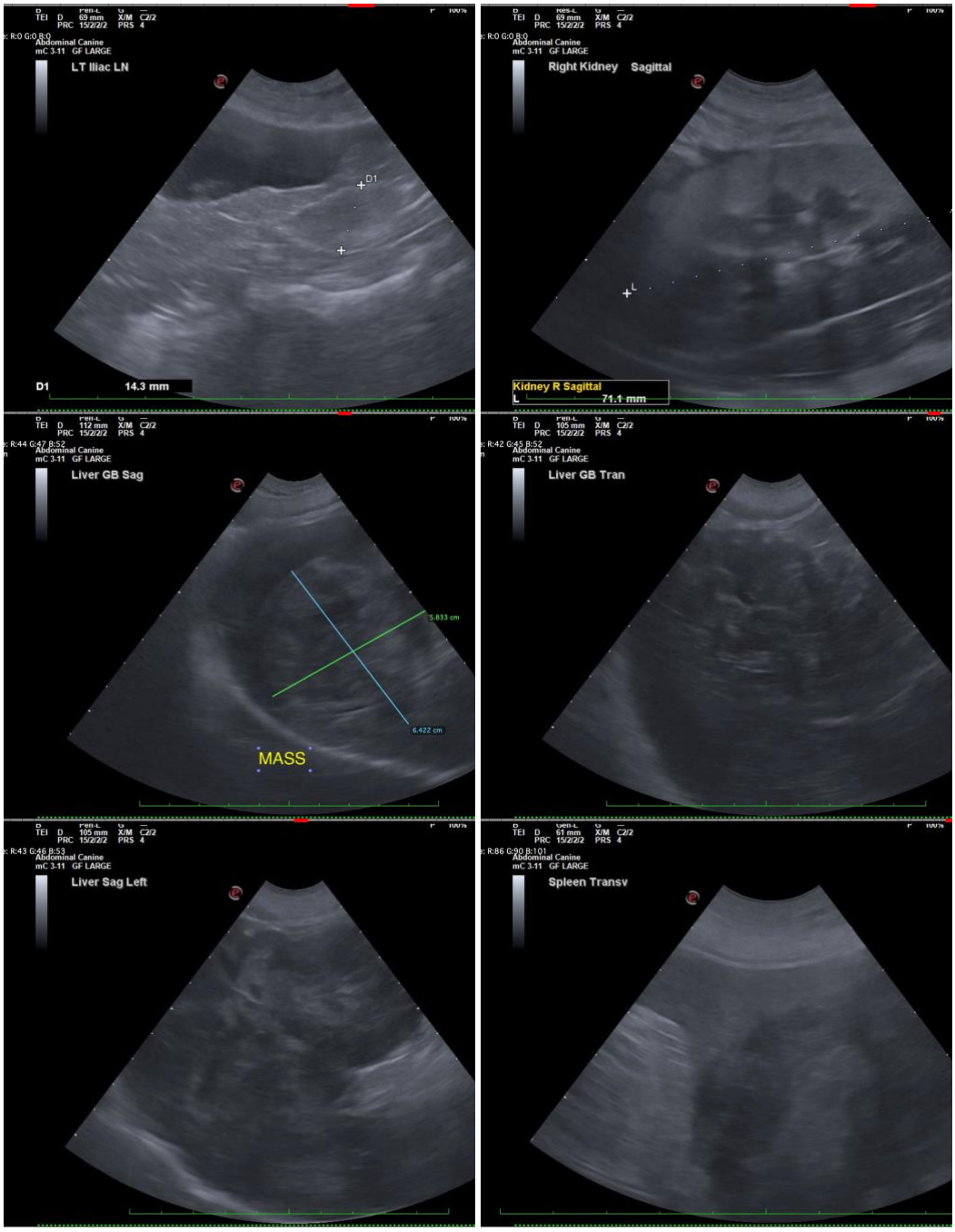

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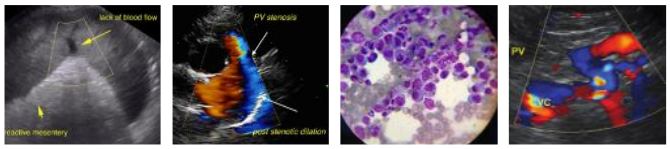

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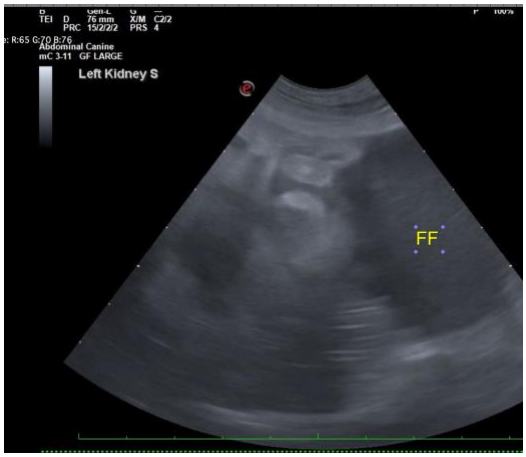

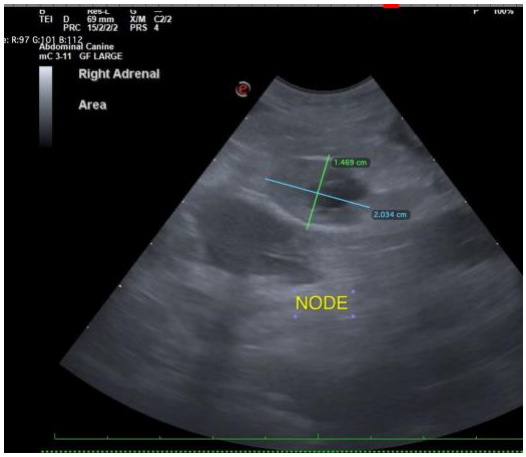

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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