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Clinical Sonography & Telecytology
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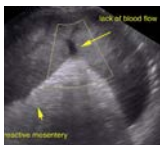
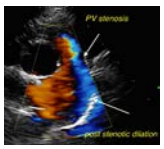
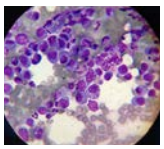
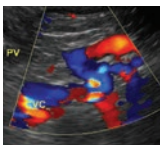

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1-800-838-4268 info@sonopath.com

PATIENT
Bo Eckels

SPECIES
Canine

BREED
Golden Retriever

SEX
Neutered Male

AGE
14 Years

WEIGHT
71 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho-Ho-Kus VH

REFERRING VET
Dr. G.

INVOICE
43907

DATE
1/4/23

PRESENTING CLINICAL SIGNS

Presented for intermittent cough and change in bark.
Abnormal PE/Chem/CBC/UA Results: Chem/T4 WNL, CBC 35% nonregenerative, chest rads clear

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.

The area of the prostate is examined without evident pathology.

The right kidney is normal in size (6.5 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.

The left kidney is normal in size (6.7 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 adrenal glands are unable to be well visualized in these images.

Spleen

In the area of the spleen, there is a large 10+ cm heterogeneous, cavitated mass that appears to originate from the spleen. Association with the liver can't be 100% definitively ruled out, but is considered less likely.

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.

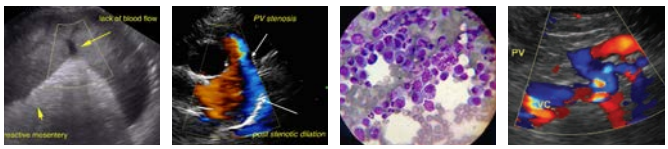
Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (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



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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.

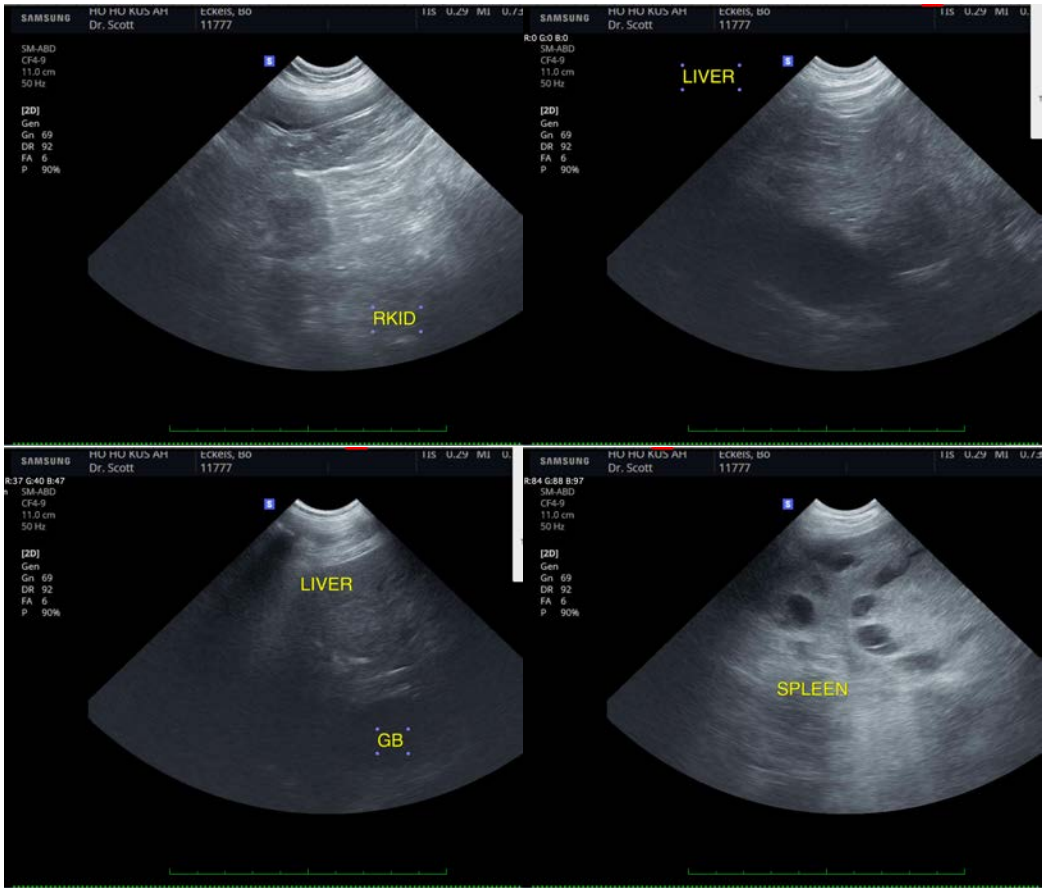
There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Large, cavitated splenic mass – concerning for infiltrative neoplasia such as sarcoma versus other. A benign hematoma, extramedullary hematopoiesis, etc. can mimic infiltrative neoplasia, however, and cannot be definitively ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the splenic mass could be considered if patient's coagulation status is appropriate. However, given the risk for hemorrhage/hemoabdomen even with benign lesions, alternatively, exploratory laparotomy for planned splenectomy could be considered instead. However, given this patient's presenting complaint of a change in bark, further evaluation of the laryngeal/pharyngeal area is recommended prior to an invasive step such as surgery to further evaluate for possible laryngeal paralysis or lymphadenopathy, nodules, masses, etc. in the area that could be contributing to a mark change. This evaluation could consider of a sedated oral exam, an upper airway exam, and ultimately possibly a CT scan.



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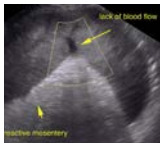
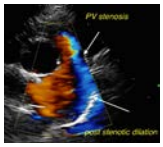
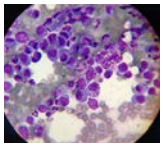
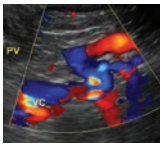

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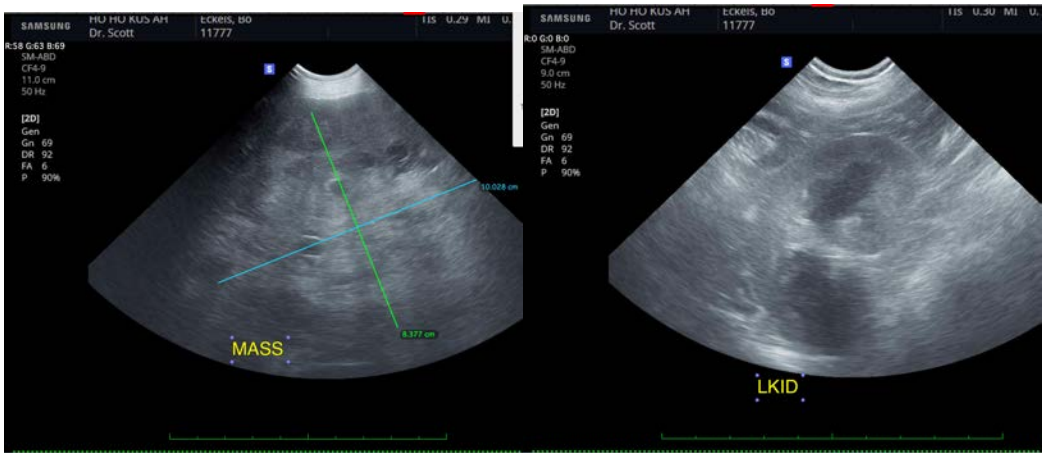

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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