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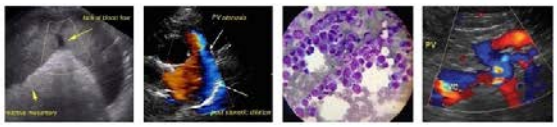


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tara Moore

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

13 Years

WEIGHT

38 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. McKenzie

INVOICE

42540

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Over last few days has barely been eating anything, drinking fine, no V/D. Very low activity level still goes on short walks. O is worried about how much weight she is loosing over last couple months. O has no other concerns. Appetite: x - barely eating over last few days, Drinking fine Digestive: ok Genitourinary: ok Activity level: low meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: please see attached BW

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 right kidney is normal in size (6.2 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 (5.89 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 (1.86 cm long x 1.4 cm at the cranial pole and 0.56 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 (1.96 cm long x 0.36 cm at the cranial pole and 0.43 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

In the mid cranial to left abdomen, there is a large 11+ cm x 13+ cm heterogeneous cavitated mass that appears to be splenic in origin. An attachment to the liver cannot be definitively ruled out but is considered less likely (see liver description).

Liver

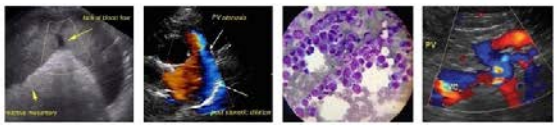
The visible liver appears normal. Given the large size of the mass compressing all of the normal tissue in the area, the liver is difficult to fully examine, and faint pathology could be obscured/missed. If the mass is liver in origin, then the spleen is not visualized in these images.

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 is not well visualized in these images due to the large mass obscuring normal tissue and pushing it out of the way.

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



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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.

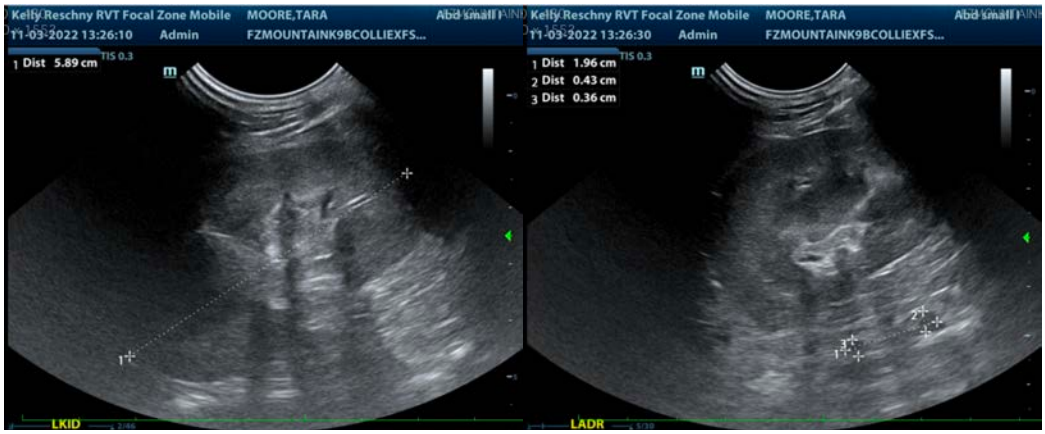
ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, mid cranial abdominal mass – Believed to be splenic in origin. However, a hepatic mass cannot be definitively ruled out. The top differential is infiltrative neoplasia such as sarcoma versus other. A hepatocellular carcinoma is an option if the mass is liver in origin, or even round cell neoplasia. A benign lesion is considered much less likely.

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.

A fine needle aspirate of the mass could be considered if patient's coagulation status is appropriate, or alternatively, given the cavitations and the risk of hemorrhage, ongoing necrosis, etc., an exploratory laparotomy for planned excisional biopsy/mass removal good be pursued. If this is all splenic, then resectability with a splenectomy is good. However, again, an attachment to the liver cannot be definitively ruled out. In that case, a pre-surgical planning abdominal CT scan could be helpful.



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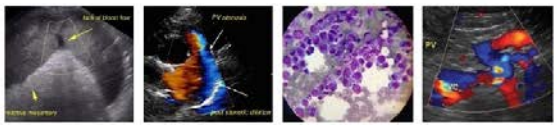

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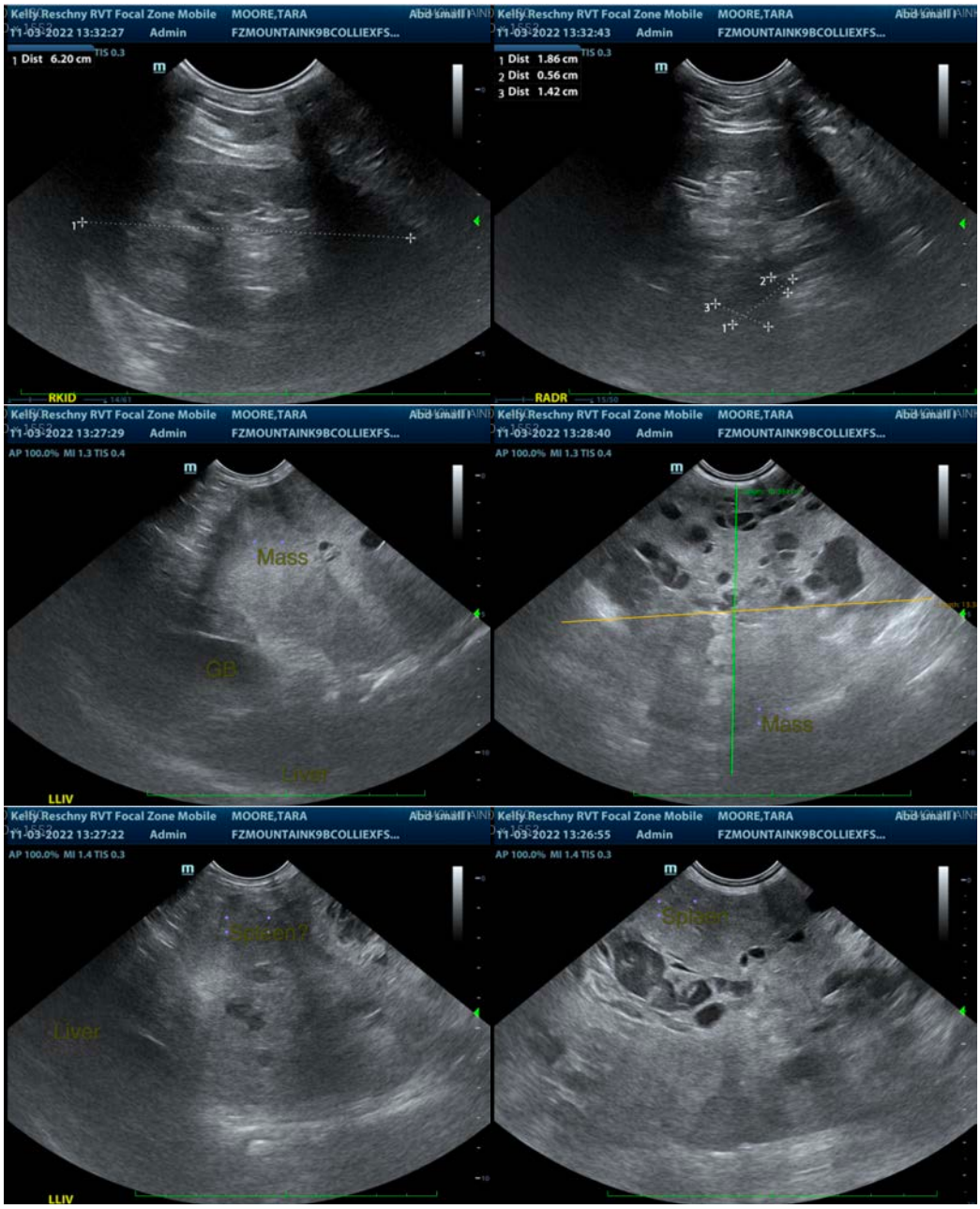

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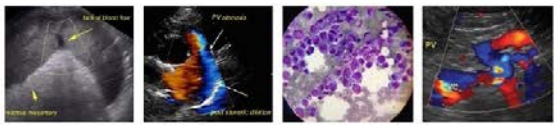

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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