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Clinical Sonography & Telecytology
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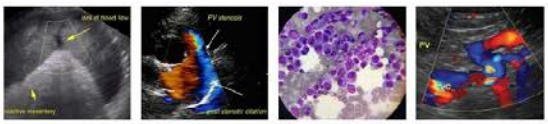


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sheriff Ennis

SPECIES

Canine

BREED

GSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

94 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

43099

DATE

11/30/22

PRESENTING CLINICAL SIGNS

Hx- pt developed symptoms of lethargy and weakness the evening 11/28. Not eating. 11/29 Not ambulatory Chem 12/lytes/CBC-ALT 609, BUN 52, Phos 8.6, Creat 1.8, Na 137, K+ 5.8 Na/K 23.6 WBC 34.25, mono 2.08, Neut 30.55, Hct 61.76, Radiograph abdomen and thorax- Moderate generalized cardiomegaly with morphologic changes consistent with pericardial effusion. Mild pleural effusion, likely associated with pericardial tamponade. The ascites may also be secondary to pericardial tamponade but hemorrhage from the splenic mass is also possible. FAST ultrasound- pericardial effusion, minimal ascites. Cavitated splenic mass 45x48mm diameter. Abdominocentesis with ultrasound guidance- straw colored fluid, sl blood tinged toward the end of the centesis. Removed 500ml hemorrhagic fluid from pericardium and pleural space. Admin Vitamin K Pre op panel sent to the lab for clotting times. Alb 2.6, ALT 568, BUN 68, Creat 1.9, glu 61, WBC 26.5, platelet 75k, decreased estimate (WNL in house yesterday, this was pulled from peripheral vein possible falsely lowered), mono 2650, PT/PTT WNL (PT high end at 12.0) does not appear rodenticide is causing the hemorrhagic effusion. Pt much brighter today, eating, ambulatory and seems more like his usual self. Concern for heartbase mass, hepatic and splenic neoplasia. Pt currently on Yunnan Baiyao, Dex drops OU for pannus No sedation

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 (6.8 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 (7.7 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 right adrenal gland is normal in size (3.72 cm long x 0.80 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

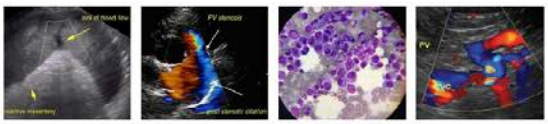
The area of the left adrenal gland is examined without evident pathology.

Spleen

The spleen contains multiple heterogeneous, capsule disrupting, cavitated splenic masses, including a 5.0 cm round mass near the head of the spleen, a 3.0 cm similar appearing mass near the tail of the spleen, and several smaller cystic nodules/masses throughout the body.

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



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coarse and homogenous in echotexture. An approximately 5.0 cm in diameter heterogeneous, cavitated mass is noted in the deep left liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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

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.

PRIMARY FINDINGS

- **Multiple cavitated splenic masses and a cavitated liver mass** – These are concerning for infiltrative neoplasia such as sarcoma. Benign disease, as can be seen with hematomas, cysts, extramedullary hematopoiesis, etc. is possible but considered much less likely, given the diffuse nature of the lesions.

SECONDARY FINDINGS

- **Gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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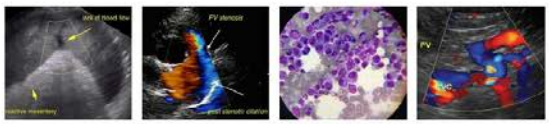

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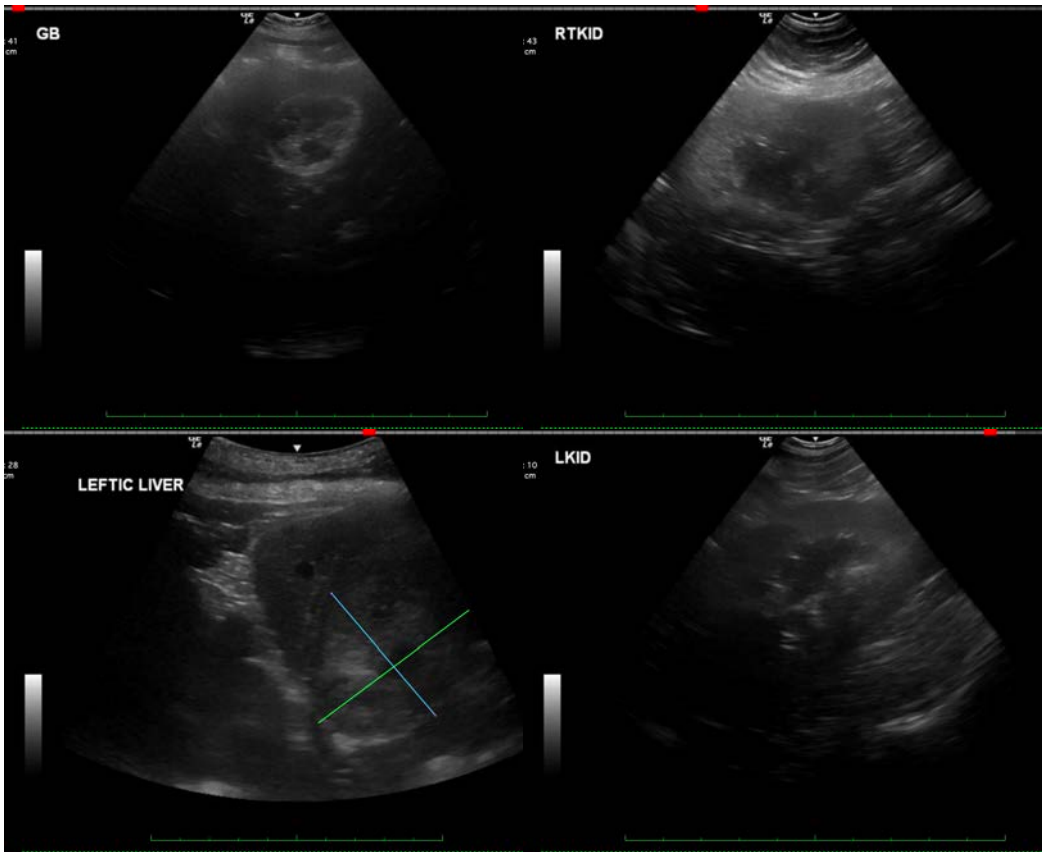
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include trying to obtain a histologic diagnosis to help further guide treatment. The least invasive approach may be a fine needle aspirate of the splenic masses and/or liver mass, if patient's coagulation status is appropriate. However, given the risk of hemorrhage either now or in the future, even with benign cavitated lesions, surgical excisional biopsy may be elected alternatively. However, further interventional recommendations are pending the reportedly pending echocardiogram results.

If concurrent heart base lesions and subsequent tamponade are present, further recommendations from the cardiologist and/or an oncologist would be helpful prior to pursuing abdominal mass removal, given the extent of the disease.



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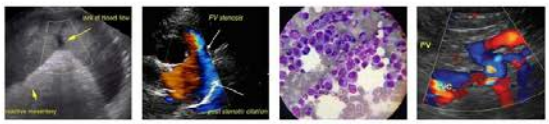

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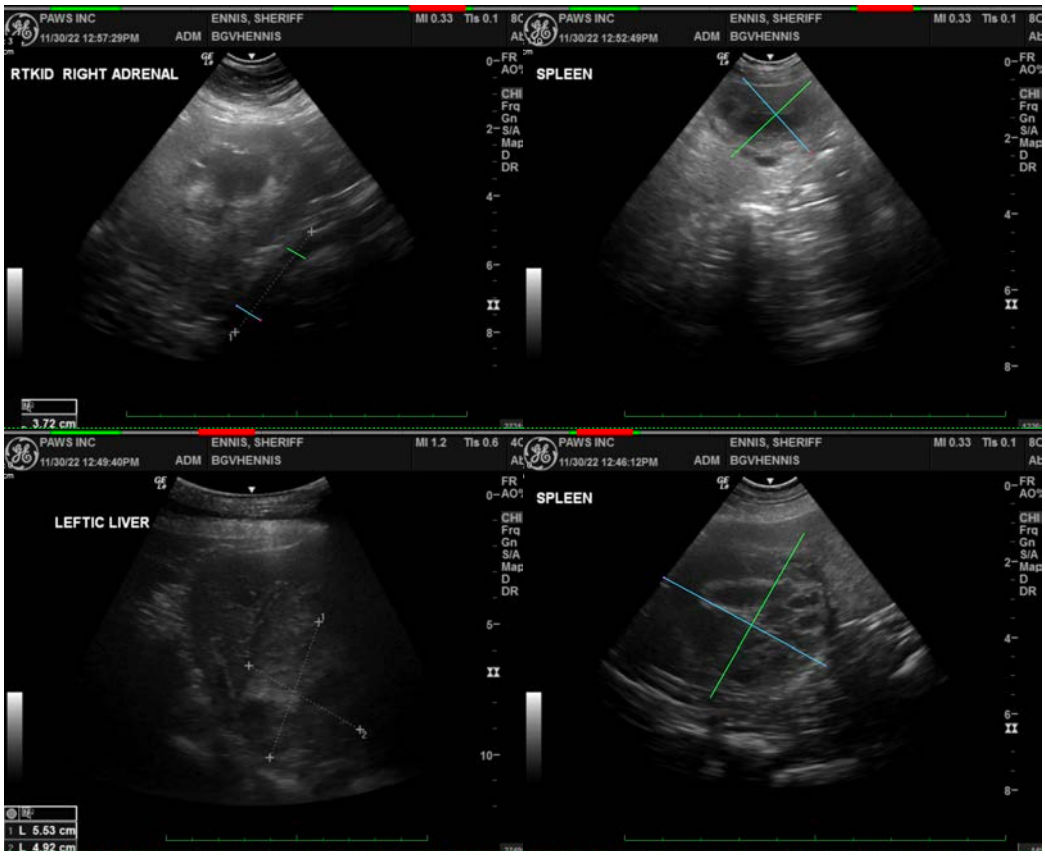

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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