SonoPath
Clinical Sonography & Telecytology
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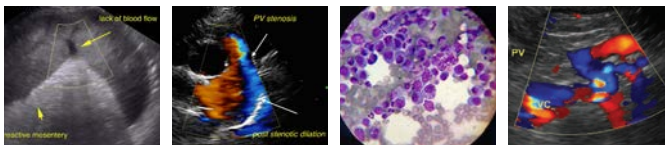


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Brody Krumlauf

SPECIES
Canine

BREED
Golden Retriever

SEX
Male

AGE
12 Years

WEIGHT
90 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Adrianne Waffle

HOSPITAL NAME
Torch Lake VC

REFERRING VET
Dr. Dale Ackler

INVOICE
43593

DATE
12/20/22

PRESENTING CLINICAL SIGNS

Liver enzymes elevated. Radiographs showed potential mass on liver and/or prostate. US was recommended

Abnormal PE/Chem/CBC/UA Results: Distended firm abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be well visualized.

The right kidney is normal in 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.

The left 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.

Adrenal Glands

The adrenal glands are unable to be well visualized.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 4.0 cm in diameter heterogeneous, cavitated mass is noted, disrupting the capsule at the caudal aspect of the spleen (**see other). Splenic vasculature appears normal.

Liver

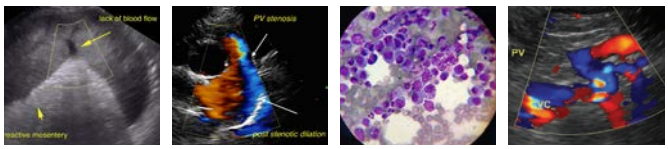
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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



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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.

In the cranial abdomen caudal to the liver and medial to the spleen, there is a 10 cm heterogeneous, partially cavitated mass. It cannot be determined based on these images whether the mass involves the caudal aspect of the liver or is attached to the spleen.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous splenic mass – Concerning for infiltrative neoplasia such as sarcoma, especially given the 2nd mass present of unknown tissue origin. A benign hematoma, extramedullary hematopoiesis, etc. is possible but considered slightly less likely.
- Cranial abdominal mass – This may be a 2nd splenic mass. However, association with the caudal aspect of the liver cannot be definitively ruled out. Regardless of location, it appears likely resectable, even if attached to the liver, given the caudal location and the abundance of normal appearing liver cranial to the mass.
- Urinary bladder debris

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 definite splenic as well as the 2nd undifferentiated mass could be considered if patient's coagulation status is appropriate, or alternatively, given the risk for hemoabdomen, etc., even with benign lesions, an exploratory laparotomy could be planned for splenectomy +/- additional liver lobectomy. Given the lack of definitive tissue identification of the 2nd mass, a pre-surgical planning abdominal CT scan may be helpful.

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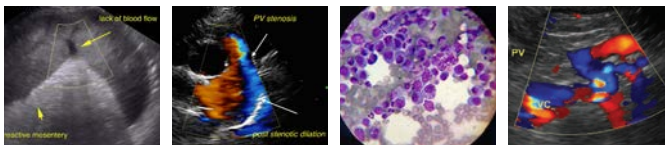

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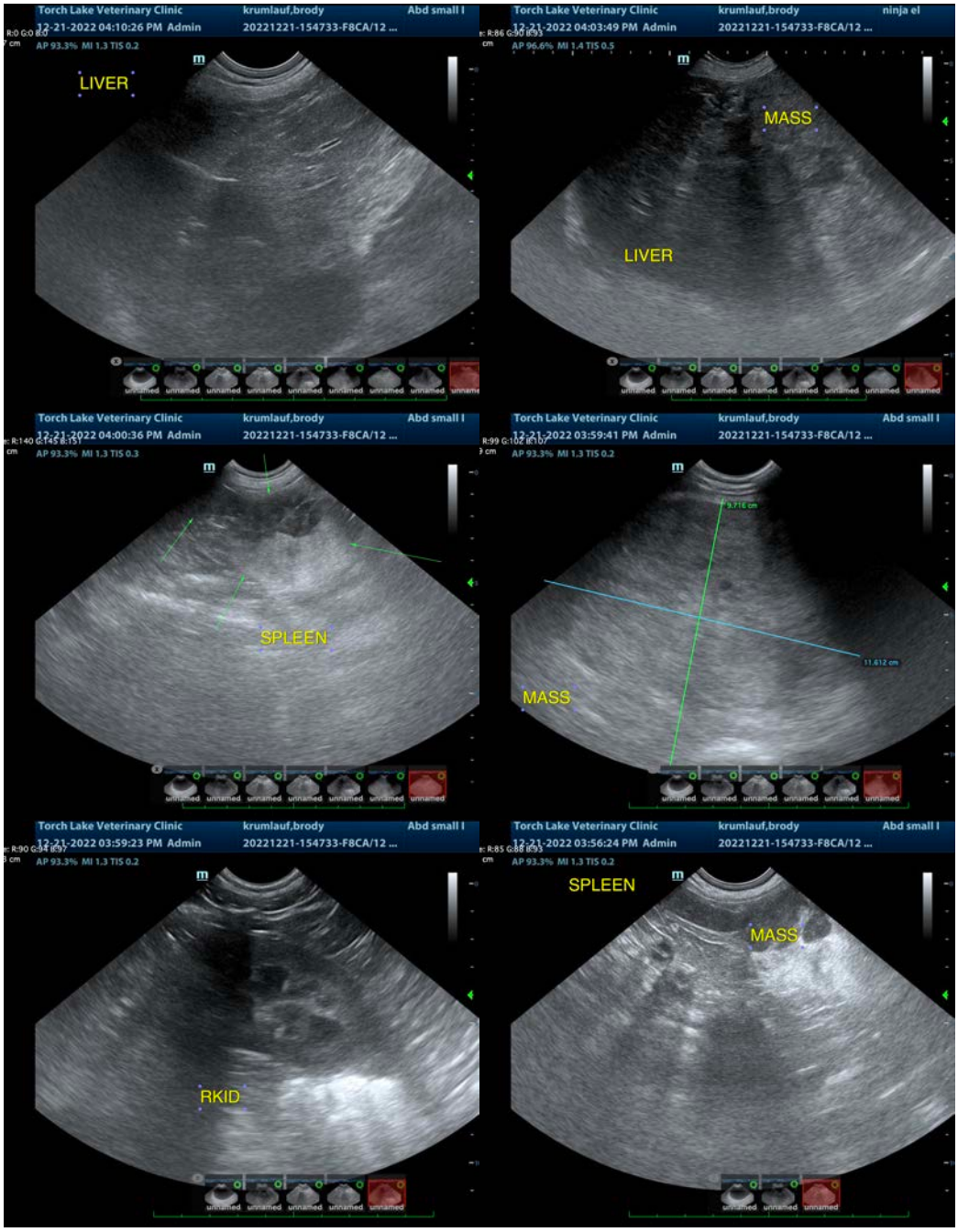

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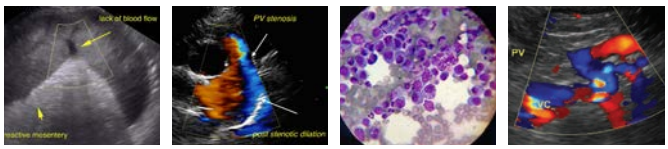

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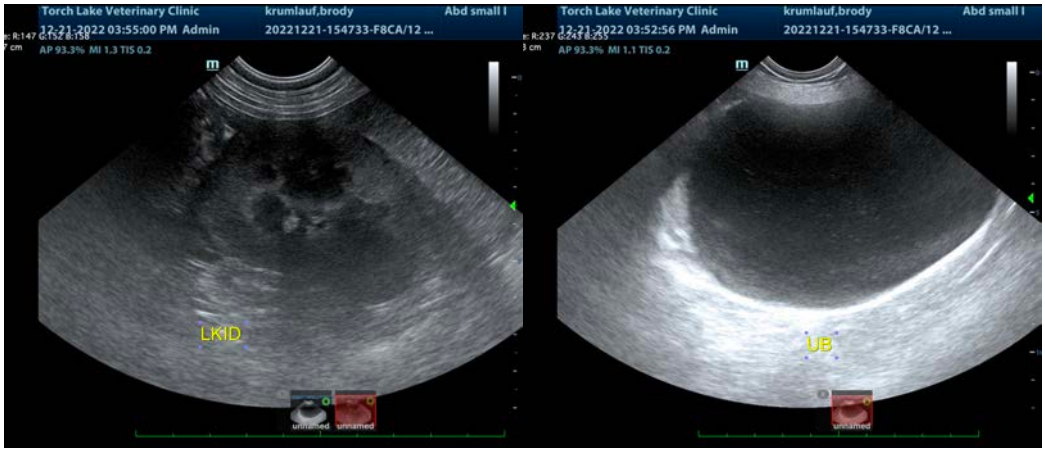

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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