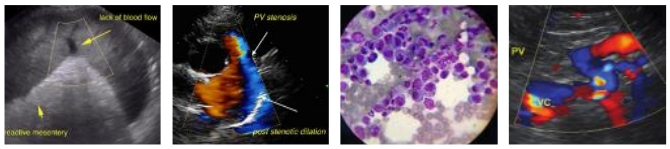
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Thor Friend

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

11 Years 8 Months

WEIGHT

81 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Kaitlyn Rudie, DVM

INVOICE

21055

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: Weight loss (91.6 on 6/4/22, now 81) despite normal appetite. Has always drank a lot of water. Every few months Thor will have labored breathing, vomit and not eat for 3 days which resolves without intervention. Large firm splenic mass palpable on exam.

Abnormal PE/Chem/CBC/UA Results: Pending

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 in size (5.9 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 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

Left adrenal gland is plump/swollen in size (0.54 cm cranial pole, 1.6 cm caudal pole). Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

Spleen

Spleen contains a large 8.0+ cm heterogenous partially cavitated capsule disrupting mass.

Liver

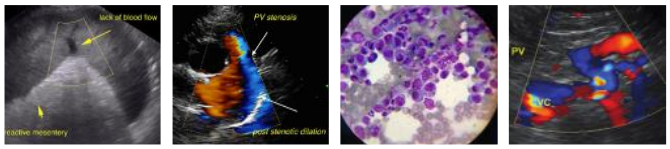
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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, but the stomach is moderately distended with fluid and chyme.

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

There is no appreciable free fluid or lymphadenopathy, but cranial to the right kidney, in the cranial right abdomen, there is an approximately 3.0 cm in diameter anechoic cystic appearing structure of unknown etiology and can't be definitively traced in these images.

ULTRASONOGRAPHIC FINDINGS

- Large heterogenous partially cavitated splenic mass is concerning for infiltrative neoplasia, such as sarcoma vs infiltrative round cell neoplasia vs other. However, benign cysts, hematomas, extramedullary hematopoiesis, etc., can mimic malignant lesions and cannot be ruled out without tissue sampling.
- Left adrenomegaly- Differentials for which include normal patient variant, or stress vs possible adrenal adenoma, or adrenal. Hyperplasia secondary to pituitary dependent hyperadrenocorticism. Pheochromocytoma is also possible, as is an adrenal adenocarcinoma, however, adenocarcinoma is considered less likely. This finding should be interpreted in combination with supporting clinical signs of adrenal disease.
- The cystic structure in the right cranial abdomen is of unknown origin but could represent a cyst on the pancreas or potentially a cystic lymph node or could potentially even be attached to the large splenic mass, which is pushing normal anatomy out of the way.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

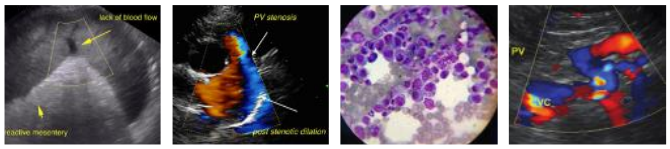
As is reportedly already pending, a metabolic heath screen, including CBC/Chemistry panel, electrolytes, and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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 spleen could be considered if patients coagulation status is appropriate or alternatively, given the mildly cystic nature and risk of future hemoabdomen, an exploratory laparotomy for planned splenectomy could be considered, as even benign splenic masses can result in hemoabdomen.

While the splenic mass is considered a significant finding that should be addressed, it may or may not be contributing to this patients reported intermittent gastrointestinal signs, respiratory distress, etc. Given the left adrenomegaly, ruling out thromboembolic vascular events as a cause of those clinical signs, is recommended by ruling out proteinuria and ruling out hypertension, if not recently evaluated.

Further testing to determine functionality of the left adrenal gland could be considered with both a low dose dexamethasone suppression test, as well as urine catecholamine testing, if desired, in case a



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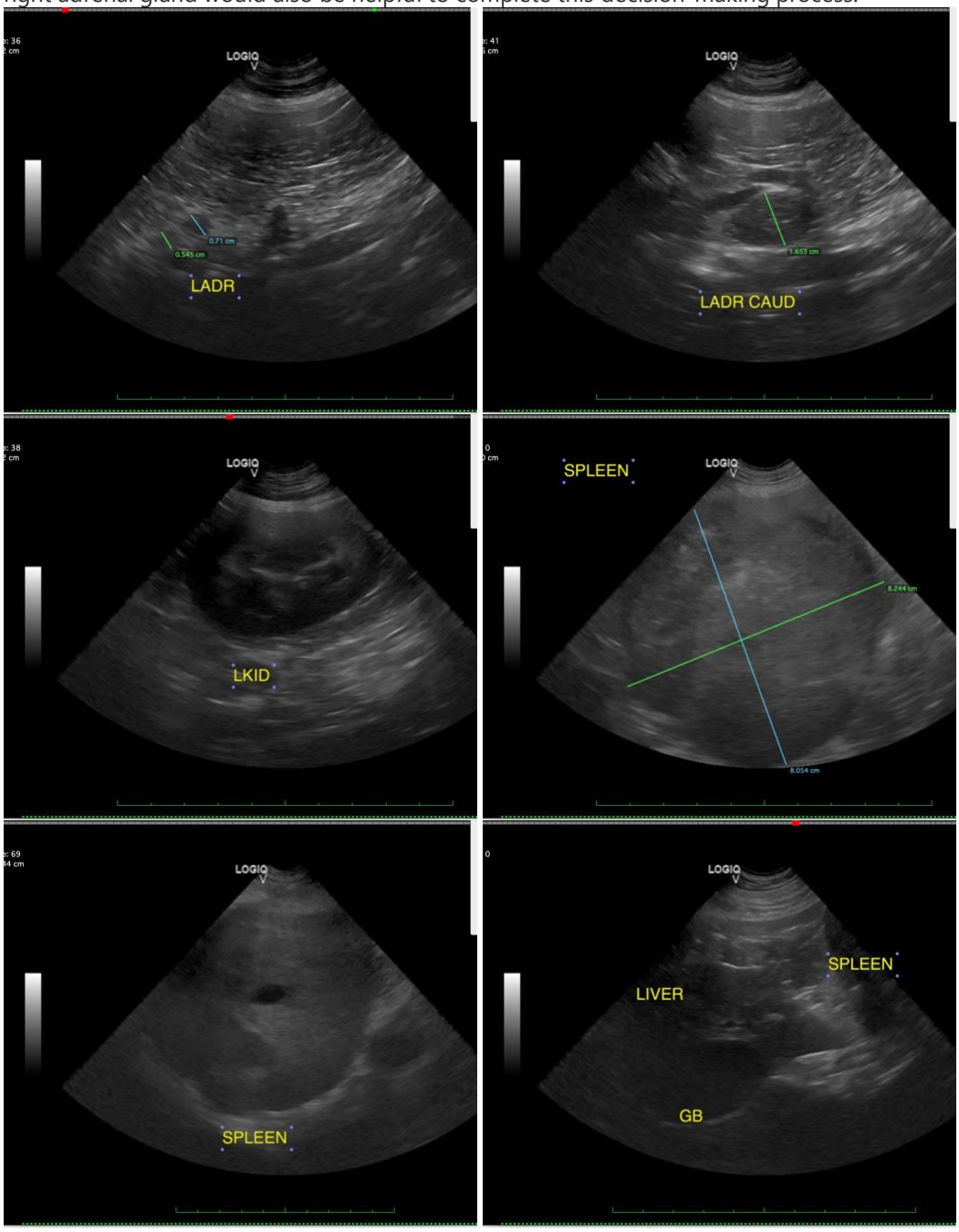
left adrenalectomy would be recommended at the same time as a splenectomy. Visualization of the right adrenal gland would also be helpful to complete this decision-making process.



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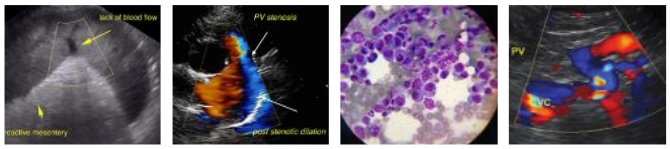

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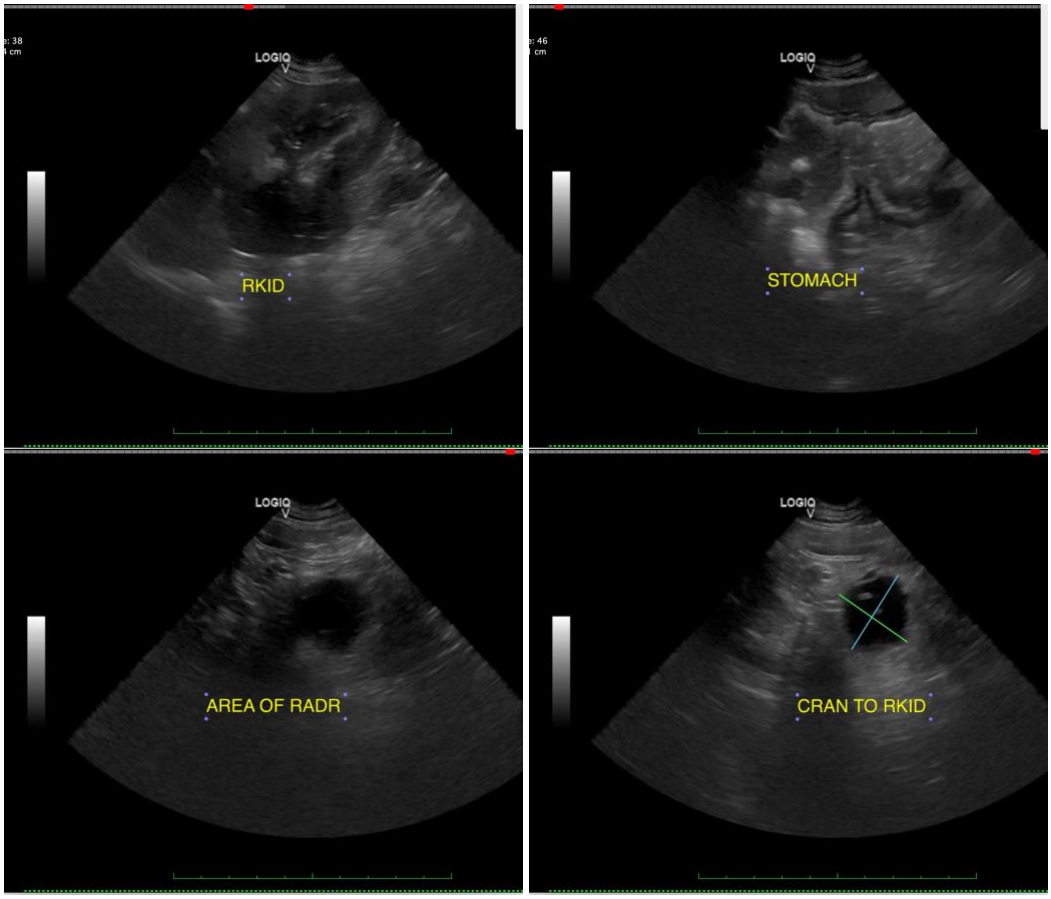

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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