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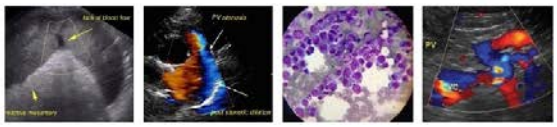

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Fresca Payne

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

14 Years

WEIGHT

24.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston Animal Clinic

REFERRING VET

Dr. Coghlan

INVOICE

44814

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Sudden onset of collapse, weakness, can walk but is reluctant to do so. Heavy breathing. Current Medications Gabapentin 300mg BID-TID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.44 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 6.14 cm. The right kidney measures 7.0 cm.

Adrenal Glands

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

The left adrenal gland is normal in size (2.66 cm long x 0.84 cm at the cranial pole and 0.73 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen contains multifocal well demarcated, hyperechoic, homogeneous nodules as well as an approximately 5.0 cm in diameter heterogeneous, partially cavitated capsule disrupting mass.

Liver

The liver is subjectively enlarged in size with mildly irregular margins. Parenchyma is diffusely heterogeneous, characterized by discrete hypoechoic and some cystic anechoic nodules of varying sizes, creating a “moth-eaten” appearance, with a more discrete 5.5 cm x 7.5 cm heterogeneous cavitated mass in the mid caudal liver.

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.

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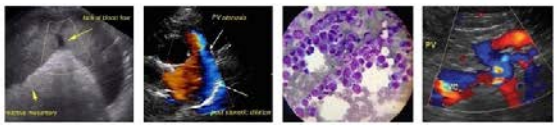

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Pancreas

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

The cranial abdomen is diffusely hyperechoic, surrounding primarily the splenic and liver masses, with a very scant amount of anechoic free fluid noted adjacent to the spleen.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Multifocal heterogeneous, partially cavitated masses involving the spleen and liver –** most concerning for infiltrative neoplasia such as sarcoma versus other, especially given the scant amount of anechoic free fluid. Benign cystic changes, extramedullary hematopoiesis, etc. is considered possibly but much less likely. The hyperechoic splenic nodules are likely incidental myelolipomas.

SECONDARY FINDINGS

- **Chronic Cystitis -** Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Age related kidney changes

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 masses could be considered if patient's coagulation status is appropriate. However, the cause of this patient's reported collapse is suspected to be an acute bleed either into the abdomen or into the cystic areas of the masses, which, if continues, an exploratory laparotomy to try to identify and remove the source of hemorrhage may be necessary. Having said that, full excision/removal of the visible pathology is not likely possible, given the multifocal distribution.

This patient does not have a history of diabetes mellitus that was reported, so given the included laboratory changes, new diabetes may also be a contributing factor and should be managed appropriately, pending decisions regarding the suspected neoplasia.

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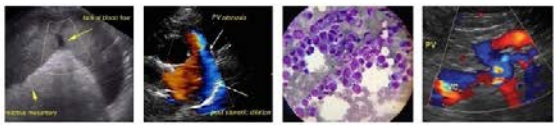

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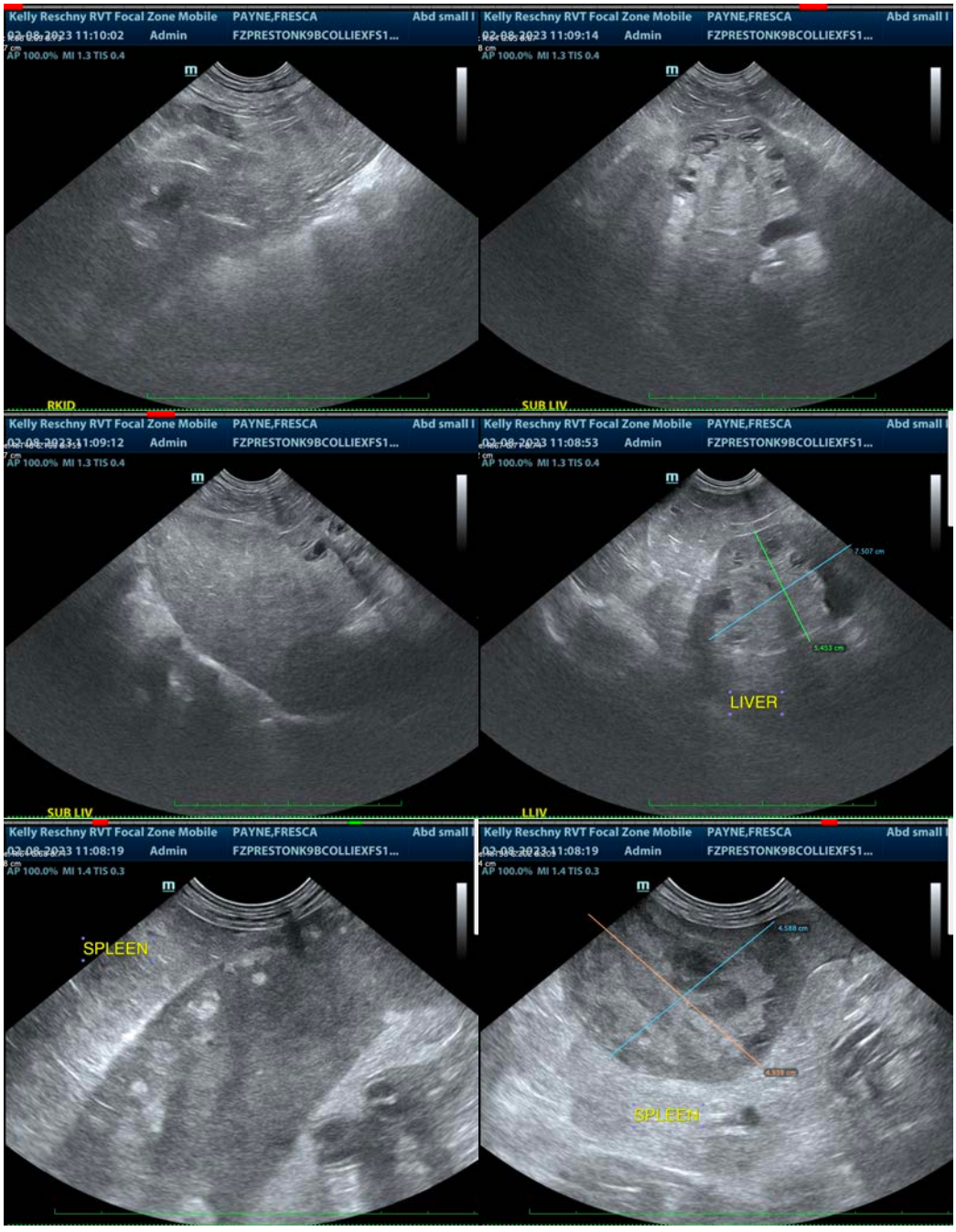

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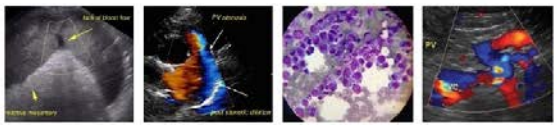

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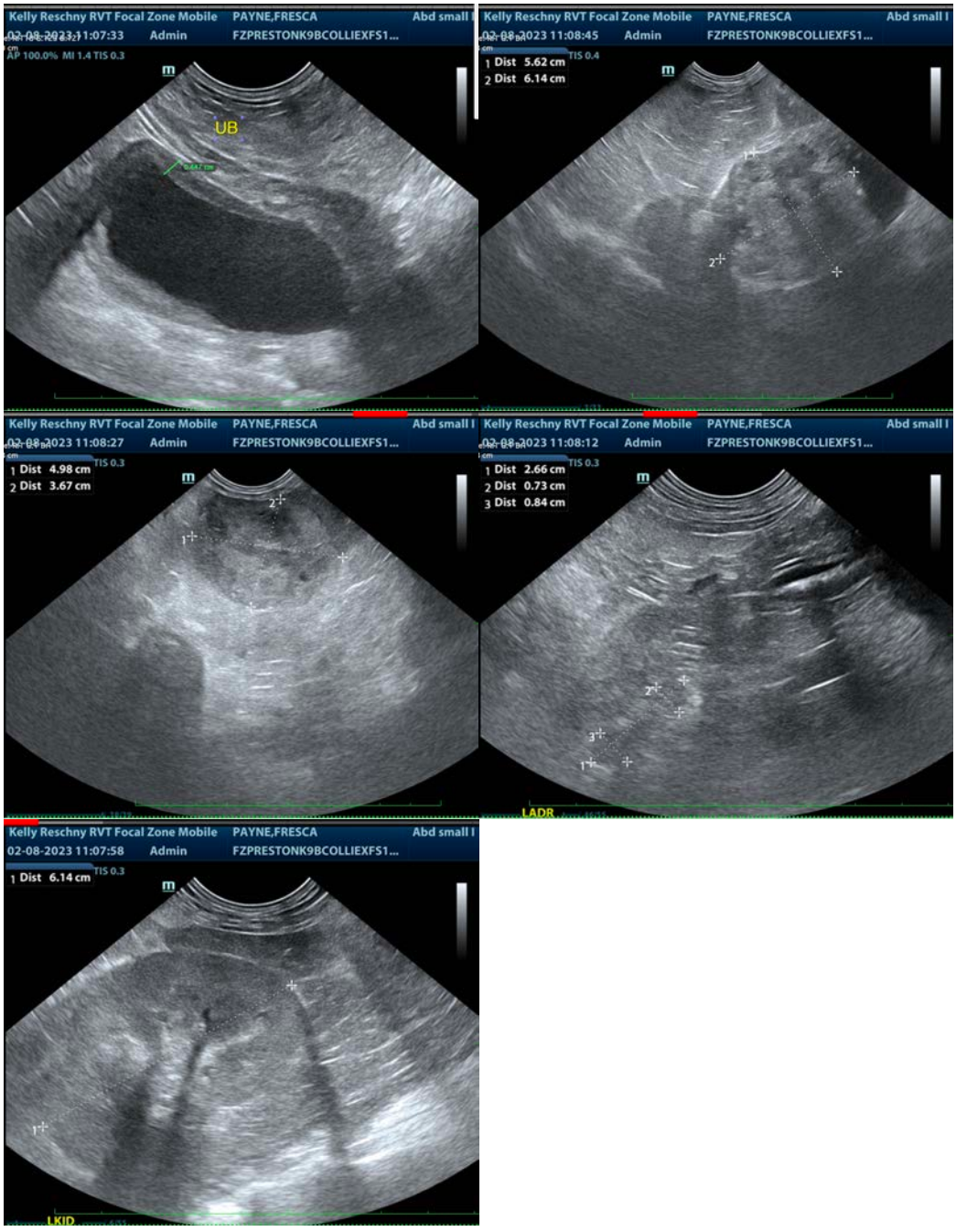

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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