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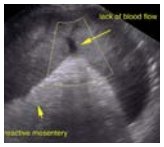
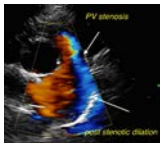
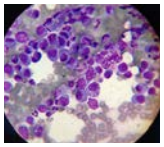
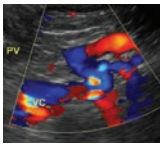





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Stella Hahn

SPECIES
Canine

BREED
Australian Cattle Dog

SEX
Spayed Female

AGE
13

WEIGHT
26.8 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Megan Spatz

HOSPITAL NAME
Boren VMTH

REFERRING VET
Dr. Kaitlyn Hlusko

INVOICE
45890

DATE
3/14/23

PRESENTING CLINICAL SIGNS

Presented for lethargy, anorexia, and possible abdominal effusion. O states that pt was presented to rDVM and they sent them here for more diagnostics. LEADING DIFFERENTIAL/DIAGNOSIS: Splenic Mass vs other.

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 (6.58 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 (6.55 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 caudal pole of the right adrenal gland is normal in size (0.74 cm), shape and contour. Corticomedullary structure is unremarkable. The cranial pole of the right adrenal gland is unable to be well visualized in these images. Visible surrounding vasculature appears normal.

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

Spleen

In the place of the spleen, there is a large, irregular, heterogeneous, cavitated mass that measures 12+ cm in diameter, replacing any remaining normal splenic architecture.

Liver

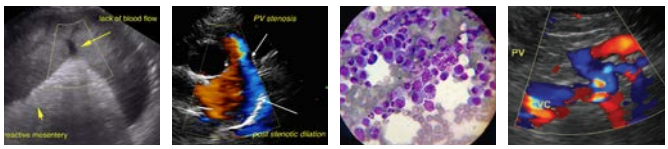
The liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled “moth eaten” by multifocal heterogeneous hypo- to anechoic cavitated nodules of varying sizes. Visible vasculature and biliary tree appear normal without distension or congestion.

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.



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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 a small amount of anechoic free fluid within the cranial abdomen.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Heterogeneous, cavitated splenic mass** – most concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other. A benign change such as extramedullary hematopoiesis, etc. is considered much less likely, especially given the concurrent liver pathology and the presence of a small amount of free fluid.

- **Nodular Liver -** This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, 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. Fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate. However, if the free fluid is a hemoabdomen, alternatively an exploratory laparotomy may be necessary to find and stop the bleed as well as obtain a histologic diagnosis. If pursued, however, the surgery would be a diagnostic approach, as full excision of all of the visibly gross disease is not possible.

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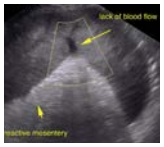
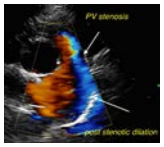
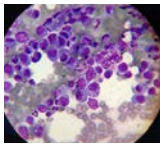
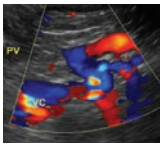

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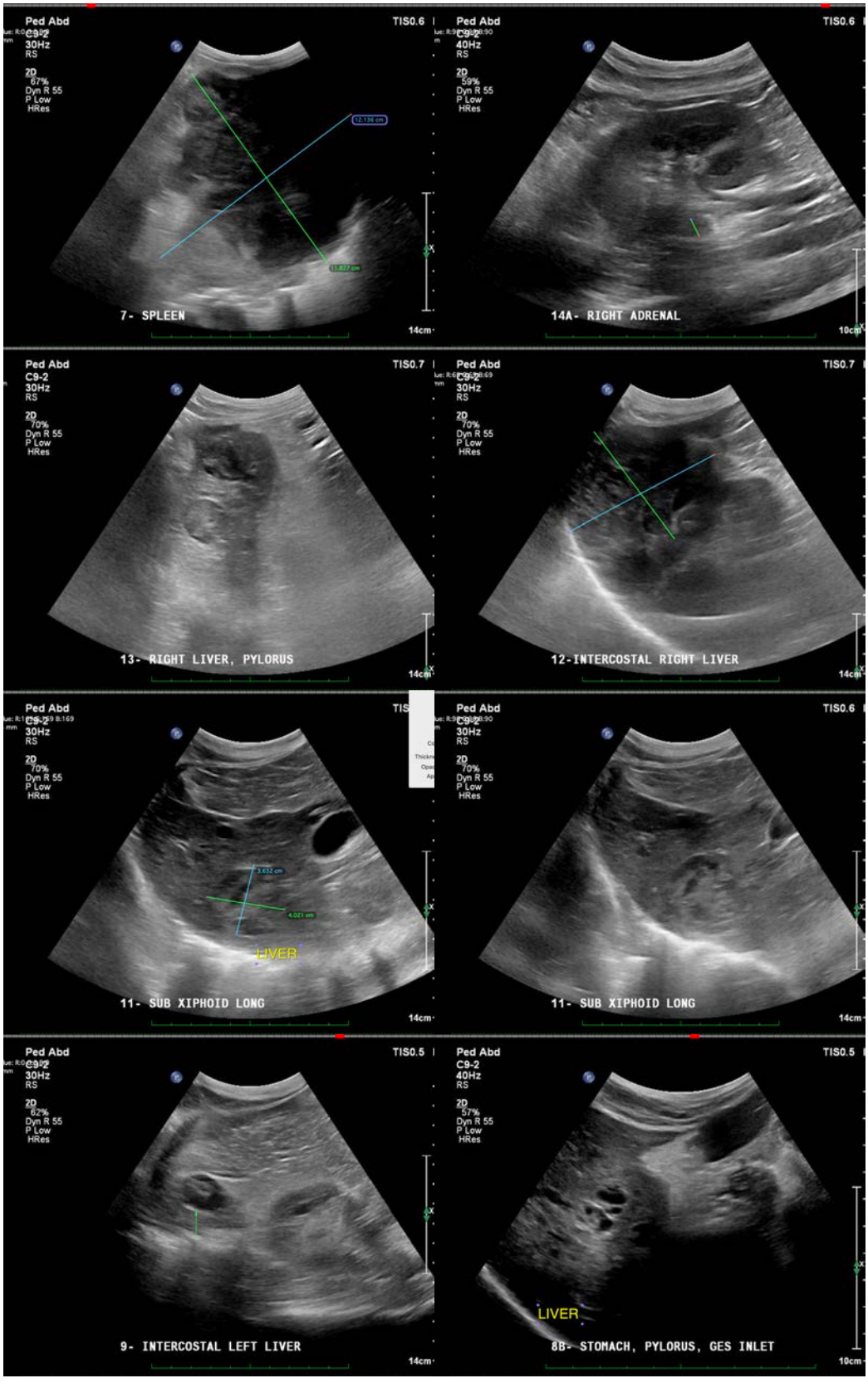

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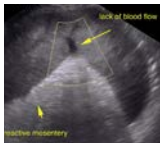
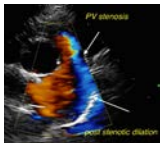
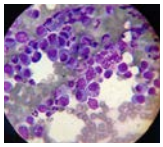
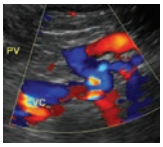

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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