SonoPath
Clinical Sonography & Telecytology
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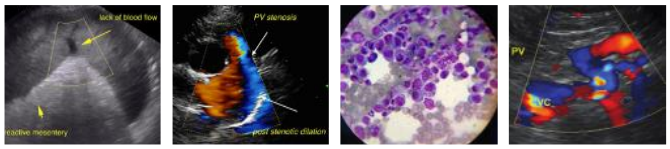


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mia Lentini

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

N/A

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal General

REFERRING VET

Dr. Castimore

INVOICE

21461

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: anorexia x 4 days, ataxia, previous history of anaplasmosis; NR physical exam. Weak, unable to ambulate on her own.

Abnormal PE/Chem/CBC/UA Results: BUN 64, Crea 2.3, Phos 8.0, TP 5.1, ALT 335, ALKP 417, HCT 20.7%, RBC 3.37, WBC 30.3, retic high 214, neutrophils and monocytes elevated, snap lepto neg

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.

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 (in the right kidney). The left kidney measures 6.8 cm. The right kidney measures 6.61 cm. The left kidney revealed a chronic infarct, as well as pyelectasia (0.63 cm in the transverse view).

Adrenal Glands

Left adrenal gland is normal in size (2.38 cm long x 0.7 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (4.3 cm long x 1.9 cm at cranial pole and 0.89 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Additionally, there is a heterogenous partially cavitated mass, disrupting the capsule near the tail of the spleen, measuring 3.6 cm x 5.4 cm in size. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

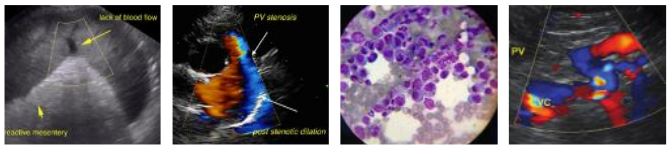
Liver

Liver is subjectively enlarged with markedly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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.

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 Other

There is no appreciable lymphadenopathy. A very large amount of very echogenic appearing free fluid is noted.

The images of the heart base are difficult to interpret, but there is no visible evidence of pericardial effusion noted. Having said that, it can't be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The appearance of the spleen is strongly suggestive of infiltrative disease, such as a round cell neoplasia or potentially a sarcoma vs other malignant neoplasia. Benign disease, such as extramedullary hematopoiesis, etc., can't be ruled out but is considered much less likely.
- 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.
- The large amount of echogenic appearing free fluid is concerning for hemorrhage given the appearance of the spleen and liver and should be sampled (if possible) for confirmation.

Secondary Findings

- Age-related kidney changes with a chronic infarct in the left kidney, as well as left kidney pyelectasia- Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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 spleen and/or liver could be considered if patients coagulation status is appropriate. However, the free fluid should be sampled first, and if confirmed to be a hemoabdomen, a fine needle aspirate could potentially exacerbate the hemorrhage, in which case, if treatment is elected, an exploratory laparotomy for planned splenectomy, as well as liver nodule biopsy, trying to identify and stop the hemorrhaging lesion, etc., is warranted. Having said that, the goal of surgery would be to get a diagnosis and try to identify and stop the bleed, but given the diffuse appearance of the disease, full surgical resection is likely not possible.

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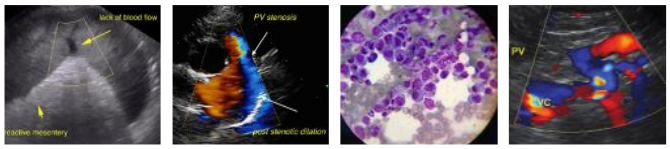

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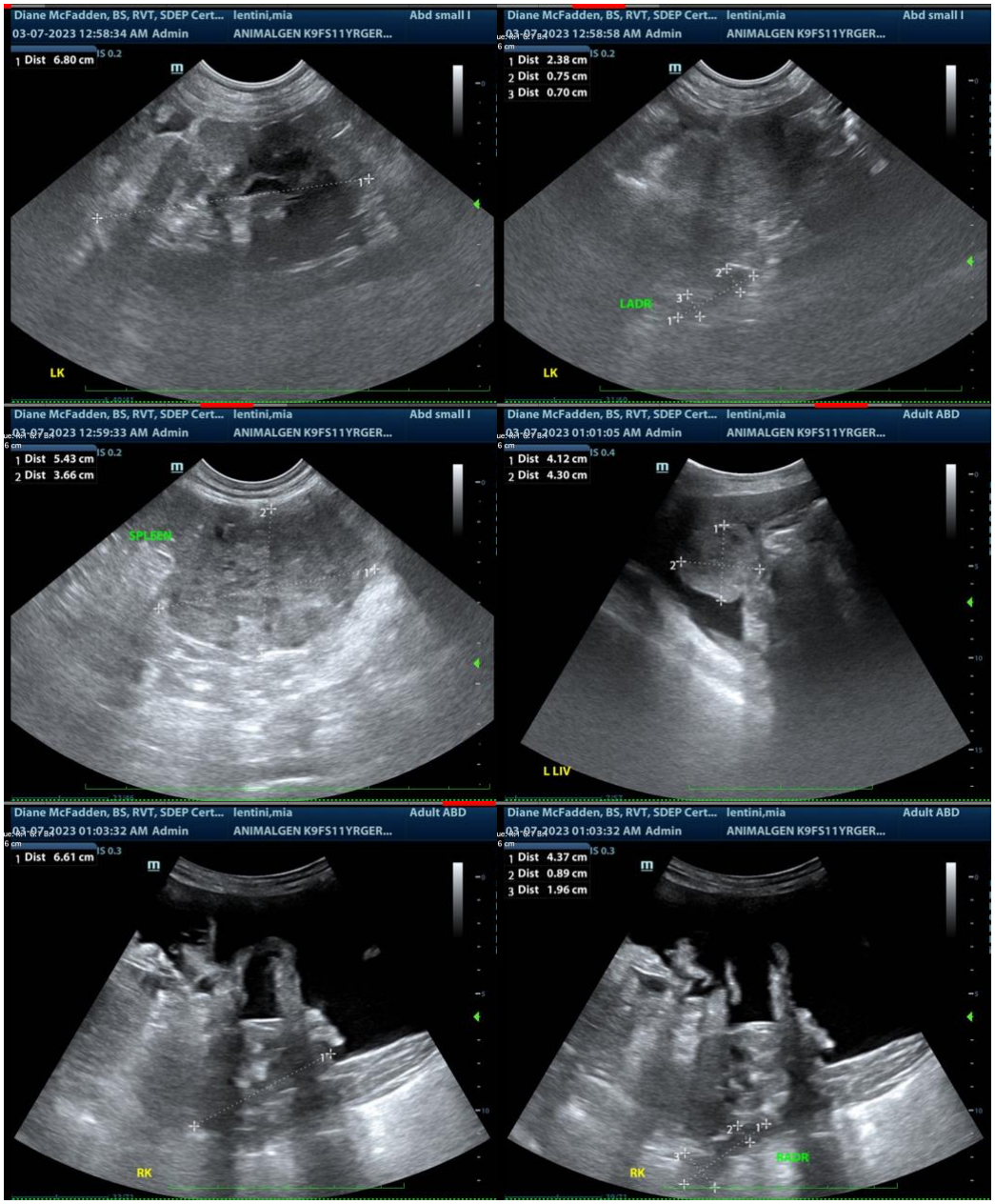

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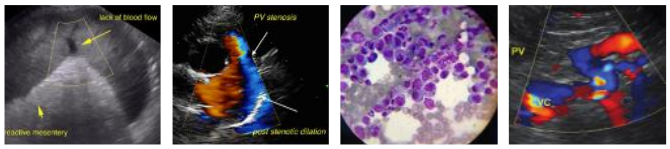

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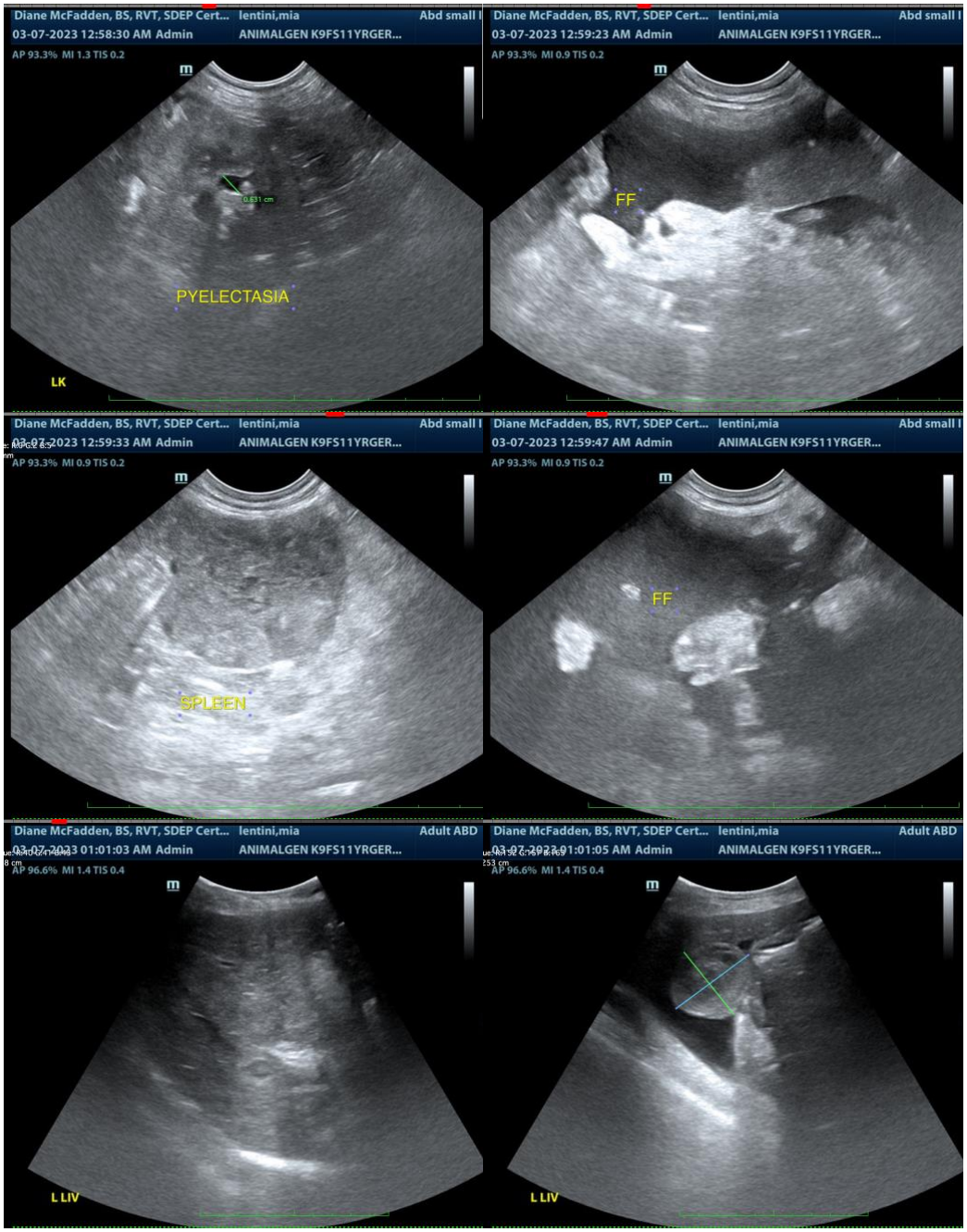

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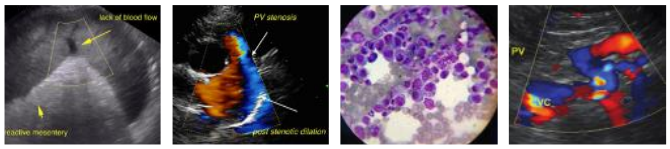

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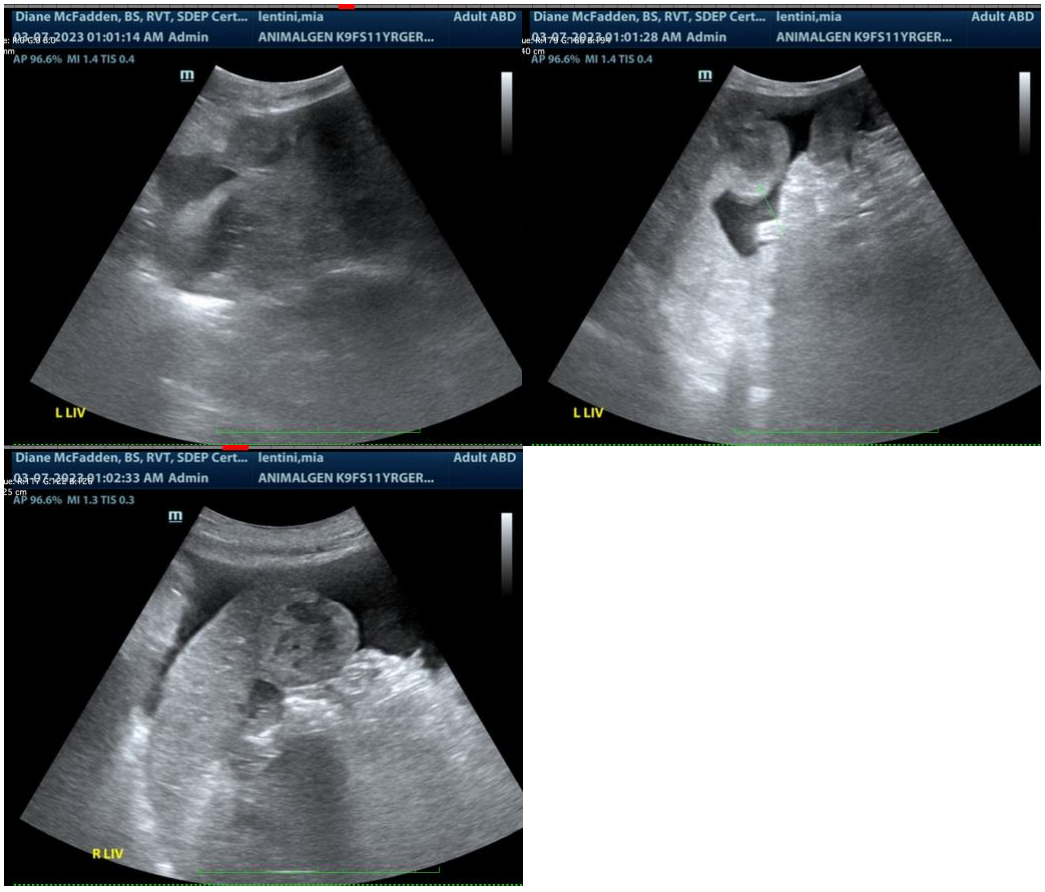

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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