



PATIENT

Lucy Mugerdichian

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

9 Years

WEIGHT

63.4

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

Dr. Laura Baker

INVOICE

46610

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Suspected bleeding splenic mass Presented 4/6: Decreased appetite for ~1 week, worse the past 4 days. Mucousy, bloody diarrhea x4dy. Lethargy & difficulty with stairs, worse the past few days. Significant PE findings: Pale pink mm with normal CRT, intermittent left-sided grade I/VI systolic heart murmur; large firm abdominal mass on palpation. Fever-103.4, weight loss of 10 lb since last weight here 4 months ago. Multiple SC lumps- most previously noted and FNA consistent with lipomas.

Abnormal PE/Chem/CBC/UA Results: CBC: moderate anemia with mild regeneration, mild elevation of white blood cells (mature neutrophils) Chemistry: Normal Abdominal radiographs: Large soft tissue mass in caudal abdomen that appears to be attached to the spleen on left lateral view. Focal decreased abdominal detail in right cranial abdominal quadrant on VD view. Intestines are gas filled and pushed dorsally and caudally, but otherwise appear normal. Remainder of abdominal organs within normal limits. Intestinal parasite screening: NPS, antigen negative (rounds, hooks, whips) Started on Provable Forte daily & 500 mg Amoxicillin q12hr for potential colitis.

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 (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 (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 in these images.

Spleen

The spleen is markedly enlarged with a scalloped contour and diffusely mottled parenchyma characterized by multifocal capsule disrupting, heterogeneous, partially cavitated masses throughout the parenchyma. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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.



PATIENT	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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Canine	
BREED	Pancreas
Golden Retriever	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.
SEX	Free Abdomen
Spayed Female	There is a small amount of anechoic free fluid adjacent to the spleen.
AGE	There is no apparent lymphadenopathy noted in these images.
9 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
63.4	<ul style="list-style-type: none"> • Multiple heterogeneous, cavitated splenic masses – Most concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other, especially given the concurrent free fluid. Benign extramedullary hematopoiesis, cysts, hematomas, etc. can't be ruled out but are considered much less likely. • Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	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.
IMAGING PERFORMED BY	Fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate to look for evidence of infiltrative round cell neoplasia. However, given the suspicion for possible hemoabdomen, an exploratory laparotomy for planned splenectomy and liver biopsy is the recommended approach. This patient's reported hematochezia and weight loss may or may not (and are likely not) be related to the splenic mass discovered on ultrasound. Therefore, if no improvement is noted on the current probiotic and supportive therapy, further diagnostic recommendations would include:
Chaley Hunt, LVT	
HOSPITAL NAME	A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
Columbia AC	A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.
REFERRING VET	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
Dr. Laura Baker	Ultimately, colonoscopy may be necessary to definitively diagnose and therefore adequately manage the colitis.
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In the meantime, however, in addition to the probiotic therapy already reportedly in place, empirical deworming with a 5-day course of Panacur is recommended in addition to a fiber additive to the food or potentially a transition to a fiber response/colitis diet, if tolerated.

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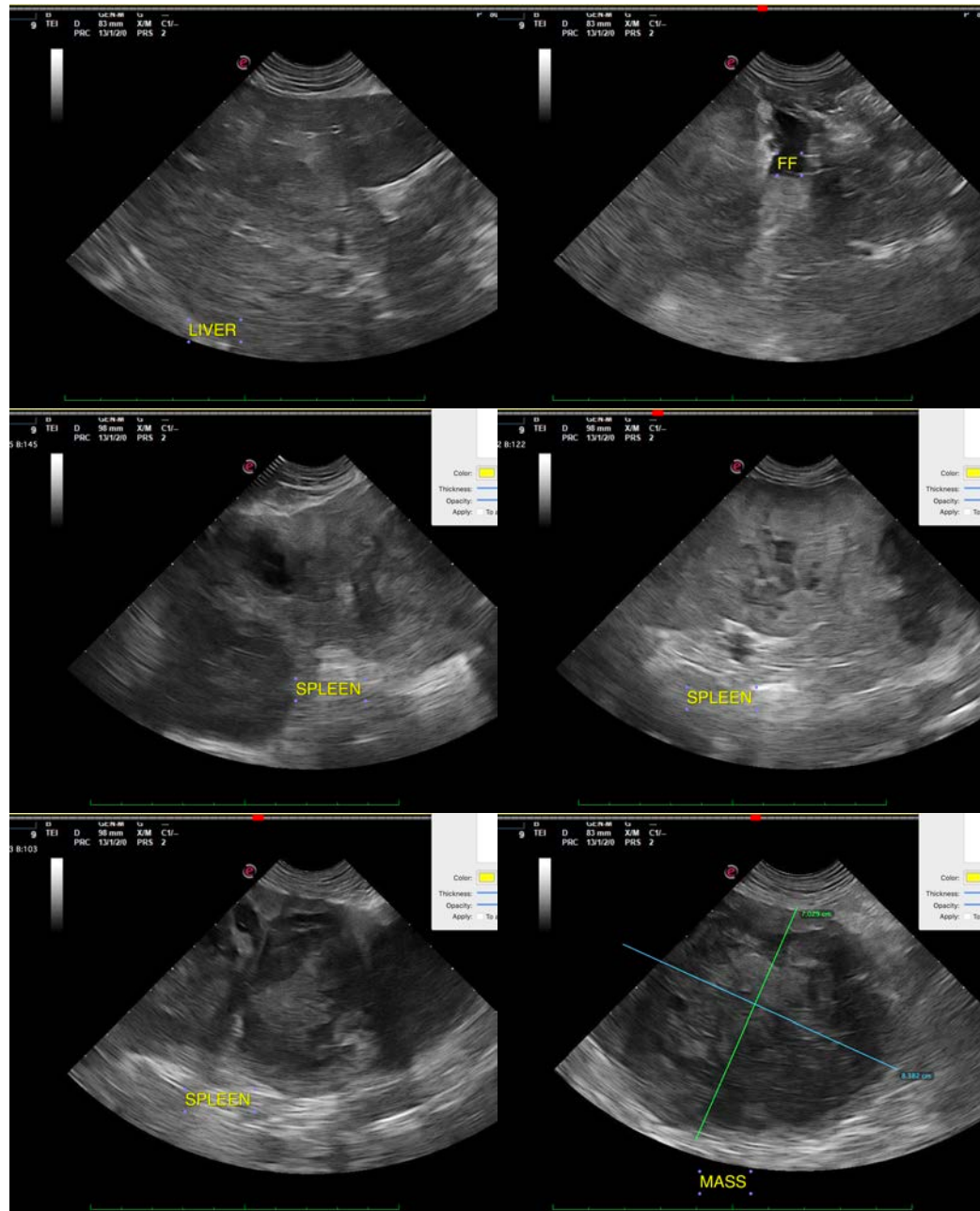
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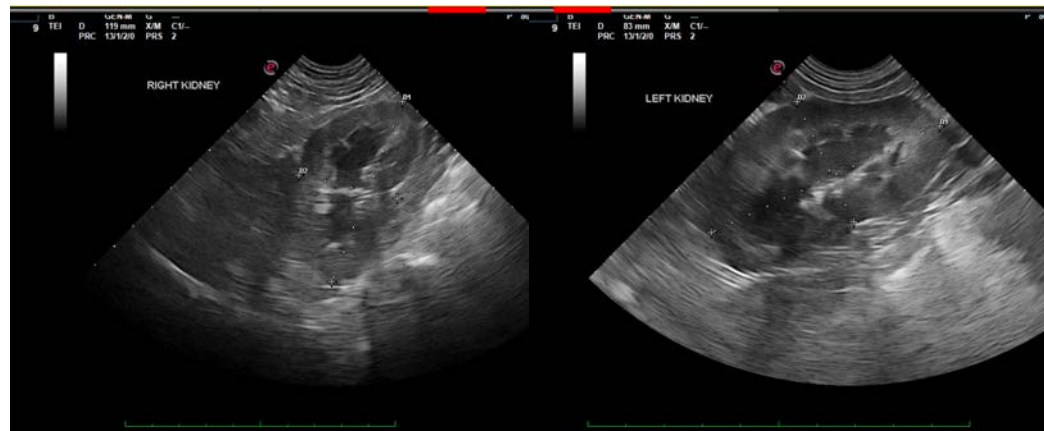
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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