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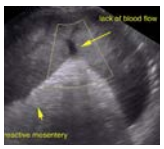
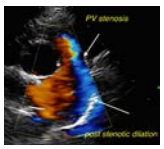
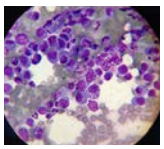
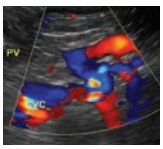

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1-800-838-4268 info@sonopath.com

**PATIENT**
Jessi Maxwell

**SPECIES**
Canine

**BREED**
Lab

**SEX**
Spayed Female

**AGE**
12 Years

**WEIGHT**
31.6 kg

**INTERPRETED BY**
Beth Johnson, DVM
DACVIM

**IMAGING PERFORMED BY**
Dr. Brian Barnes

**HOSPITAL NAME**
Westview Vet Hospital

**REFERRING VET**
Dr. Brian Barnes

**INVOICE**
46766

**DATE**
4/19/23

## PRESENTING CLINICAL SIGNS

Stage 3 Iris renal disease, few weeks duration.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.61 (N 5.65-8.87) HCT 35 (N 37.3-61.7) HGB 11.9 (N 13.1-20.5) Neu 13.67 (N 2.95-11.64) Lym 0.98 (N 1.05-5.10) Mono 1.45 (N 0.16-1.12) Chem:: Creat 414 (N 44-159) Urea 29.2(N 2.5-9.6) Phos 2.92 (N 0.81 SDMA 29 (N 0-14), TT4 12 (N 13-51) Lepto Neg, Lyme pending U/A: Free catch, pale yellow, clear, USG 1.010, pH 6.0, Leu 100, Pro trace Glu/ Ket/ Bil Negative, UBG normal, Bld 250 . SEDI: WBC 31/HPF, RBC >50 /HPF, Bac 0, Non-SEC 1-2/HPF, Cast 0, Crystals 0

## 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 (6.35 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. In some views in the caudal pole there is an approximately 2.0 cm in diameter, slightly heterogeneous, hypo- to anechoic density that could represent a complicated cyst or abscess or even infiltrative neoplastic nodule. However, it is not visible in all views, and so artifact created by potentially an infarct and image rotation, etc. could also be creating the illusion of a lesion.

The left kidney is normal in size (6.94 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 right adrenal gland is normal in size (4.35 cm long x 1.48 cm at the cranial pole and 1.24 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.72 cm long x 1.84 cm at the cranial pole and 1.02 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### *Spleen*

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A large 11+ cm x 8.5+ cm heterogeneous, primarily isoechoic with a cavitated/anechoic caudal rim, mass is extending from the spleen and disrupting the capsule. Splenic vasculature appears normal.

### *Liver*

The 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.

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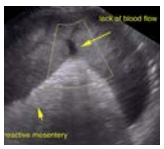
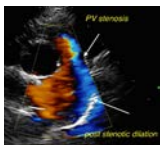
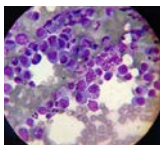
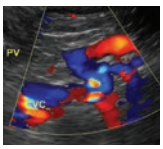

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### *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.

### *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*

A scant amount of free fluid is noted adjacent to the splenic mass.

There is no apparent lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, partially cavitated splenic mass – Concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other, especially given the scant amount of anechoic free fluid. Benign lesions including cysts, hematomas, extramedullary hematopoiesis, etc. can mimic malignant lesions and cannot be ruled out without tissue sampling but are less common especially when free fluid is noted.

- Possible hypo- to anechoic nodule in the caudal pole of the right kidney – Likely represents a benign lesion such as a complicated cyst or abscess or even normal kidney parenchyma with the illusion of a lesion created by an infarct and positioning. However, an infiltrative or metastatic nodule cannot be definitively ruled out.

## 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.

Fine needle aspirates of the spleen +/- the right kidney are recommended if patient's coagulation status is appropriate. Or, alternatively, especially given the small amount of free fluid, an exploratory laparotomy for planned splenectomy +/- right kidney nodule (if present) biopsy could be considered.

Given this patient's kidney disease, azotemia, maintaining normal blood pressure and avoiding potentially renal insulting medications such as nonsteroidals, etc. is important if surgery is elected.

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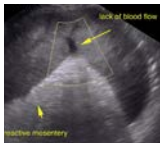
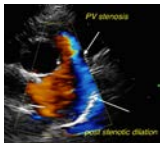
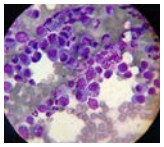
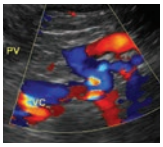

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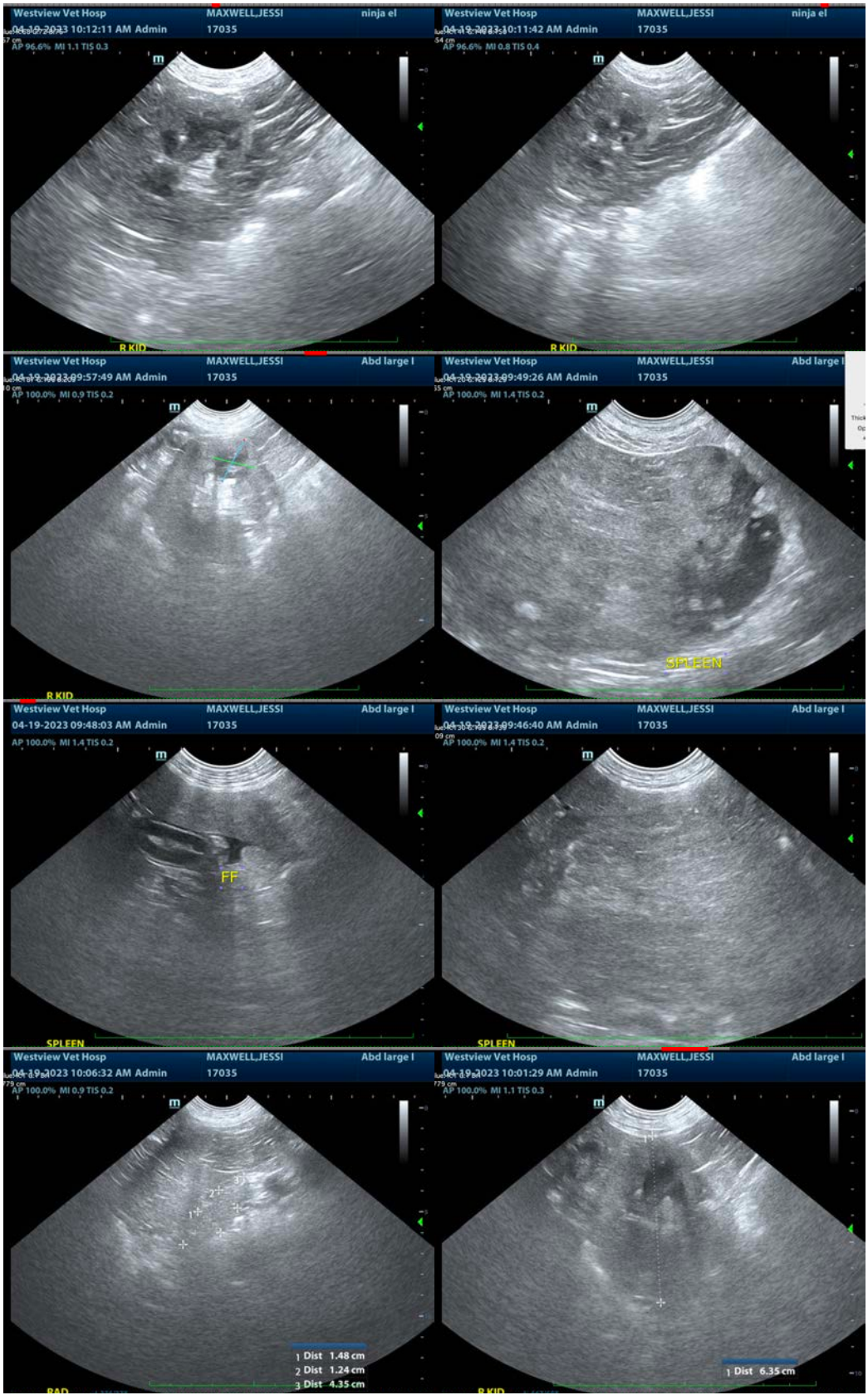

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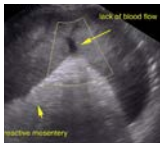
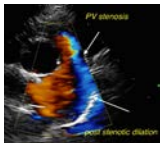
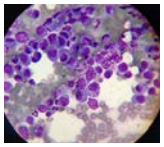
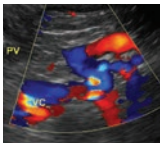

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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