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Clinical Sonography & Telecytology
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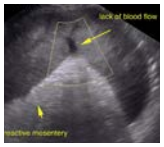
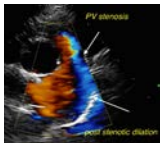
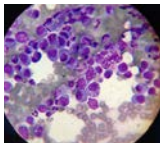
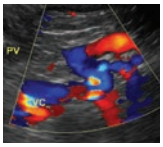

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Oliver Pickering

SPECIES
Canine

BREED
Retriever X

SEX
Neutered Male

AGE
14 Years

WEIGHT
31.6

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Mary Kermendy, CVT

HOSPITAL NAME
Wauwatosa VC

REFERRING VET
Dr. Kevin Kicker

INVOICE
46793

DATE
4/20/23

PRESENTING CLINICAL SIGNS

Presented 04/13/23 for lethargy, decreased appetite

Abnormal PE/Chem/CBC/UA Results: neutrophilia 92.95 (2.95-11.64) Lymphocytosis 22.59 (1.05-5.1) Monocytosis 4.64 (0.16-1.12) Basophilia 0.11 (0-0.1) HCT 30.4 CPL positive ALP 456

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

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 5.15 cm. The right kidney measured 5.39 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

The spleen contains a large, 7+ cm, round, heterogeneous, largely cavitated mass that results in complete disruption of normal architecture and capsule.

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. In the left caudal liver, there are similar appearing (to the spleen) heterogeneous, cavitated nodules/masses. 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.

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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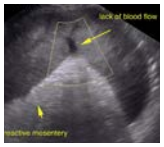
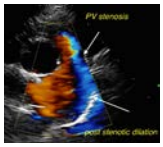
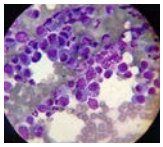
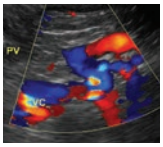

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Pancreas

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

A moderate amount of echogenic appearing free fluid is noted in the cranial abdomen.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

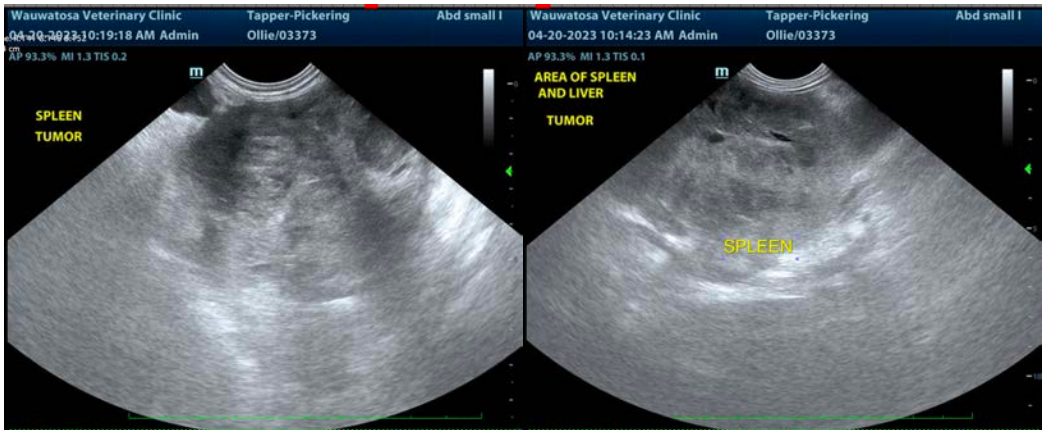
- Cavitated splenic mass and caudal left liver nodules/masses – When combined with free fluid, these are most concerning for infiltrative neoplasia such as sarcoma versus other. Benign hematomas, extramedullary hematopoiesis, etc. are possible but considered exceedingly less likely. There is a chance that the described liver nodules are actually spleen overlying the left caudal liver lobe, and 100% differentiation cannot be determined.

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.

If sampling of free abdominal fluid confirms the suspected hemoabdomen, an exploratory laparotomy for planned splenectomy +/- liver lobectomy is recommended.

Alternatively, a fine needle aspirate of the splenic mass could be considered if patient's coagulation status is appropriate. However, there is concern for increased hemorrhage with that procedure.



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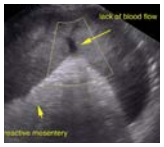
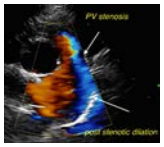
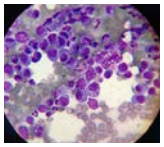
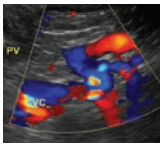

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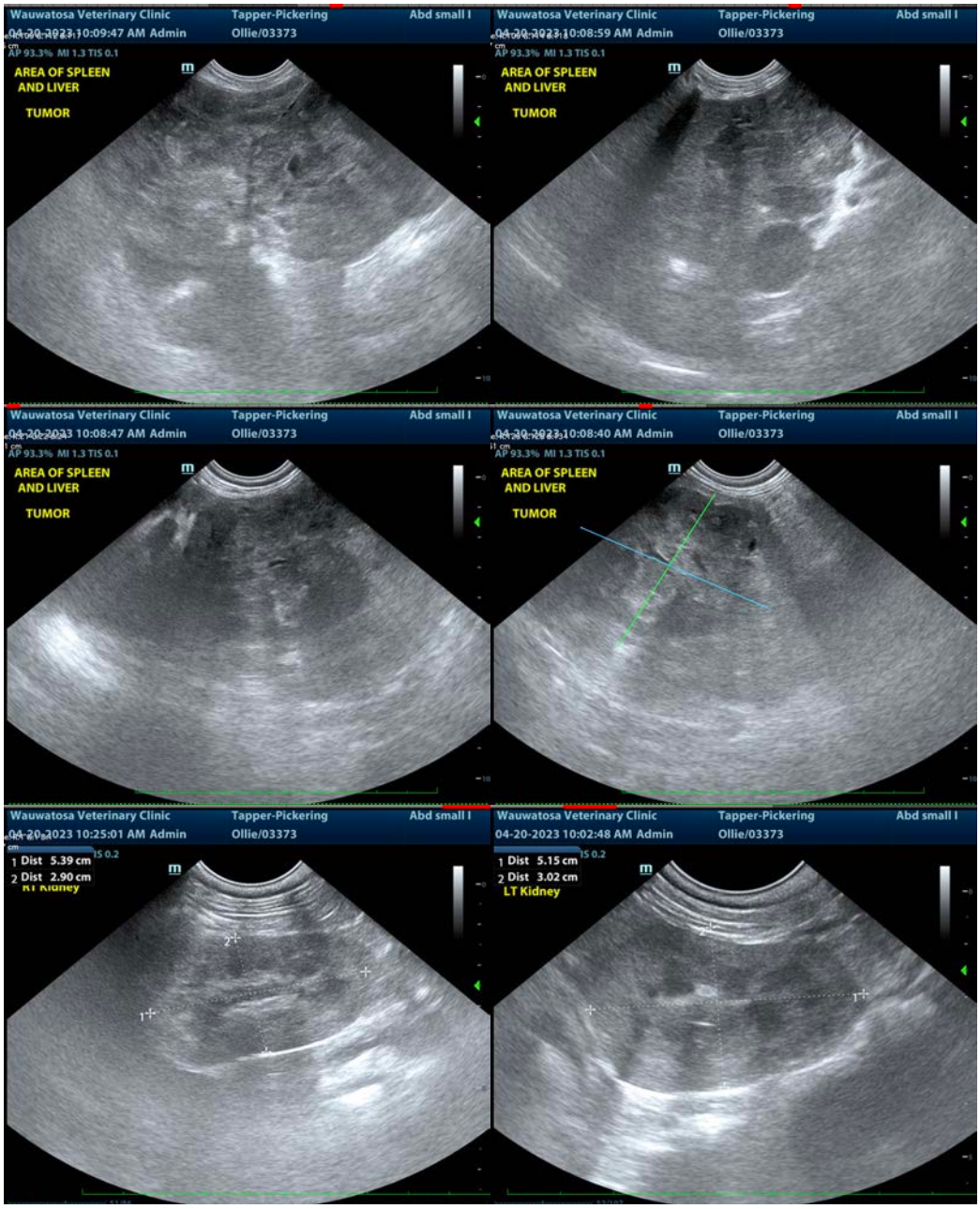

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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