



PATIENT

Skye Sepkowski

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

9 Years

WEIGHT

25.65 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Vet Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

38792

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Presented with acute onset lethargy, weakness. June 13, 2022 AUS to evaluate cranial abdominal mass
Abnormal PE/Chem/CBC/UA Results: Anemia RBC 4.07 (5.6-8.8), Hct 26% (37-61), Hgb 96 (131-205) Todys Hct has increased to 32.4% hemoabdomen, Chem: mild hyponatremia 140 (155-160) mild hypochloridemia 104 (109-122) Snap cPL: abnormal, TT4 low: 10 (13-51)- suspect chronic disease
Xrays: 1. Large mid abdominal mass likely secondary to a splenic mass. suspected. 2. The possibility of the presence of gastric foreign material cannot be ruled out. 3. Microcardia secondary to hypovolemia/shock in an otherwise unremarkable thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.65 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal in size (7.43 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 (5.96 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 (2.9 cm long x 0.56 cm at the cranial pole and 0.72 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 (0.52 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 12 cm x 8 cm, mixed heterogeneous, partially cavitated mass, appearing to arise from the tail of the spleen, resulting in a large capsular disruption. The remainder of the spleen is normal and 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.

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.



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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

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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.

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Other

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

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The cardiac images present normal volume and contractility. No pericardial effusion or right auricular masses noted. However, the extracardiac space revealed pleural effusion and irregular pleural changes. Given the abdominal pathology, metastatic disease into the chest is likely. Pleurocentesis and CT of the chest would be ideal for further definition. However, no direct cardiac disease noted. Chamber sizes and contractility were normal.

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PRIMARY FINDINGS

- Cavitated, heterogeneous splenic mass – most concerning for infiltrative neoplasia such as sarcoma. Benign hematoma cannot be ruled out, but is considered much less likely.

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SECONDARY FINDINGS

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Pleural effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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3-view thoracic radiographs are recommended for further evaluation for metastatic disease, if not recently evaluated.

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Surgery is recommended for a splenectomy and removal of gross disease given the risk for hemorrhage, etc. followed by consultation with an oncologist for chemotherapy, etc. if owners elect the most aggressive approach; however, there is suspicion for metastatic disease.

Urinalysis is recommended with urine culture, if indicated based on urinalysis results.

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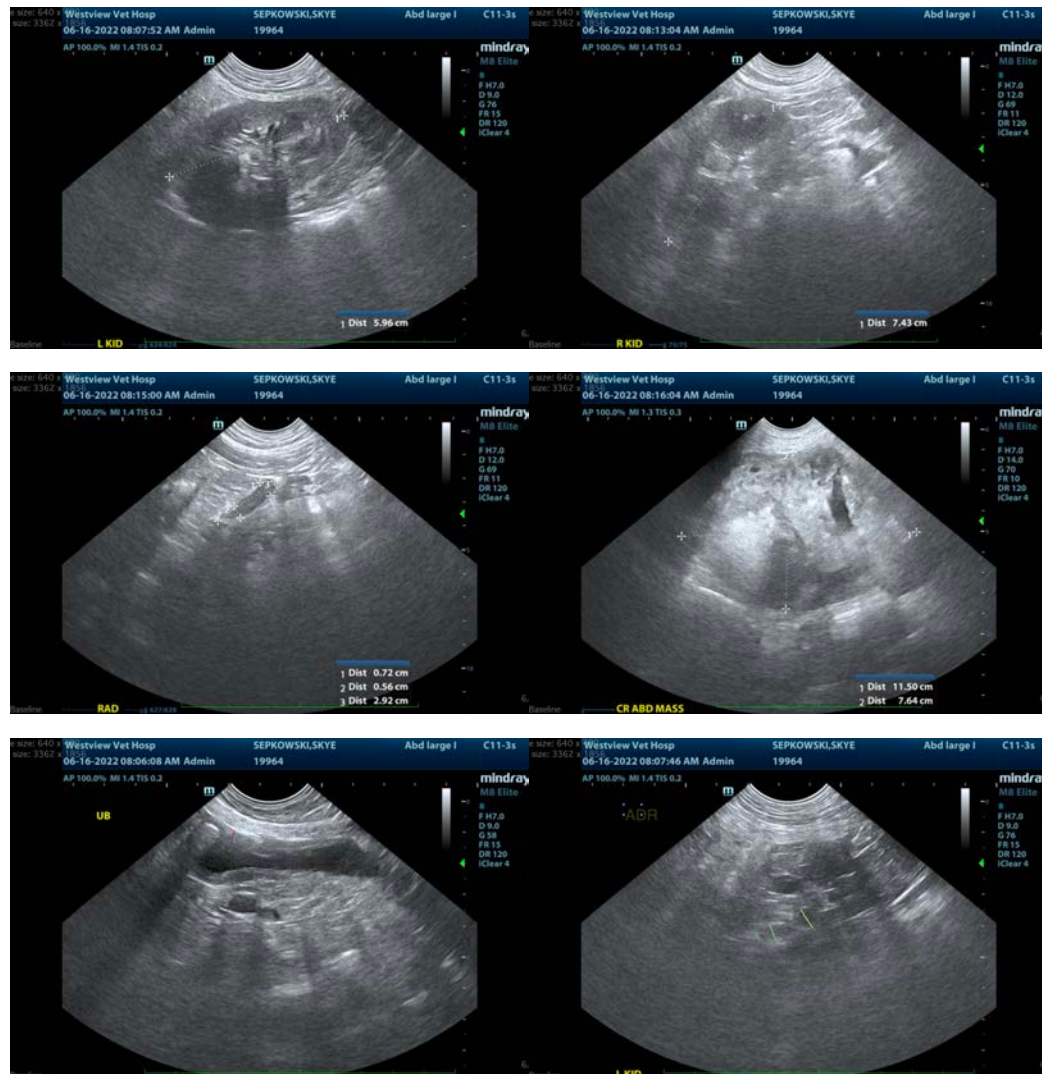
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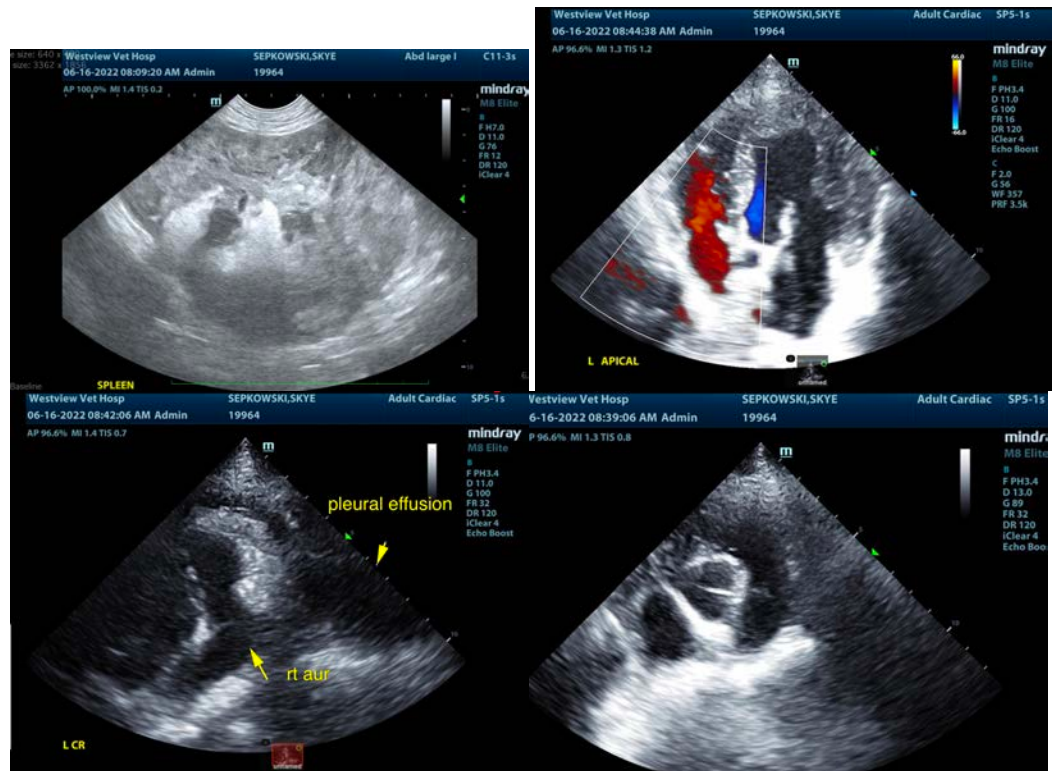
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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