



PATIENT	PRESENTING CLINICAL SIGNS
Emma Reinert	<p>Seen in Williston, was told P had edema in lungs. No records available. Bakken Mobile records from 2019 from mass removal. Mast cell tumor Has been coughing. Seemingly improving. O thinks P is having more abd issues than chest O gave some sausage last night and P V+ after O gave fresh pet today Has been feeding some freeze dried food as well Not wanting to come inside to eat, not interested in food No other V+ Refusing treats most of the time now too Meds- none Lethargic O hasn't noticed any RR or RE changes at home Hrw Amended: Western Vet records available Previous wt 103#. Presented 11/2022 for cough of few months hx and oral bleeding from gums in front of premolar. Sedated to cauterize. Mild bronchial pattern on radiograph. Started Doxy; 12/21/2022- still deep cough but improved, Less bronchial pattern on AP, started Azithromycin. 1/20/23- HCT 35.94, RBC 5.47, HGB 10.7, ALP 314, BUN bleeding from the mouth. Bronchial pattern. 2 bleeding episodes 11/2022, 1/23. RO of bleeding disorder, had discussed bronchoscope by Western Vet. Tried another Abx PE: General Appearance: lethargic; BCS 8/9 CRT/MM: WNL Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, mucopurulent discharge in OS Ears: No exudate observed, no redness present Oral Cavity: Minimal tarter/gingivitis; Grade Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: increased inspiratory effort with some harsh sound, abdominal effort in breathing Abdomen: Abdomen palpates distended, soft cough on abdominal palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: small skin mass in L temple, 2 lipoma-like masses in L axillary area, one is ~1in diameter, another is ~2.5in, diffused ~4in SQ mass in R abdomen, ~3in lipoma-like mass in ventral abdomen Lymph Nodes: enlarged scapular LN Urogenital: External genitalia appears normal, infolded vulva, vulval dermatitis Neurologic: No apparent abnormalities noted pending chest rads</p>
SPECIES	
Canine	
BREED	
Labrador Retriever	
SEX	
Spayed Female	
AGE	
10 Years	
WEIGHT	
97 Pounds	
INTERPRETED BY	<p>Abnormal PE/Chem/CBC/UA Results: July 13, 2023 low LYM, RBC, HCT, HGB, MCV, MCH, MCHC high EOS and RDWc high ALP, AMY, CRE</p>
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	<p>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</p> <p>Urinary System</p> <p>The urinary bladder is unable to be fully visualized/assessed in these images.</p> <p>The right kidney is normal in size (6.96 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.</p> <p>The left kidney is normal in size (8.44 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.</p> <p>Adrenal Glands</p> <p>The adrenal glands are unable to be well visualized in these images.</p> <p>Spleen</p> <p>The spleen contains multiple hypo- to anechoic nodules as well as a large, markedly heterogeneous, cavitated mass that encompasses a large portion of the cranial abdomen and is surrounded by free fluid and markedly enhanced hyperechoic mesenteric fat. Capsular escape into the surrounding omentum is suspected.</p>
Dr. Jessie Evoniuk	
HOSPITAL NAME	
State Ave Vet Clinic	
REFERRING VET	
Dr. Jessie Evoniuk	
INVOICE	
43963	
DATE	
7/13/23	



PATIENT *Liver*

Emma Reinert

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.

SPECIES

Canine

BREED

Labrador Retriever

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

SEX

Spayed Female

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.

AGE

10 Years

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.

WEIGHT

97 Pounds

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

Free fluid and enhanced mesenteric fat noted surrounding the splenic mass.

There is no apparent lymphadenopathy noted in these images.

HOSPITAL NAME

State Ave Vet Clinic

There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Jessie Evoniuk

- Markedly heterogeneous splenic mass – concerning for infiltrative neoplasia such as sarcoma, infiltrative round cell neoplasia, in this case mast cell tumor versus other, especially given the capsular escape and free fluid. Benign cysts, hematomas, extramedullary hematopoiesis is possible but considered much less likely.

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- Heterogeneous liver is most commonly seen with benign processes such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, etc., and there is no definitive evidence of metastatic disease. However, metastatic nodules or microscopic metastatic disease involving the liver cannot be definitively ruled out ultrasonographically.

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SPECIES

Canine

BREED

Labrador Retriever

SEX

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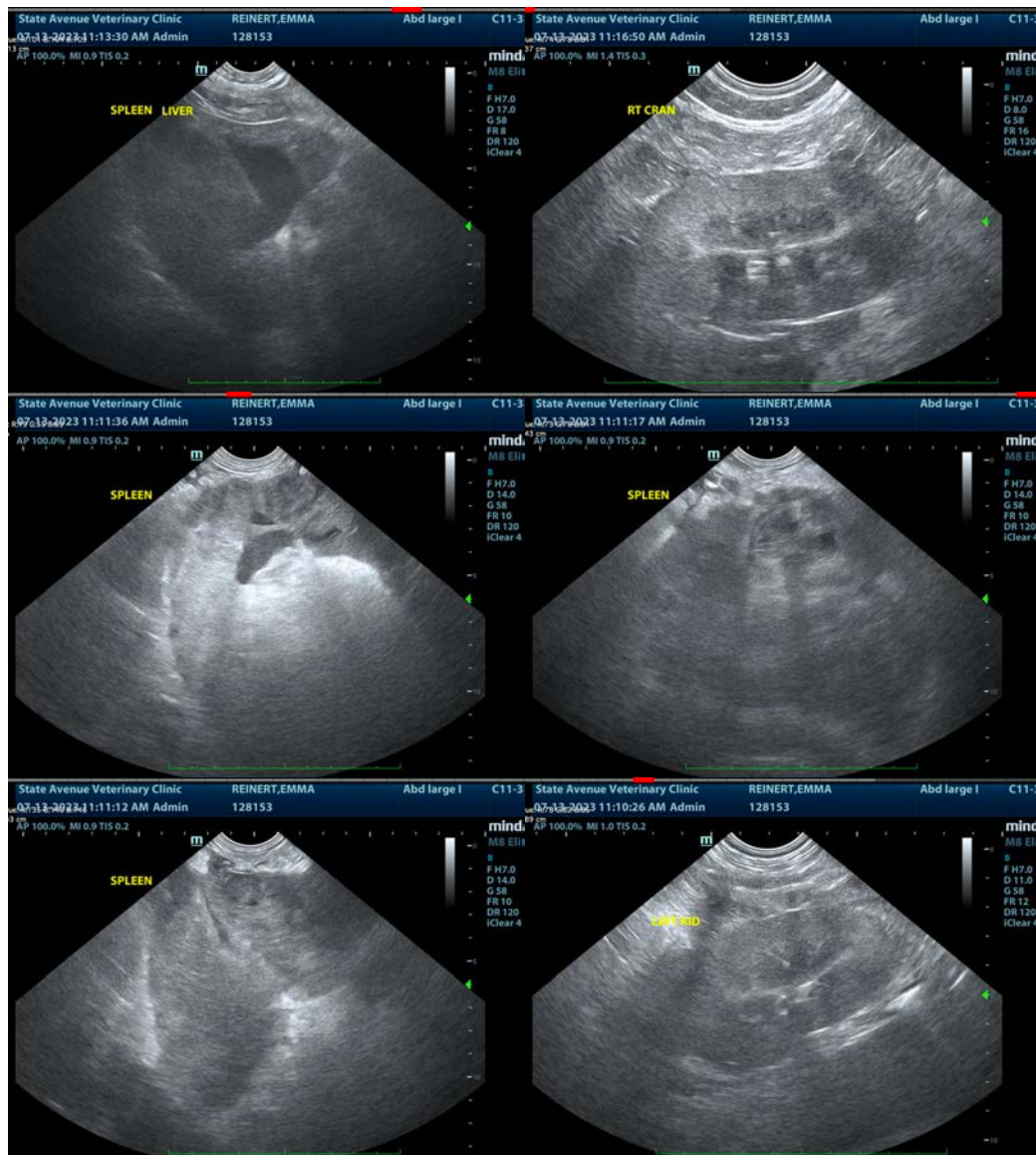
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Given this patient's history of mast cell tumor, fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate, being cautious to use a small gauge needle and monitor for hemorrhage, given the somewhat cavitated appearance to the mass.

Alternatively, an exploratory laparotomy for planned splenectomy +/- liver biopsy could be considered. "Low red blood cell count and hematocrit" were reported but values are unknown. If this patient is anemic and the free abdominal fluid is diagnosed as a hemoabdomen, surgery over fine needle aspirates may be more appropriate to find and stop the hemorrhage, if present.

Especially given the uncertainty about the heterogeneous appearance of the liver, if surgery is elected for splenectomy, a pre-surgical planning abdominal CT scan could be considered to more definitively assess the disease locations.





PATIENT

Emma Reinert

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.

SPECIES

Canine

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.

BREED

Labrador Retriever

Beth Johnson, DVM, DACVIM
info@sonopath.com

SEX

Spayed Female

AGE

10 Years

WEIGHT

97 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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PERFORMED BY**

Dr. Jessie Evoniuk

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