



PATIENT

Kahlua Medina

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

28.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Marylin Davila

INVOICE

39505

DATE

7/14/22

PRESENTING CLINICAL SIGNS

Presented for an urgent abdominal ultrasound to evaluate intermittent anemia. Pt had a previous abdominal ultrasound on May 16, 2022 and was diagnosed with a splenic mass. Splenectomy was done on May 25, 2022. The mass was diagnosed as hemangiosarcoma.

Abnormal PE/Chem/CBC/UA Results: PE: mild abdominal distension with mild fluid wave. BW: 7-13-21 RBC 2.5 (5-8.87) HCT: 16 (37-61) HGB: 5.9 (13-20) PLT: 74 (148-484)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.54 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 (5.76 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 (5.9 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 (0.58 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.55 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen has been previously removed.

Liver

The liver contains two mixed, cavitated, irregular, heterogeneous masses, one of which measures between 5-6 cm in diameter and is primarily on the left side, the other measures 3-4 cm in diameter and appears to be on the right side.

The gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.



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

SPECIES ***Pancreas***

Canine 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.

BREED ***Free Abdomen***

Mixed In the mid left abdomen, caudal to the spleen, there are multiple non-discrete, heterogeneous, cavitated masses measuring between 3-5 cm in diameter, consistent either lymph nodes or mesenteric nodules. A large amount of echogenic free fluid is noted.

SEX

Spayed Female Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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PRIMARY FINDINGS

- Mixed cavitated masses throughout the liver and the free abdomen – most concerning for a metastatic hemangiosarcoma, given this patient’s history.

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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 given the location and diffuse nature of the changes.
- Gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Reactive medial lymph nodes – Possibly secondary to chronic cystitis. Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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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.
- An echocardiogram could also be considered to evaluate further evidence of metastatic hemangiosarcoma.
- Ultimately, surgery is not a possibility to remove all of the visibly evident gross disease. Therefore, follow up consultation with a board certified oncologist to discuss chemotherapeutic options is recommended.



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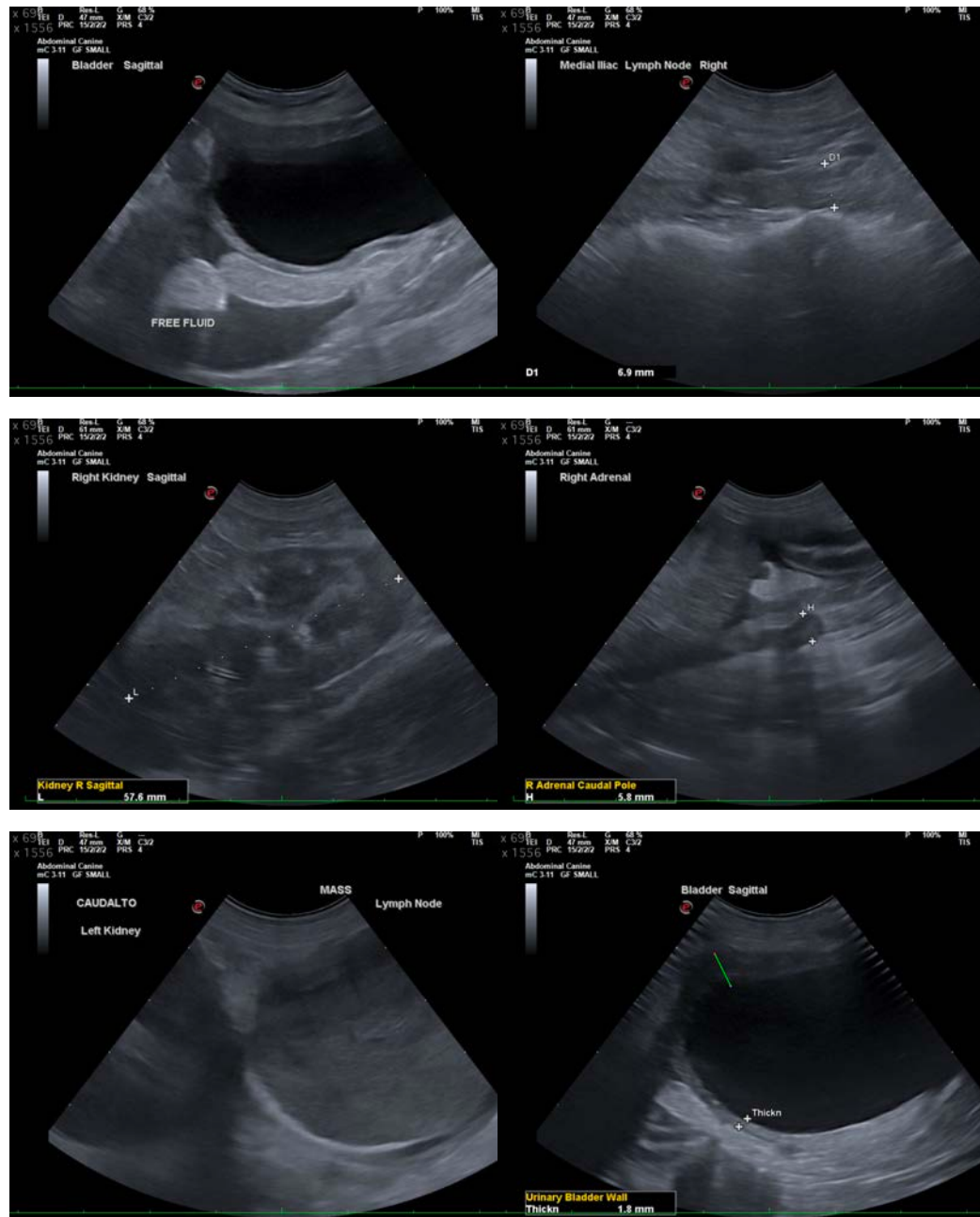
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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