



PATIENT

Ellie Felisky

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed Female

AGE

6

WEIGHT

17.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Hayley Heindel

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

43683

DATE

7/2/23

PRESENTING CLINICAL SIGNS

Decreased app and episodes of tachypnea at home per O - took her to closest ER, they agreed her respirations weren't normal and they did an ultrasound and a radiograph, found a splenic lesion, she was given cerenia and transferred here. She did not eat dinner but ate breakfast fine. No v/d. Owner thinks she is uncomfortable. 2 weeks ago had a dental cleaning and teeth removed - no complications. no other medical issues.

Abnormal PE/Chem/CBC/UA Results: Bloodwork done about 2 weeks ago - NSF Radiographs (at CCAE) - lungs and abdomen AFAST - splenic mass (cavitated)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.56 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 (5.89 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 unable to be well visualized in these images.

The left adrenal gland is normal in size (0.76 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen contains a large subcapsular anechoic/cavitated mass measuring 7.0 cm long x 3.6 cm wide with some visible capsular escape and free fluid as well as enhanced mesenteric fat surrounding the mass.

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.

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.



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Gastrointestinal

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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.

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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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Free Abdomen

There is anechoic free fluid and enhanced mesenteric fat surrounding the splenic mass.

There is no apparent lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- Cavitated splenic mass/subcapsular fluid with suspect capsular escape is concerning for infiltrative neoplasia, given the concurrent free fluid. However, benign hematomas, cysts, even extramedullary hematopoiesis can mimic malignancy and cannot be ruled out without tissue sampling.

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Hayley Heindel

SECONDARY FINDINGS

- Urinary bladder debris
- Moderate 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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As was reportedly already obtained, 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.

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Additionally, an echocardiogram or heart base check could be considered to look for evidence of other metastatic disease.



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Pending results, an exploratory laparotomy for planned splenectomy and biopsy if/when patient is stable enough to undergo surgery. Alternatively, sampling of the free abdominal fluid and fine needle aspirate of the splenic mass could be considered if patient's coagulation status is appropriate. However, given the risk of further hemorrhage with even benign lesions, excision of the cavitated mass/subcapsular fluid is likely the safest option.

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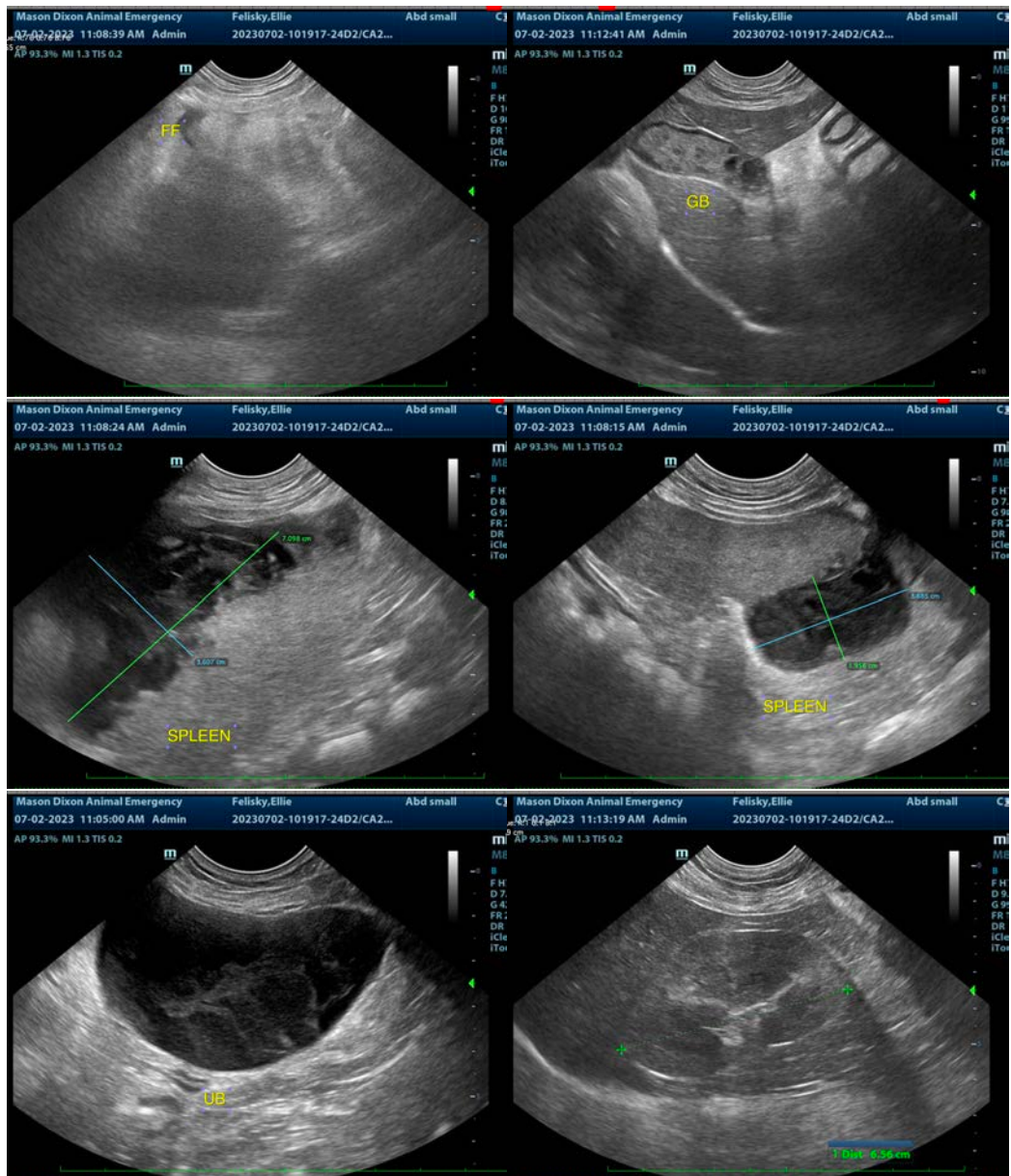
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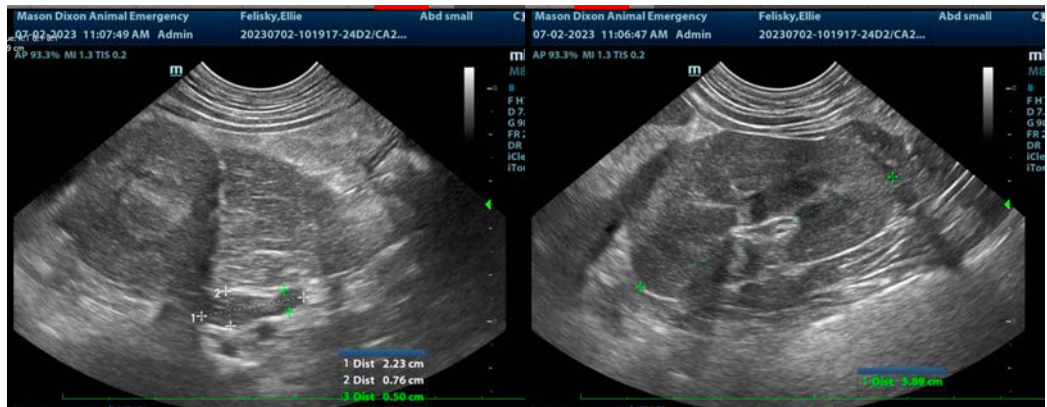
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com