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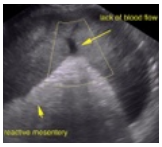
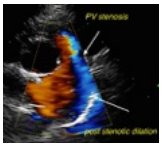
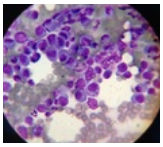
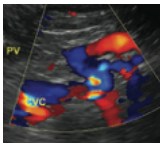





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
George Swiezbinski

SPECIES
Canine

BREED
Bassett Hound

SEX
Neutered Male

AGE
14 years

WEIGHT
42.70 lbs.

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Marti Williams

HOSPITAL NAME
Limestone VH

REFERRING VET
Kristen Scalia VMD – Pike Creek AH

INVOICE
10413

DATE
8/15/2023

PRESENTING CLINICAL SIGNS

Not eating and lethargic x weeks. Weight loss - 2 kgs in 5 weeks, occ. diarrhea, rare vomiting. Digital rectal examination - anal glands NSF, cannot reach MILN but can "bump" against a mass effect in this region.

Abnormal PE/Chem/CBC/UA Results: Lab work NSF other than very mild decrease in MCHC 18.5 (19.5-24.5) and MCH (29.7 (31-39) and neutrophilia 12.7k

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.

The right kidney is normal in size (5.19 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 (5.19 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 (cranial 0.55 cm, caudal 0.52 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen contains multiple heterogenous partially caveated masses that result in capsular bulge of the spleen. A 3.5 cm x 4 cm mass off of the head of spleen and a 3 cm x 3.5 cm similar appearing mass along the tail of the spleen.

Liver

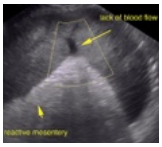
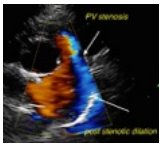
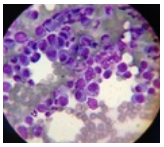
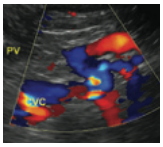
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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.

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 or foreign material. 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

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contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

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

There is no evidence of free peritoneal effusion noted in these images.

Sub lumbar lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Multiple heterogenous partially caveated splenic nodules/masses are concerning for infiltrative neoplasia such as round cell neoplasia, vs. sarcoma vs. other. Benign cysts, hematomas, extramedullary hematopoiesis, etc. are possible but considered less likely.
- **Aggressive sub lumbar lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Mild 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As was reportedly already pending a through rectal and perianal exam is recommended. 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 the lymphadenopathy round cell neoplasia is considered a slightly higher differential for the splenic changes. Therefore, fine needle aspirates of the solid portion of the splenic nodule/masses as well as the sub lumbar lymph nodes could be considered if patients coagulation status is appropriate.

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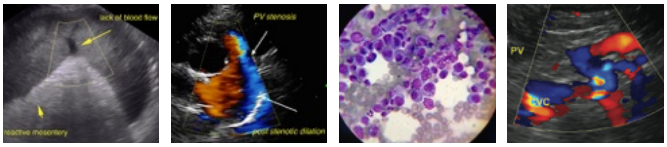

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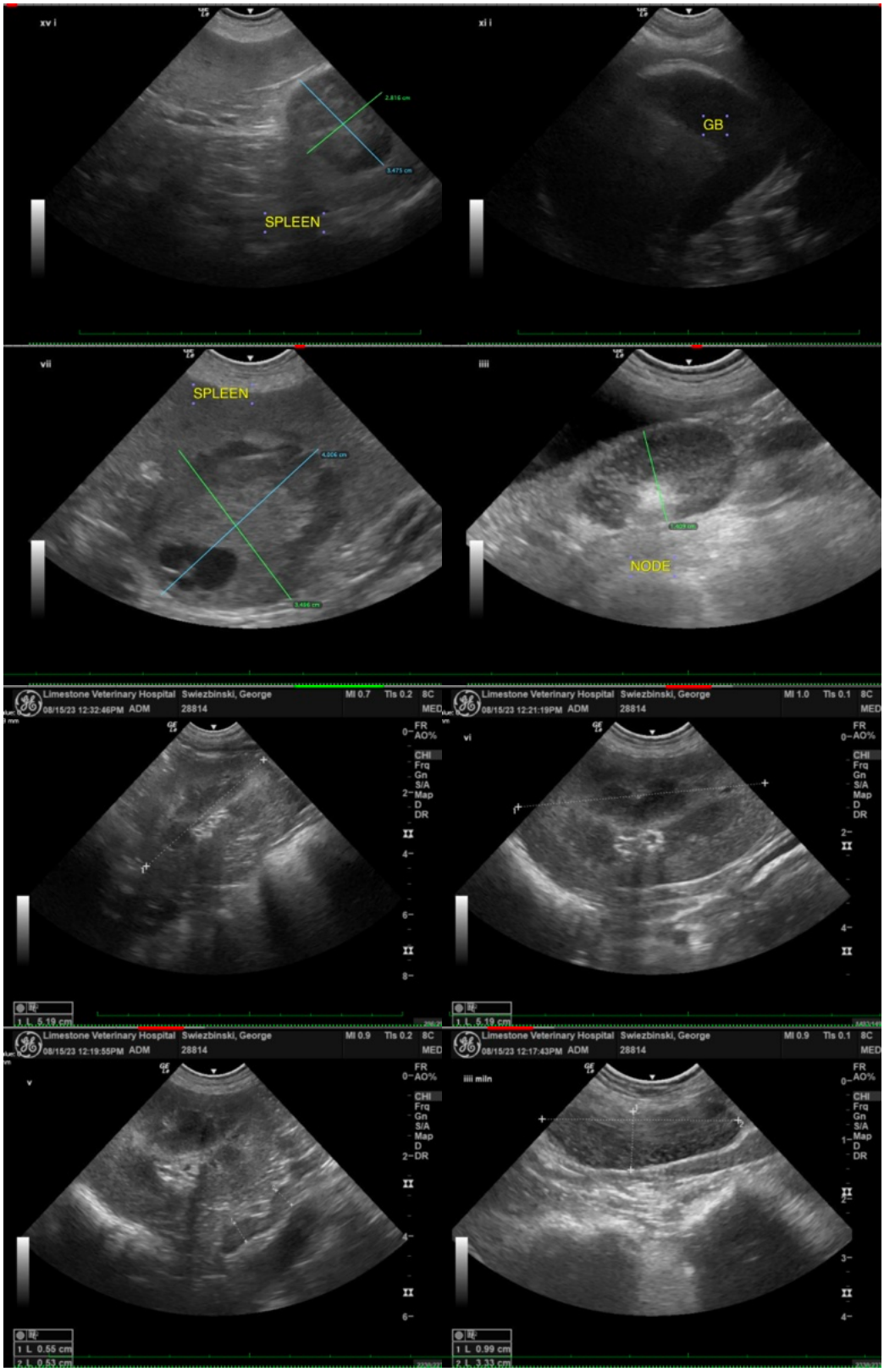

The information and recommendations provided are based on the images presented by the referring

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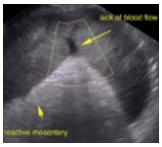
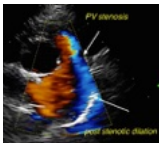
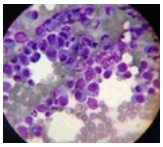
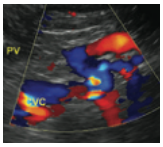

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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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