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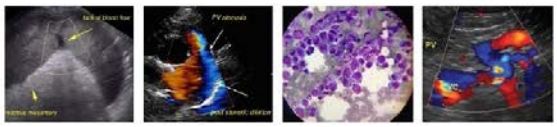

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lucy Procyk

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

5 Years

WEIGHT

72 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Habib

INVOICE

44674

DATE

8/15/23

PRESENTING CLINICAL SIGNS

Severe non-reg anemia, lethargy, HCT dropped from 40 to 18 in 4 months meds: pred 50mg SId

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.

The right kidney is normal in size (6.9 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.

The left kidney is normal in size (6.63 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 (0.72 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

In the area adjacent to what is believed to be the spleen, in the mid to left cranial abdomen, there is a very large, 12+ cm x 18-19+ cm heterogeneous, partially cavitated mass, likely of splenic origin.

Liver

The visible liver is normal.

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 is difficult to fully visualize in these images due to marked displacement of normal organs by the mass described above.

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.

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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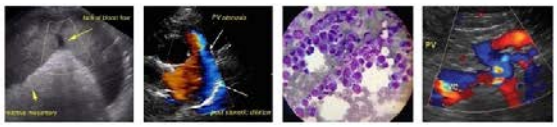

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Pancreas

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.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, partially cavitated cranial abdominal mass that appears to be of splenic origin – Concerning for infiltrative neoplasia such as sarcoma versus round cell neoplasia versus other. A benign hematoma, extramedullary hematopoiesis, etc. is possible, especially given the lack of free fluid, and cannot be ruled out without tissue sampling. Other origin (i.e., lymph node or even liver) is also possible, as definitive origin is difficult to determine.

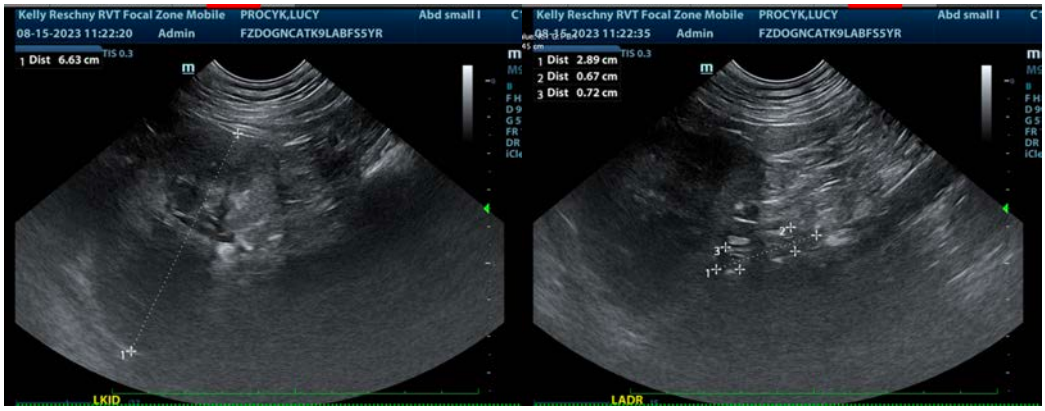
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A fine needle aspirate of the solid parts of the mass could be considered if patient's coagulation status is appropriate.

Alternatively, when/if patient is stable enough to undergo surgery (i.e., following a blood transfusion), an exploratory laparotomy could be considered for excisional biopsies/removal of the mass (i.e., likely splenectomy). Given the lack of ability to definitively determine origin 100%, a pre-surgical planning abdominal CT scan could be considered.

Given this patient's acute drop in hematocrit, differentials are early hemorrhage possibly into the cavitated portions of the mass versus into the free abdomen or potentially early hemolysis, too early to regenerate, as a secondary problem. Regardless, the anemia is likely related to the lesion.



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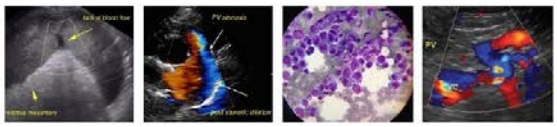

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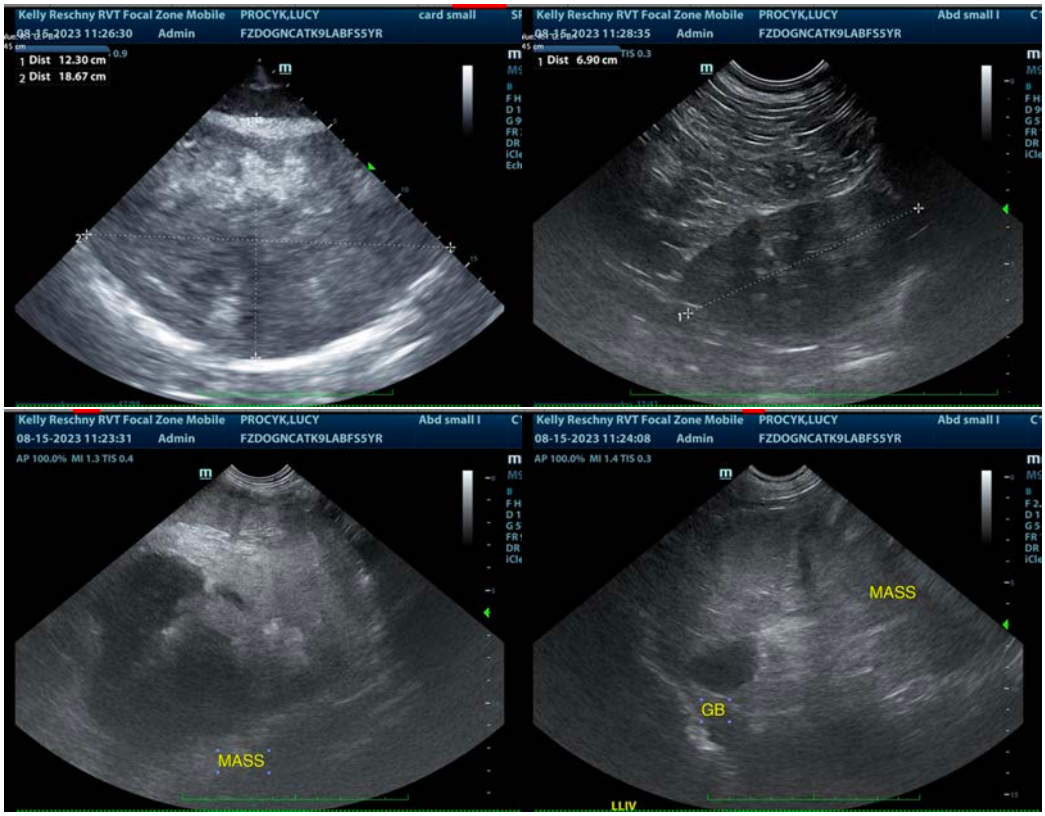

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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