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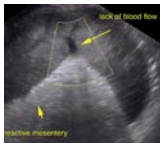
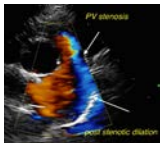
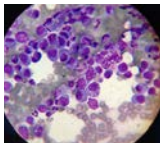
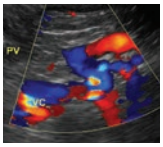

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1-800-838-4268 info@sonopath.com

PATIENT
Tono Fake

SPECIES
Canine

BREED
Bassett Hound

SEX
Neutered Male

AGE
13 Years

WEIGHT
21.6 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
40092

DATE
8/3/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for restlessness K9 woke O up @ 4AM, restless and uncomfortable. O thinks K9s abdomen is distended/hard Previous Health Concerns: None Current Medications/Supplements/OTC: None
Abnormal PE/Chem/CBC/UA Results: Abdominal: bloated abdomen; firm cranial to mid abdominal palpation/ tense Radiographs: large cranial abdominal mass like effect with surrounding loss of detail, hepatomegaly, empty stomach but displaced dorsal/cranial. Chemistry: Creat 0.3 L, ALP 461, Lipase 910 H CBC: Lymph 0.62 L, Hgb 19.2 H EPOC: Na 152 H, K+ 3.4 L

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 (7.74 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 (7.33 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 (0.86 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

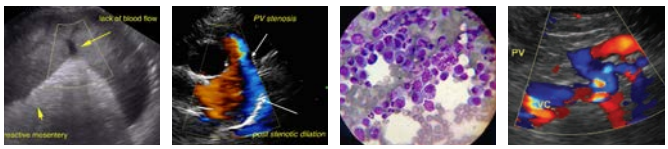
Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. Multifocal well demarcated, hyperechoic, homogeneous nodules are noted throughout the parenchyma, as well as a 3.5 cm in diameter heterogeneous, mixed mass near the head of the spleen that results in a mild capsular bulge. (See other). Splenic vasculature appears normal.

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.

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.



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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, 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.

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

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no apparent lymphadenopathy noted in these images.

In the cranial abdomen, caudal to the liver, surrounding the stomach and medial to the spleen, there is a large amount of enhanced hyperechoic fat and mesentery combined with anechoic free fluid. This change is suggestive of a focal peritonitis possibly secondary to the acute pancreatitis versus secondary to splenitis and/or the splenic mass versus other.

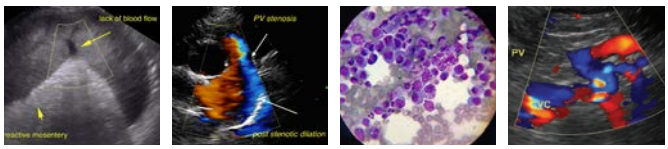
ULTRASONOGRAPHIC FINDINGS

- **Scalloped spleen –** can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- **Hyperechoic splenic nodules –** most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- **Heterogeneous splenic mass –** more concerning for infiltrative neoplasia such as sarcoma versus other. A benign hematoma, extramedullary hematopoiesis, etc. cannot be differentiated, however, without tissue sampling.
- Acute pancreatitis
- **Cranial abdominal peritonitis characterized by enhanced fat and mesentery and free fluid –** Differentials include being secondary to acute pancreatitis versus secondary to the splenic pathology versus other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a quantitative PLI, if not recently evaluated.

Fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate. However, given the mild risk of hemorrhage when aspirating a suspected cavitated lesion, an alternative approach would be medical management of pancreatitis/cranial abdominal peritonitis with antiemetics, gastroprotectants, appetite stimulants (if nutritional support is needed), pain management, broad-



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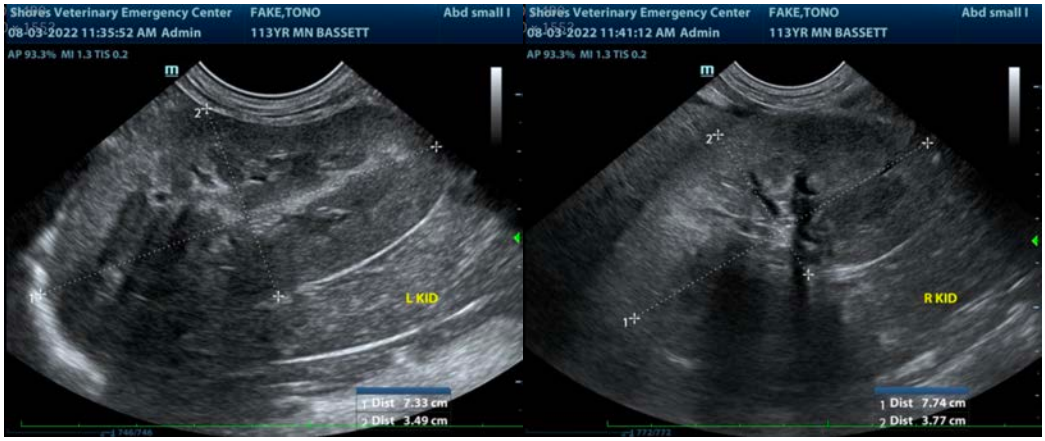
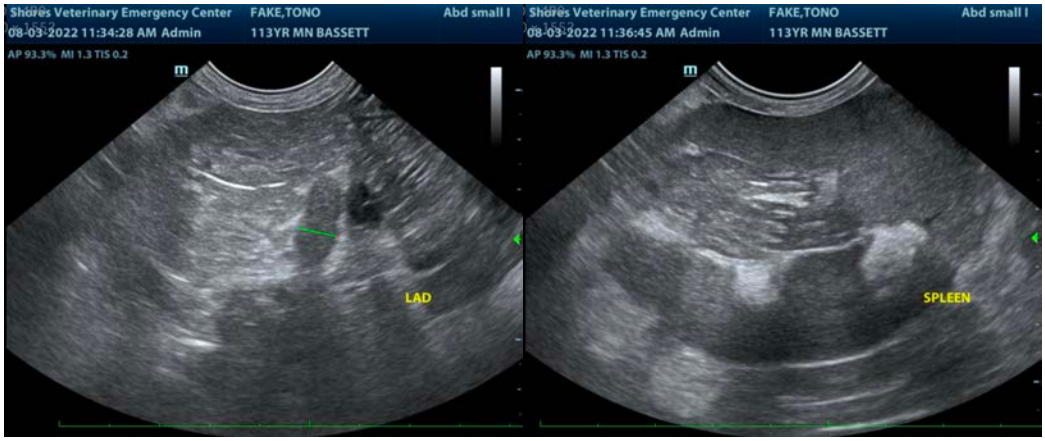
spectrum antibiotics, fluid therapy, etc., followed by monitoring of the ultrasound changes for improvement/progression to help better differentiate the inflammation to either the pancreas versus other.

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.

If medical management is elected first over further, more invasive diagnostic, close monitoring of this patient's hematocrit and abdominal fluid following rehydration is recommended, in the case this is a hemoabdomen secondary to the splenic mass.

The amount of fluid present at this time is scant. However, if the amount of fluid in the abdomen progresses, sampling is recommended to rule out hemoabdomen versus other.





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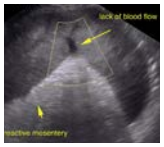
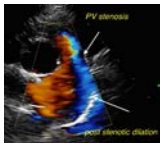
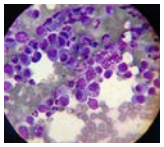
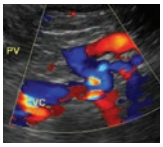

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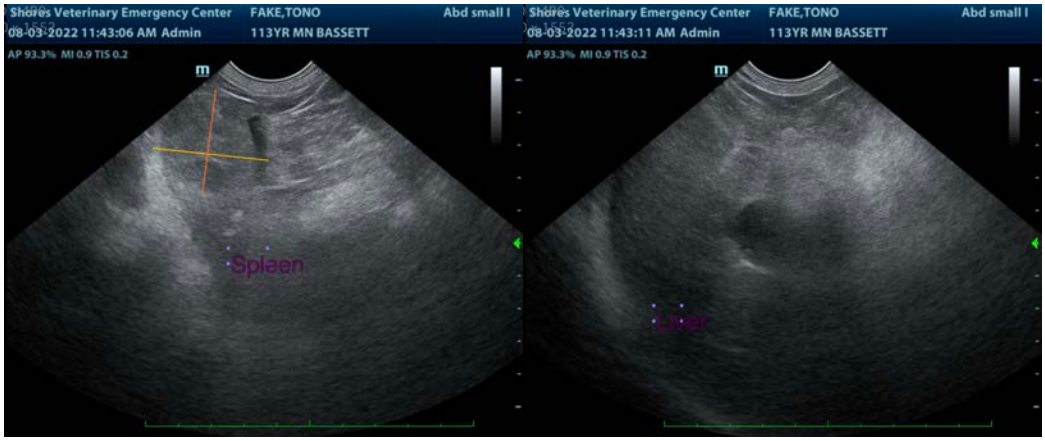

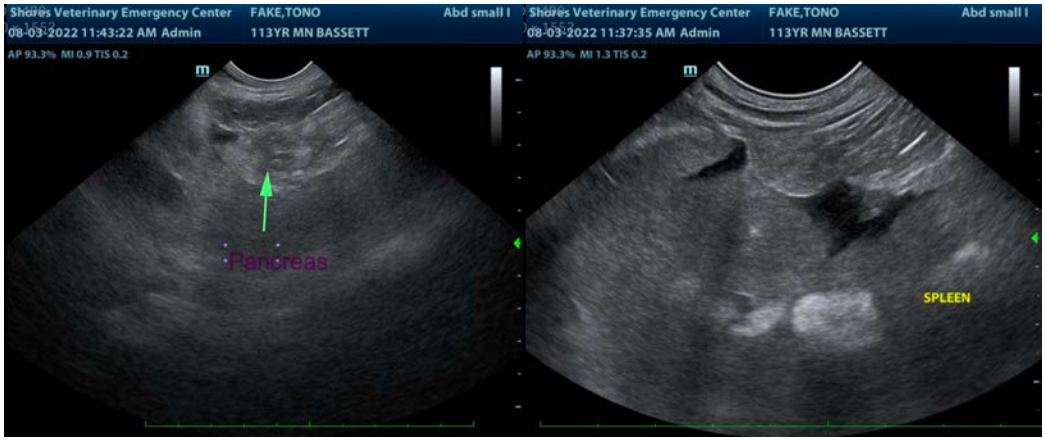

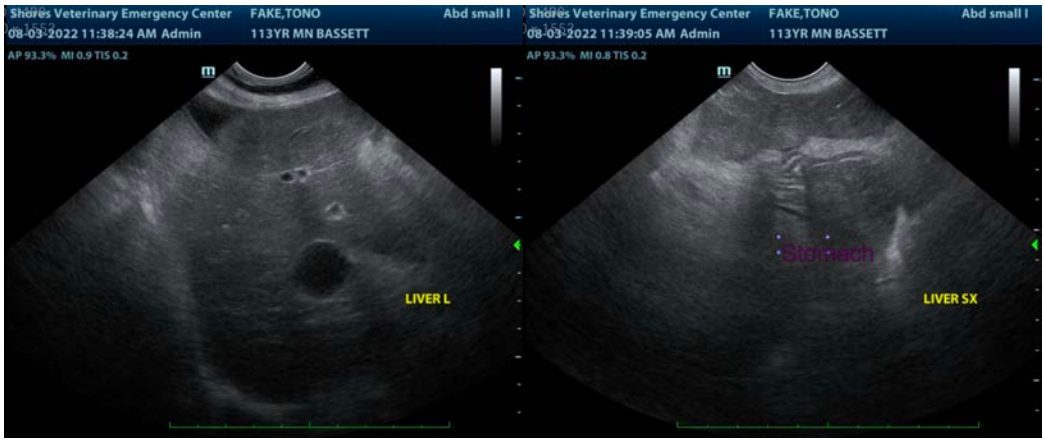

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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