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Clinical Sonography & Telecytology
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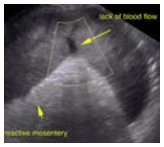
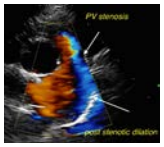
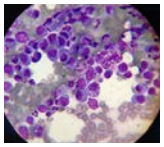
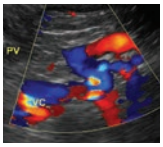

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1-800-838-4268 info@sonopath.com

PATIENT

Momo Chan

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

40191

DATE

8/5/22

PRESENTING CLINICAL SIGNS

Since Monday patient has had shortness of breath, may have been coughing as well. She also appears painful at times. She is also more lethargic and weak. Echo was performed yesterday (8/4) . Radiographs showed an apparent soft tissue opaque mass at the caudal aspect of the spleen on the ventrodorsal view may be due to superimposition of the left kidney. However, a splenic mass due to nodular lymphoid hyperplasia, nodular extramedullary hematopoiesis, neoplasia, or hematoma is also considered. Abdominal Ultrasound was recommended to assess the health of kidneys, liver and spleen

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 3.3 cm. The right kidney measured 3.5 cm. A hyperechoic band parallel to the corticomedullary border is present. A 1.2 cm anechoic cortical cyst is noted in the caudal pole of the right kidney.

Adrenal Glands

The area of the adrenal glands is examined without evident pathology.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 2.0 cm x 3.0 cm heterogeneous mass is noted off of the head of the spleen that does expand the capsule. Splenic vasculature appears normal.

Liver

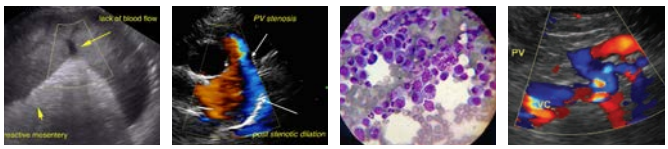
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

Gastrointestinal

The visible stomach wall is normal in thickness 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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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.

There is no apparent lymphadenopathy noted in these images.

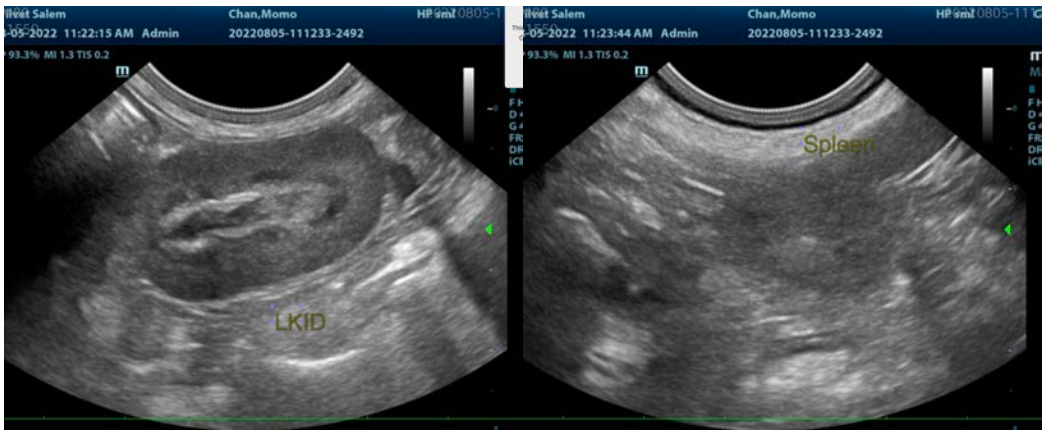
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous splenic mass – Differentials include most likely infiltrative neoplasia such as sarcoma, round cell neoplasia, other. However, benign lesions (such as cysts, hematomas, nodular hyperplasia, extramedullary hematopoiesis, etc.) can mimic malignant disease and cannot be definitively ruled out.

- Age related kidneys with bilateral medullary rim signs and cortical cyst in the right kidney – Medullary rim sign is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for the splenic mass are dependent on the results of the workup and therapy for this patient's reported respiratory distress. If the patient is stable, a fine needle aspirate of the mass could be considered if patient's coagulation status is also appropriate. Alternatively, exploratory laparotomy could be performed with a planned splenectomy for excisional biopsy.



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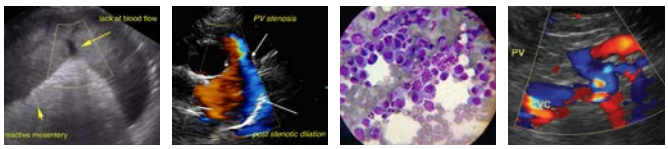

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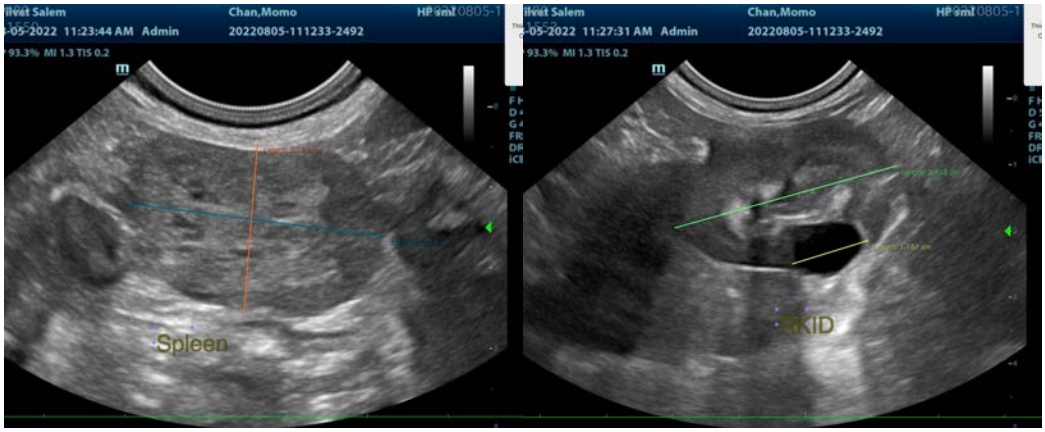

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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