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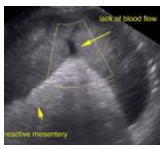
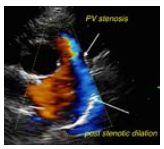
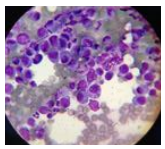
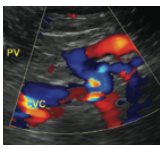

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1-800-838-4268 info@sonopath.com

PATIENT
Sadie Burns

SPECIES
Canine

BREED
Golden Retriever Mix

SEX
Spayed female

AGE
12 years

WEIGHT
53.4 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
A Murphy CVT

HOSPITAL NAME
Wauwautosa VC

REFERRING VET
Dr. Binor

INVOICE
32219

DATE
8/9/22

PRESENTING CLINICAL SIGNS

History: Hx of ADR for last few weeks. Hypoxic, panting, seems uncomfortable according to O. Had a distended abdomen 7/2022 at last wellness. Hx of Anemia and concerns for structural disease causing clinical signs and anemia. Abdominal imaging performed to check for neoplasia of liver/ spleen and check renal status. Also has a Hx of enteritis that has recently resolved. No hematuria or hematochezia noted at home. Please focus on images of Spleen, Liver, Bladder. Concern for metastatic neoplastic disease. CxR's performed possible L sided heart enlargement. No obvious evidence of metastasis. Plan to get a voided urine sample and chaeck for UA & cytology
Abnormal PE/Chem/CBC/UA Results: CBC= HCT 29.2% (37.3-61.7%) MM=pale -pink. Hgb 8.4(13.1-20.5g/dL) Amylase 1611(500-1500) Alk Phos 969(23-212) Rest of CBC/Chem was Unremarkable
Distended abdomen on exam

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.

Left kidney is normal is size (6.36 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.

Right kidney is normal is size (6.67 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

Left adrenal gland is normal in size (0.68 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.76 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. A 2.0 x

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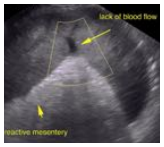
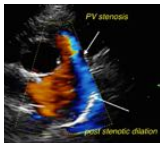
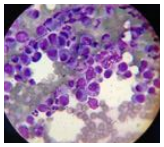
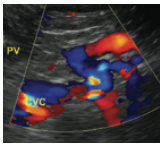

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3.0 cm hyperechoic mass was noted in the mid to right caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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 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. 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 appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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.

Medial iliac lymph nodes are enlarged and hypoechoic to anechoic/cystic and surrounded by enhanced, hyperechoic fat.

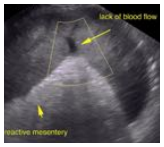
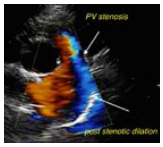
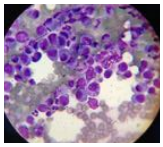
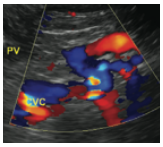
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- Heterogenous Liver – These changes could be consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease, etc. however, given the concurrent splenic changes and the hyperechoic nodule/mass in the right liver infiltrative round cell or metastatic neoplasia cannot be ruled out.
- Large amount of suspended, echogenic, urinary bladder debris and reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differential for this patient's splenic change +/- concurrent liver changes is infiltrative round cell

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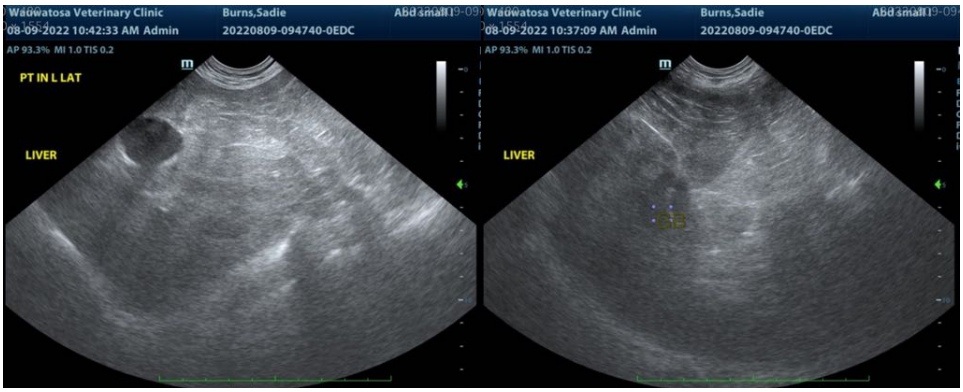
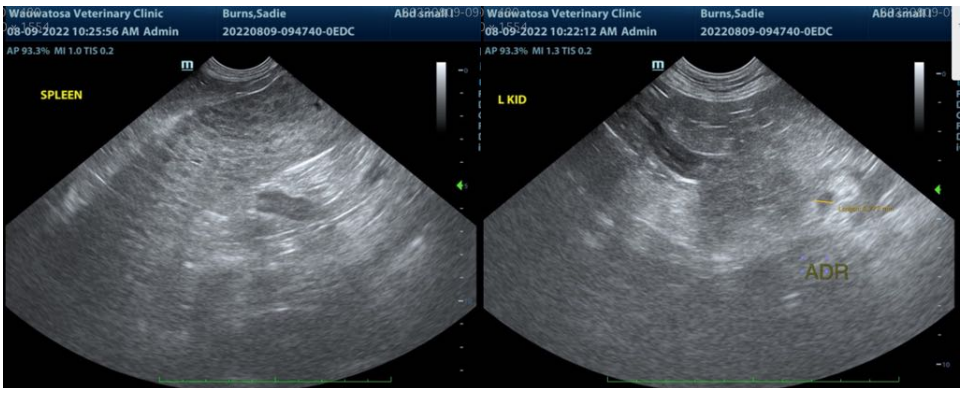
neoplasia. Therefore, a FNA of the spleen and liver is recommended if the patient's coagulation status is appropriate.

Concurrent cystitis, urinary tract infection, blood clots in the urinary bladder, etc. is also probable. Therefore, urinalysis and if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.





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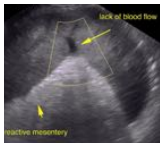
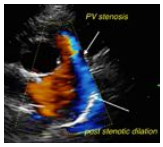
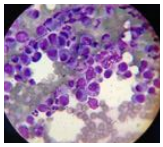
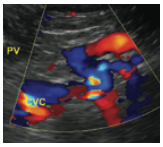

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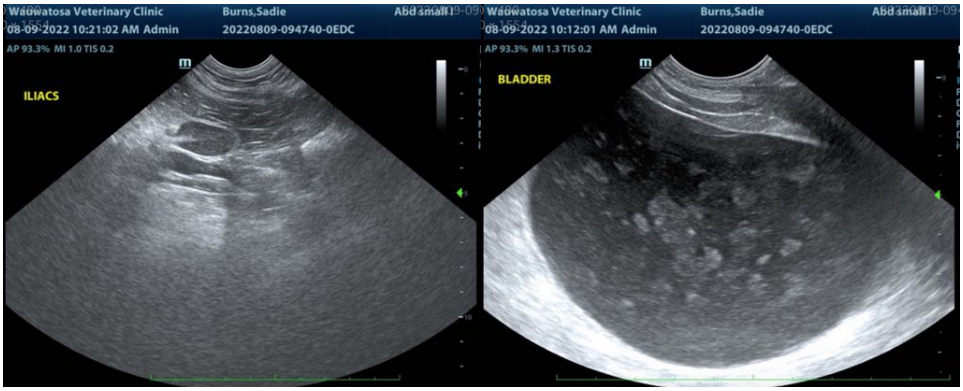

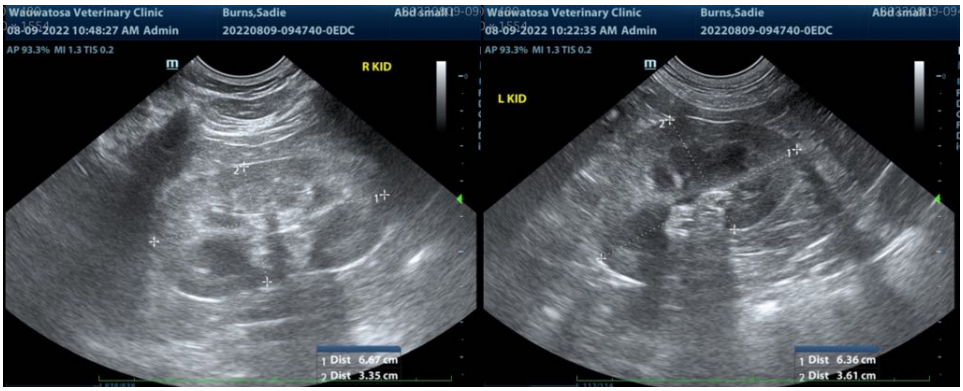

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com