



PATIENT

Bailey D'Alessandro

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

15 Years

WEIGHT

N/A

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Stekler

INVOICE

41740

DATE

9/29/22

PRESENTING CLINICAL SIGNS

Patient with intermittent vomiting presents for abdominal ultrasound due to palpated fullness in the cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL. Alk. Phos. 220, all else WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. A 0.2 cm cystoliths is present in the proximal urethra. 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 measures 3.82 cm. The right kidney measures 4.05 cm. Cortical cysts are noted bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (1.5 cm long x 0.72 cm at the cranial pole and 0.27 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.65 cm long x 0.30 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen contains a 5.5 cm x 7.5 cm heterogeneous, cavitated mass off of the head of the spleen, filling the majority of the cranial abdomen.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypochoic 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 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.



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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

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The area of the pancreas contains irregular hyperechoic pancreatic remodeling.

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Free Abdomen

There are multifocal small, round, hyperechoic nodules throughout the fat and mesentery, consistent with possible granulomas, lipogranulomas, etc. Malignant or metastatic nodules are possible but considered much less likely.

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

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- **Mixed cavitated splenic mass** – concerning for infiltrative neoplasia such as sarcoma. However, benign lesions can exactly mimic malignant lesions and cannot be differentiated without tissue sampling.

WEIGHT

N/A

- **Hyperechoic pancreas** – This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.

- Cystolith in the proximal urethra

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SECONDARY FINDINGS

- Age related kidney changes

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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.

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Ultimately, an exploratory laparotomy for splenectomy/excisional biopsy of the splenic mass is recommended, at which time a biopsy of the multifocal hyperechoic nodules described above is also recommended.

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Given this patient's reported vomiting and pancreatic changes, prior to surgery if possible based on patient status, gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended, so that if there is evidence of pancreatic and/or gastrointestinal disease, biopsies of the spleen +/- GI tract could also be obtained at the time of splenectomy.

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However, the gastrointestinal workup is considered a secondary problem and should not be prioritized if the patient is declining, and a splenectomy is necessary sooner.

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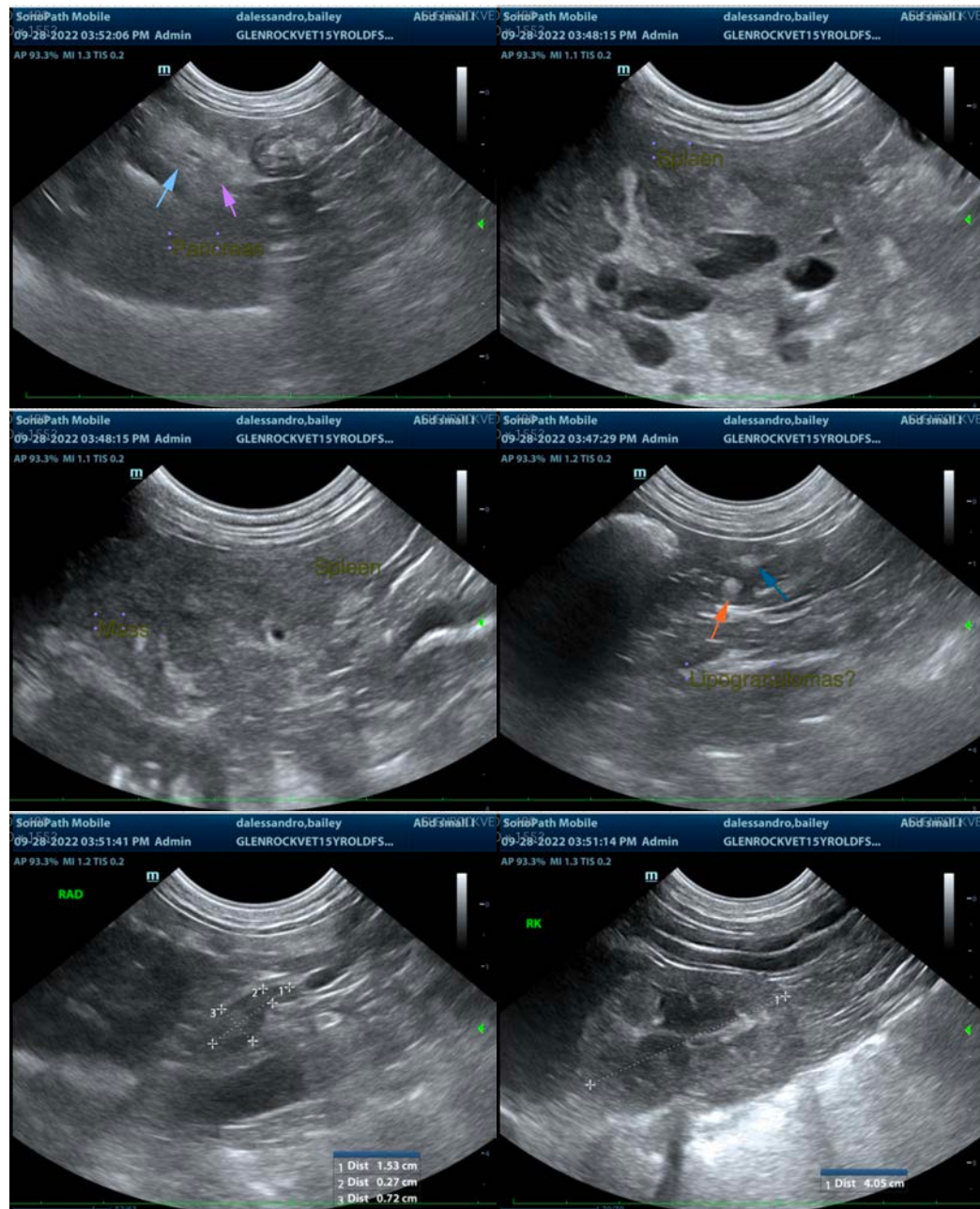
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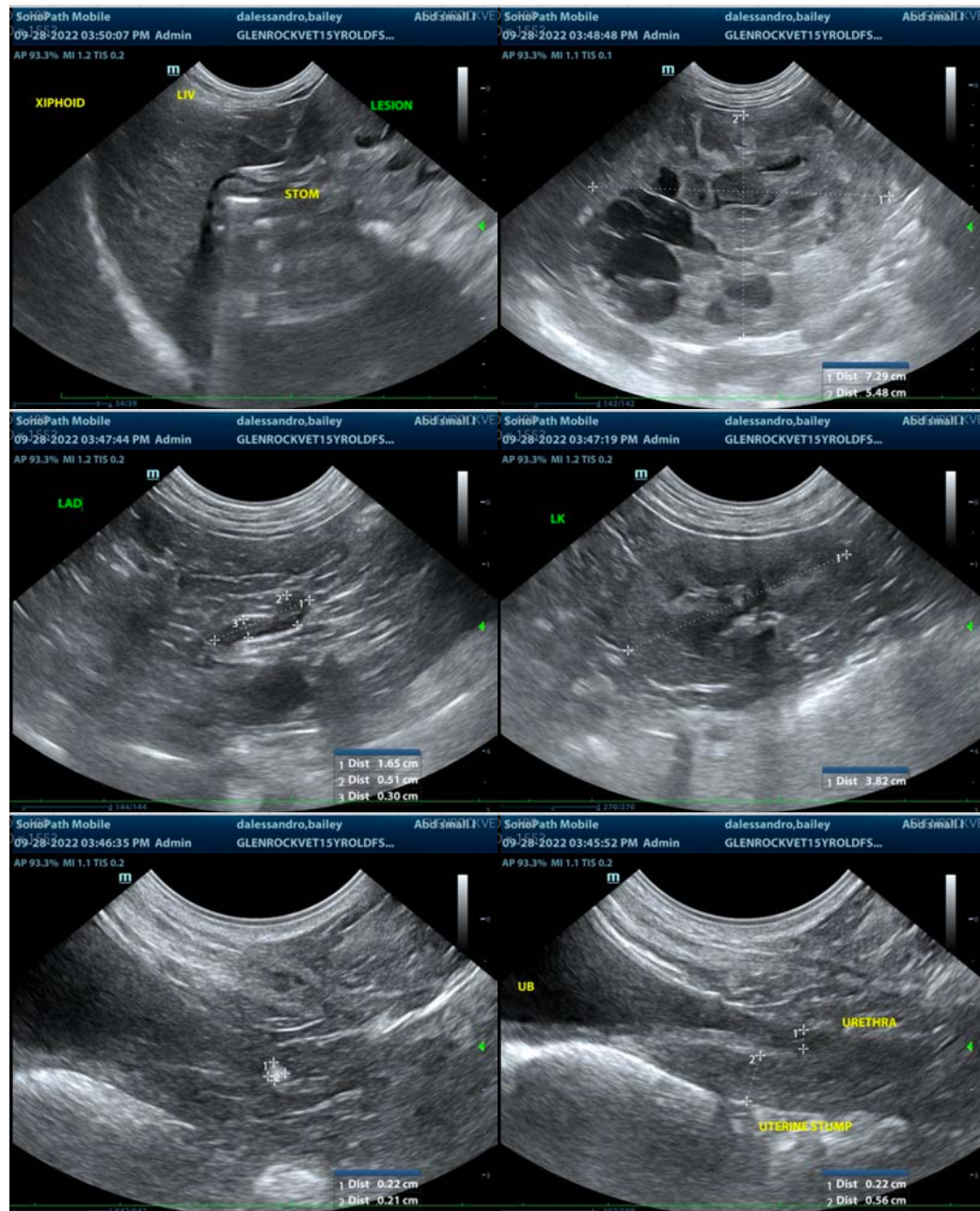
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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