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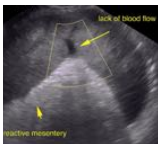
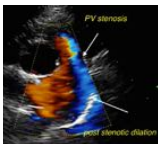
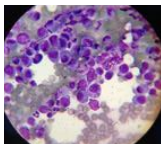
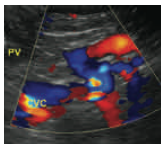




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gretchen Gottschall

SPECIES

Canine

BREED

Wirehaired Dachshund

SEX

Spayed Female

AGE

16 years

WEIGHT

10.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Animal Hospital of Sussex County

REFERRING VET

Dr. Spinks

INVOICE

31232

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: distended abdomen of 3 days duration; lethargic; R/O neoplasia. On budesonide. HCT 18.48%, is 10% dehydrated. ALKP 1200.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (X cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Left kidney is normal is size (3.97 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 (3.7 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 (1.71 cm long, 0.4 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

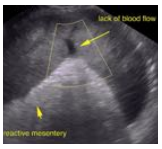
Right adrenal gland is normal in size (1.2 cm long, 1.2 cm at cranial pole and 0.45 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

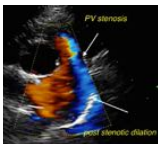
Spleen

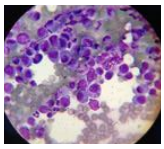
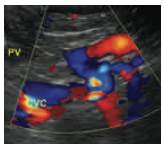
Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. A large, 3.0 x 5.0 cm, mixed, heterogenous cavitated mass was noted protruding from the mid body of the spleen. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged with irregular margins. The parenchyma is heterogenous, which is characterized by multiple, poorly defined hypoechoic nodules. Some of the nodules include hypoechoic centers characteristic of target lesions within an otherwise hyperechoic liver parenchyma. The visible vasculature and biliary tree appear normal without distension or congestion.





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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. One mucous plug was adhered to an inner wall could represent a benign polyp versus accumulated mucous.

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. 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.

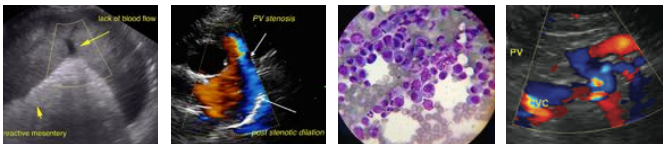
Free Abdomen

There is a moderate to large amount of anechoic free fluid, which is suspected to be hemorrhage based on the splenic mass and the reported anemia in the patient. There was no evidence of pericardial effusion or heart base mass is noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mixed, heterogenous, cavitated splenic mass. This is most concerning for infiltrative neoplasia such as sarcoma. Benign disease can mimic malignant disease and cannot be ruled out, but is considered much less likely.
- Multi-focal, hypoechoic liver nodules, some with a target appearance, which is concerning for metastatic lesions. Benign nodular hyperplasia, cysts, etc cannot be ruled out, but are considered less likely.
- Large amount of abdominal free fluid.



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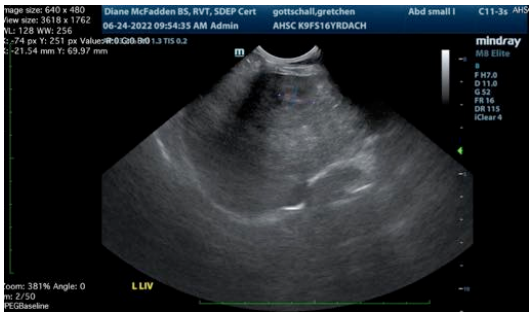
Secondary Findings

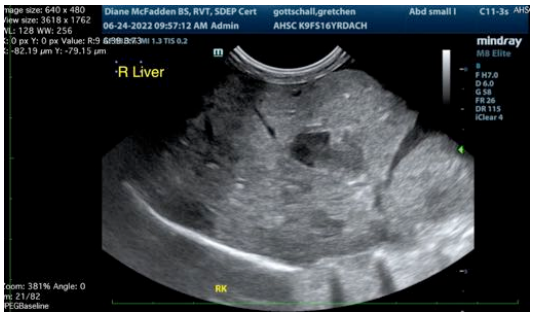
- **Chronic Cystitis -** Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- **Gallbladder debris (canine) -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

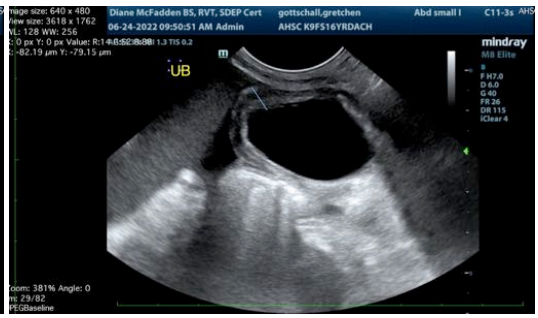
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient:

1. 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.
2. An exploratory laparotomy for splenectomy and liver nodule biopsy is recommended to eliminate the suspect cause of this patient's hemoabdomen. However, the appearance of the liver is concerning for metastatic disease, which indicates that all of the visible disease may not be able to be surgically removed.







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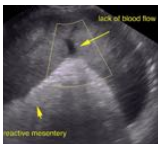
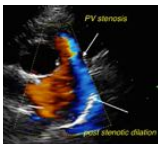
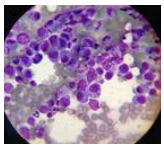
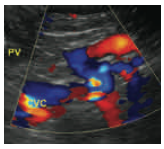

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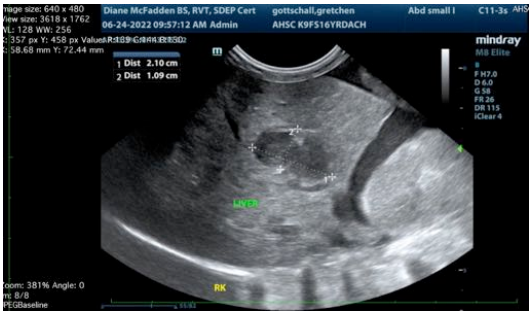

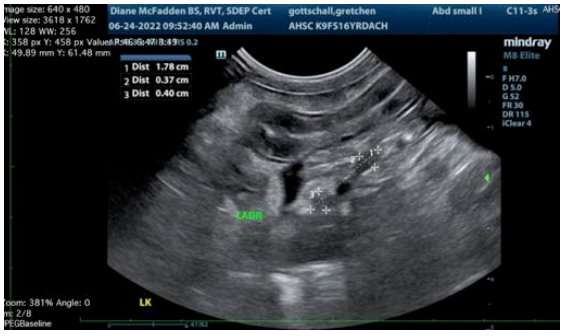

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Beth.Johnson@SonoPath.com

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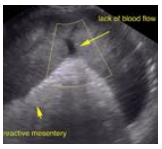

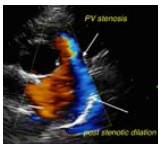

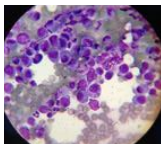
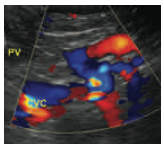

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