



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Cujo Slater  
**SPECIES** Canine  
**BREED** Husky  
**SEX** Neutered male

History: Dx with IMHA at neighboring clinic, concerned for splenic mass. Not eating, lethargic since Christmas  
 Done at neighboring clinic last week: "CBC/chem: slight-mild leukocytosis with mild neutrophilia (inflammatory, infection; no toxic cells noted on smear) and slight eosinophilia (not significant). Moderate anemia with mild regeneration and on smear 3+ anisocytosis, macrocytes, few spherocytes, 1+ polychromasia, crenation, no RBC intracellular inclusions noted and anual PCV 24% - suspect extravascular IMHA. Placed sample in fridge 30 min and slight clotting noted, did slide agglutination test and didn't clot. Thrombocytopenia and elevated MPV likely due to clotting in sample, on smear 1-4 normal sized platelets noted per HPF. Mild azotemia - low grade prerenal dehydration most likely, can't rule out renal disease - no urine test done today. Mild elevated IP - monitor. Mod hyperbilirubinemia with mild elevated ALP (2x upper limit) and mod elevated ALT (3x upper limit) - changes likely secondary to IMHA. Manual total solids 6.9g/dL with A:G ratio slight increase and mild hyperglobulinemia - inflammatory possible, can be seen with IMHA. "

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE** 12 years  
 \*Unlabeled images, not in SDEP protocol, I'm basing my labeling on labeled still images and surrounding anatomy\*

**Urinary System**

**WEIGHT** 51 kg  
 The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm and the right kidney measured 6.8 cm.

**INTERPRETED BY**

Dr Brittany Sinclair, BVSc(hons), DACVECC

**Adrenal Glands**

**IMAGING PERFORMED BY**

Dr. Biederbeck

Adrenal glands were not distinctly visualized.

**HOSPITAL NAME**

Lomsnes VH

**Spleen**

**REFERRING VET**

Dr. Biederbeck

Spleen is diffusely enlarged, hyperechoic and heterogenous with multifocal cystic areas and irregular capsule with somewhat similar appearing cystic poorly defined spherical mass measuring at least 8.2x7.2cm and a more clearly defined heterogenous solid mass measuring at least 7x7cm. It is possible these represent the same mass being imaged at different time points from different angles. Small volume free fluid surrounding cranial aspect of spleen/liver.

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**Liver**

Liver is enlarged with rounded lobes and completely effaced with heterogenous/mottled parenchyma with multifocal target lesions to cystic areas similar in appearance to abnormal splenic tissue.

**DATE**

1/30/23

Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally



**PATIENT**

***Gastrointestinal***

Cujo Slater

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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***Pancreas***

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**AGE**

12 years

***Lymph Nodes***

**WEIGHT**

51 kg

No clinically significant lymphadenopathy or abnormalities noted.

**INTERPRETED BY**

***Free Abdomen***

No masses or free fluid were noted.

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

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Dr. Biederbeck

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Lomsnes VH

**Primary Findings**

1. Splenic masses, parenchyma effaced with neoplastic tissue
2. Liver effaced with neoplastic tissue
3. Scant free fluid
4. Degenerative renal changes

**REFERRING VET**

Dr. Biederbeck

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Complete effacement of liver and splenic tissue and presence of mass(es) in spleen is most concerning for metastatic neoplasia with primary differentials to include hemangiosarcoma, histiocytic sarcoma, lymphoma, visceral mast cell tumor, carcinoma, among other things. Aspirate should be attempted for further information. Ultimately surgical removal is not likely possible given the diffuse nature of the lesions. Consultation with a veterinary oncologist once more definitive diagnosis with cytology could be considered. Presence of scant effusion may represent mild hemorrhagic effusion or inflammation. Abdominocentesis and fluid analysis could be considered if clinically warranted. Risk of organ rupture and subsequent abdominal hemorrhage is significant and should be discussed with owner.

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Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

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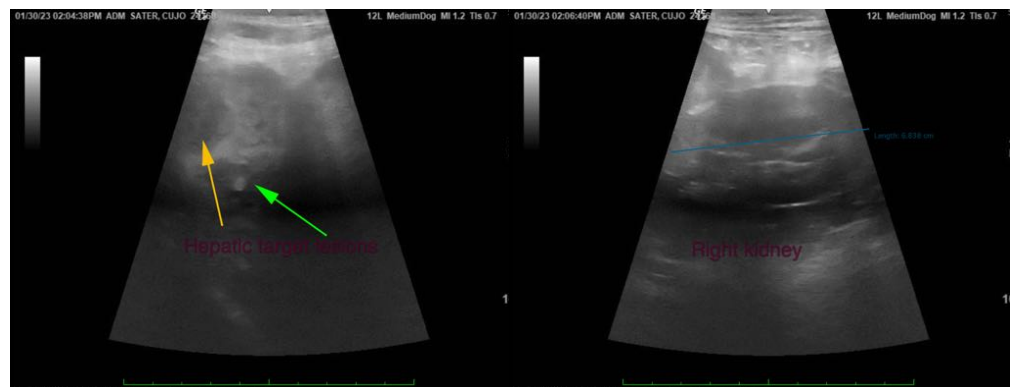
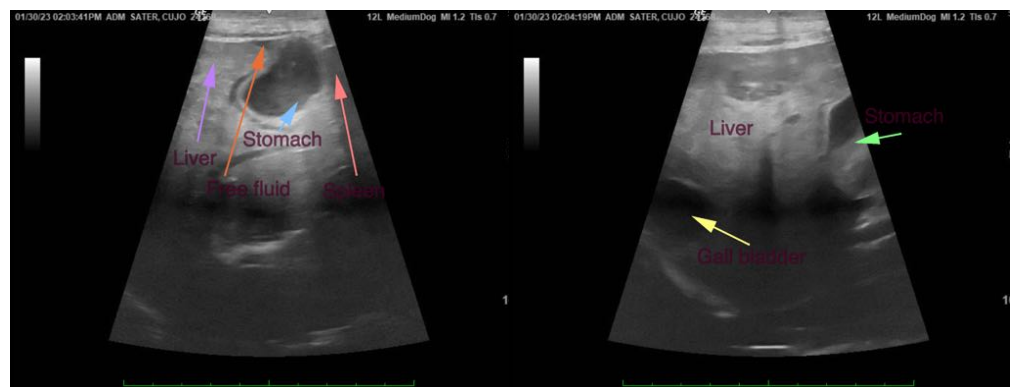
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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