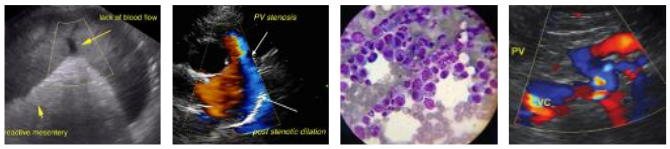
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Riley D'Elia

SPECIES

Canine

BREED

Mixed Breed Canine

SEX

Spayed Female

AGE

12 Years

WEIGHT

N/A

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Vetco Total Care, Kinnelon

REFERRING VET

Dr. Eisenberg

INVOICE

22420

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Patient presents for lethargy and generalized ADR. Concern for possible neoplastic process due to HCT of 32% with slight regenerative anemia. Current meds: levothyroxine and Carprofen 75 mgs Q 12 hrs.

Abnormal PE/Chem/CBC/UA Results: HCT 32% and retics. 150 k.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 6.47 cm. The left kidney measured 6.50 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.04 cm in length and 0.72 cm at the cranial pole and 0.85 cm at the caudal pole. The right adrenal gland measured 3.1 cm in length x 0.78 cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

Generalized splenomegaly with large complex heterogenous partially cystic mass measuring at least 11.13x13.32cm with surrounding small volume effusion.

Liver

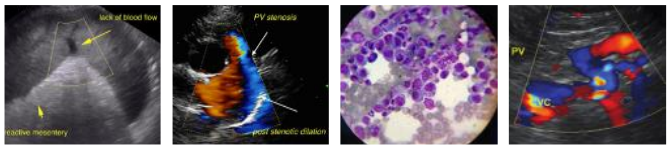
The liver is subjectively enlarged with rounded liver lobes. The parenchyma is heterogeneous with a coarse appearance and multifocal variably sized hypoechoic nodules visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

The stomach contains gas shadowing. 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



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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.

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.

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.

Lymph Nodes

Enlarged, rounded and hypoechoic hepatic lymph node was noted.

Free Abdomen

Scant effusion near the spleen was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Hepatomegaly with nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in spleen is complex and concerning for neoplasia with primary differential being hemangiosarcoma. Splenic aspirate could be done to further characterize, though cavitary masses are at higher risk of bleeding, ceeding cancer cells in the abdomen, and being non-diagnostic. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest, splenectomy with histopathology is recommended.

Hepatic changes along with lymphadenopathy are concerning for possible hepatic metastasis, though benign age-related change or other benign hepatopathy cannot be ruled out. Liver FNA prior to splenectomy is recommended to further define. Liver biopsy at the time of abdominal exploratory surgery should be pursued.

Primary splenic tumors include angiogenic tumors, lymphoid/round cell tumors, and nonangiogenic, nonhematopoietic tumors. Angiogenic tumors include hemangiosarcoma and hemangiomas. Hemangiomas are benign, whereas HSAs are the most common malignant splenic tumor in dogs. Lymphoid and other round cell tumors may include lymphoma, leukemia, mast cell tumor, plasma cell tumor/multiple myeloma, and histiocytic sarcoma. Nonangiogenic, nonhematopoietic tumors encompass a long list of uncommon splenic neoplasms, such as leiomyoma, leiomyosarcoma, extraskeletal osteosarcoma, chondrosarcoma, fibrosarcoma, lipoma, liposarcoma, myxosarcoma, rhabdomyosarcoma, undifferentiated sarcoma, melanoma, carcinoma, peripheral nerve sheath tumor, myelolipoma, and mixed mesenchymal sarcoma (mesenchymoma).

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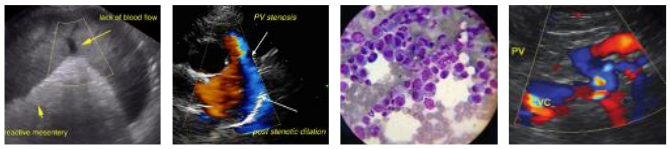

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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