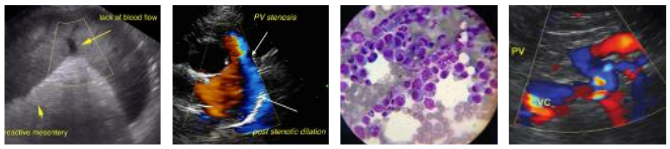
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Griffen Todd

SPECIES

Canine

BREED

Soft Coated Wheaten Terrier

SEX

Neutered Male

AGE

13 Years 8 Months

WEIGHT

35.6 Pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

23436

DATE

7/18/23

PRESENTING CLINICAL SIGNS

History: D+ chronic. Weight loss, anemia. Current Meds: Baytril, Cerenia, Mirtazapine, Metronidazole.

Abnormal PE/Chem/CBC/UA Results: ALB 2.4; ALKP 178; CK 239; HCT 25.5; HGB 8.5; RBC 3.3; PLT 84; ABS EOS 43; ABD LYMPHS 918; RETIC HBD 23.7; U/A: 2+ PROT; BILI 1+; PH 6.5

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 have a smooth capsule and with mild hazing of corticomedullary definition. Pinpoint areas of cortical mineralization. No evidence of pelvic dilation was present. The right kidney measured 5.46 cm. The left kidney measured 5.34 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 2.1 cm in length x 0.45 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 1.9 cm in length x 0.64 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

Large roughly spherical complex mass in body of spleen near hilus measuring at least 6x7cm with multiple cystic areas.

Liver

The liver is subjectively normal in size with rounded contours and normal structure. The parenchyma is slightly heterogenous with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gastrointestinal

The stomach contains gas shadowing obstructing visualization of contents. It appears of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. 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. 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

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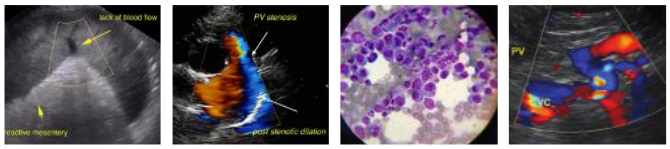

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid

Other

The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Rounded liver lobes, mottled echotexture
- Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in spleen is cystic and concerning for neoplasia with the primary differential being hemangiosarcoma, though the cystic nature of the mass does not imply malignancy. Splenic aspirate could be done to further characterize, though cavitary masses are at higher risk of bleeding, seeding cancer cells in the abdomen, and being non-diagnostic. Whether benign or malignant, all cavitary splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology is recommended.

Liver changes are a common benign age-related change, but infiltrative disease while not suspected, cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes prior to splenectomy if desired. Liver biopsy is recommended at the time of abdominal explore if pursued.

Renal changes are likely age-related degeneration. Continue to correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.

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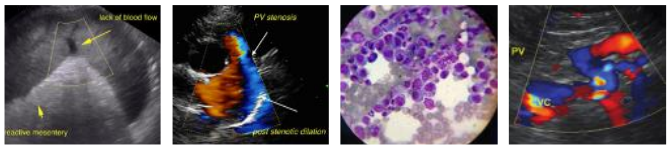

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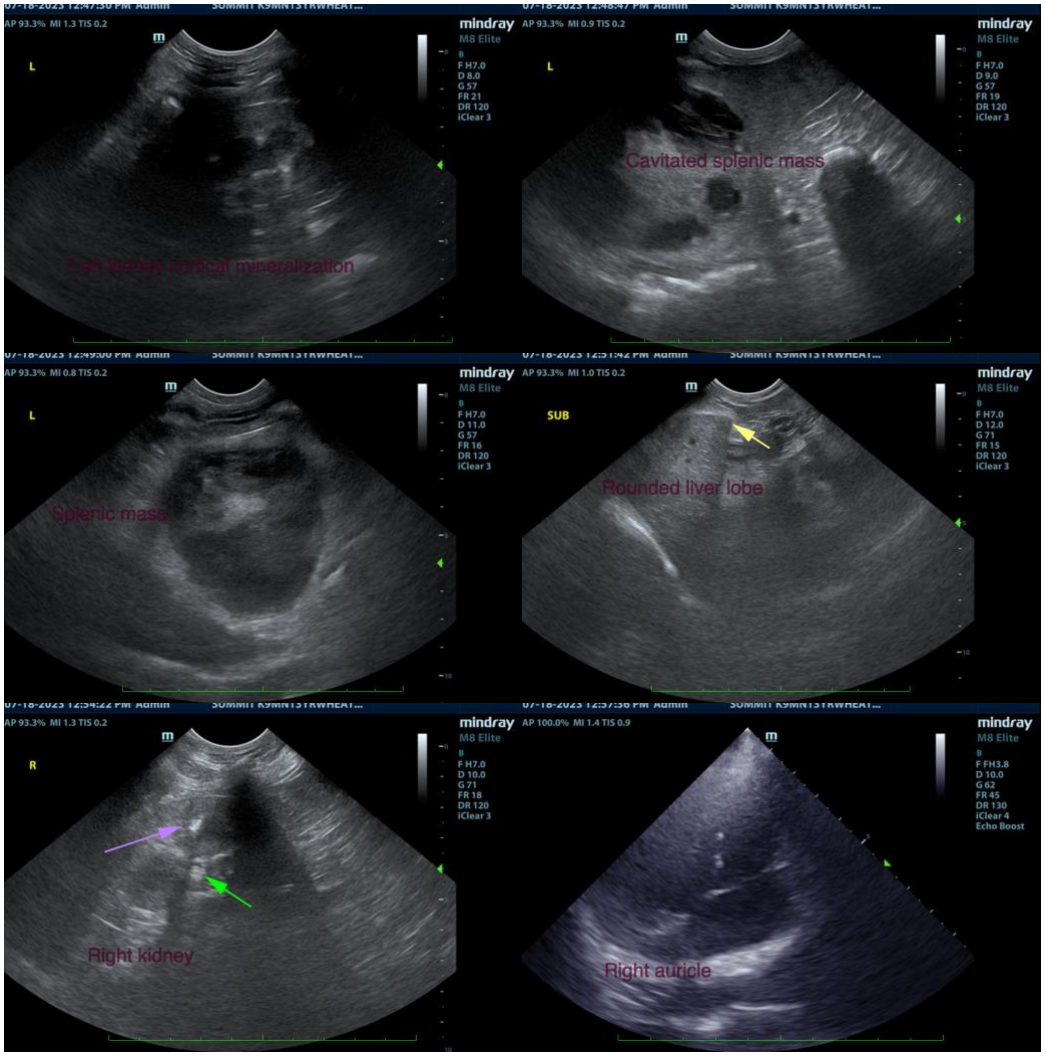

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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