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Clinical Sonography & Telecytology
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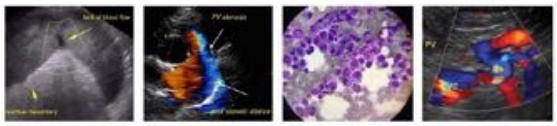


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Cece Henderson

SPECIES

Canine

BREED

Airedale

SEX

Spayed female

AGE

10 years

WEIGHT

56 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

44122

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History: ongoing diarrhea, restlessness, barking

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. No evidence of pelvic dilation was present. There is a hyperechoic band between the cortex and medulla in the left kidney. Left pelvis is moderately dilated measuring 0.43 cm. Ureter is non-dilated. The left kidney measured 6.41 cm and the right kidney measured 6.84 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 2.0 cm in length and 0.82 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland measured 2.0 cm in length and 1.56 at the cranial pole and 0.64 cm at the caudal pole.

Spleen

Visualized spleen is mottled with a hypoechoic partially cystic mass visualized near the head of the spleen measuring at least 6.09x5.74cm

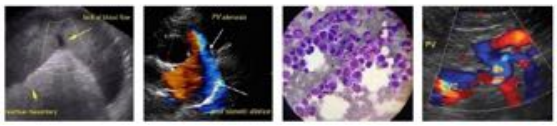
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents and 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



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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.

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

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

1. Splenic mass
2. Degenerative renal changes with left sided medullary rim sign and pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in spleen is cystic 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, 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.

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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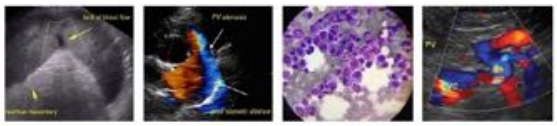

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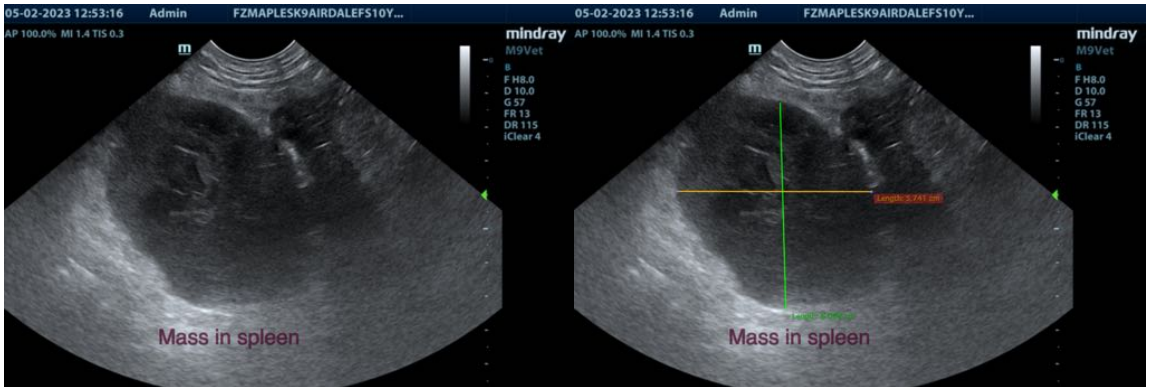
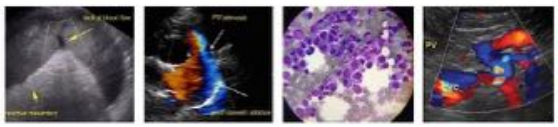
Renal changes are likely age related degenerative changes. Medullary rim sign is non specific and is seen in pets both with and without significant renal disease. It can be an indication of nephritis and evaluation for proteinuria is recommended. Pyelectasia is concerning for acute pyelonephritis. It can also represent obstructive ureterolithiasis, either present or resolved, leptospirosis, toxin exposure, increased urine production from fluid diuresis, or other causes of polyuria/polydipsia. Correlate clinical significance of renal changes with blood work/urinalysis findings and clinical signs.





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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
info@SonoPath.com