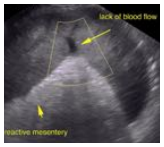
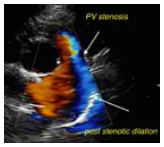
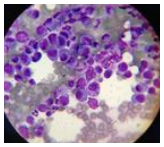
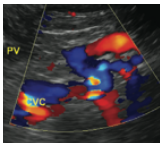
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Blue Citarella

SPECIES
Canine

BREED
Husky

SEX
Neutered male

AGE
9 years

WEIGHT
62 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Kelly Vazquez RVT

HOSPITAL NAME
Ridge Road AH

REFERRING VET
Dr. Pathak

INVOICE
43545

DATE
3/28/23

PRESENTING CLINICAL SIGNS

History: Patient presents for lethargy, decreased appetite, diarrhea x 2 days, and palpable cranial abdominal mass.
Abnormal PE/Chem/CBC/UA Results: Elevated ALP, all else WNL.

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.

Visible prostate is normal in size has uniform echotexture with no fluid accumulations, masses or other abnormalities.

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 6.1 cm and the right kidney measured 5.43 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 3.11 cm in length and 0.56 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.1 cm in length and 1.04 cm at the cranial pole and 0.83 cm at the caudal pole.

Spleen

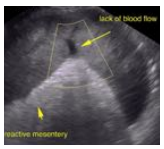
Large complex partially cavitary splenic mass measuring at least 8x6.4cm is present extending from the body to the head of the spleen. No visible surrounding free fluid.

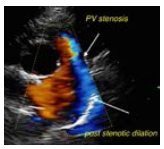
Liver

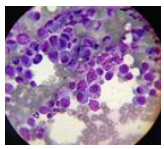
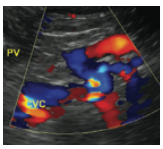
The liver is subjectively normal in size slightly rounded borders. The parenchyma is slightly heterogeneous with a coarse appearance and a variably sized hyperechoic nodules visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

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





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

PATIENT
Blue Citarella

SPECIES
Canine

BREED
Husky

SEX
Neutered male

AGE
9 years

WEIGHT
62 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Kelly Vazquez RVT

HOSPITAL NAME
Ridge Road AH

REFERRING VET
Dr. Pathak

INVOICE
43545

DATE
3/28/23

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.

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.

Heart

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

ULTRASONOGRAPHIC FINDINGS

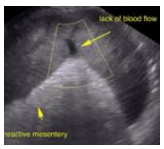
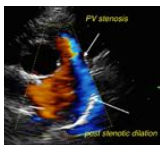
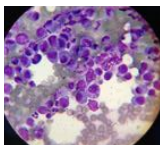
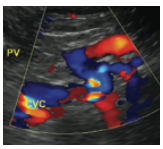
Primary Findings

1. Cavitary splenic mass
2. Liver nodules
3. Organizing gall bladder debris
4. Degenerative renal changes

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, potentially ceeding cancer cells in the abdomen, and potentially of 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

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

PATIENT

Blue Citarella

SPECIES

Canine

BREED

Husky

SEX

Neutered male

AGE

9 years

WEIGHT

62 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Vazquez RVT

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

43545

DATE

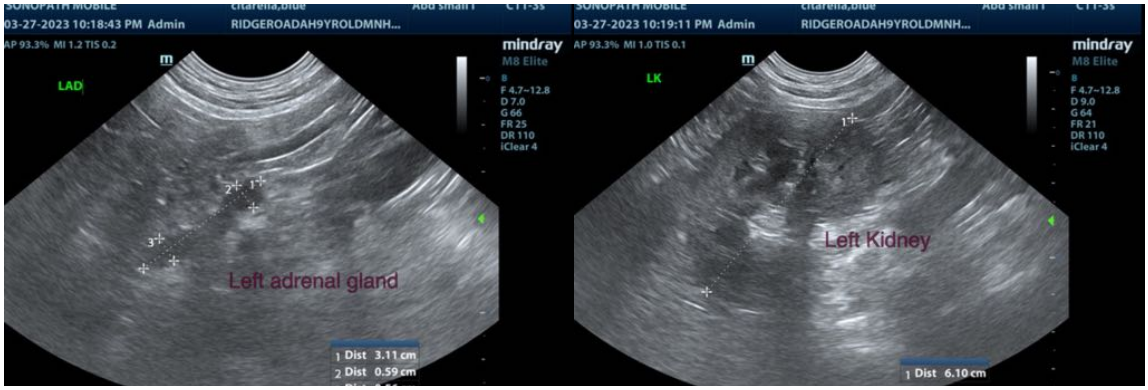
3/28/23

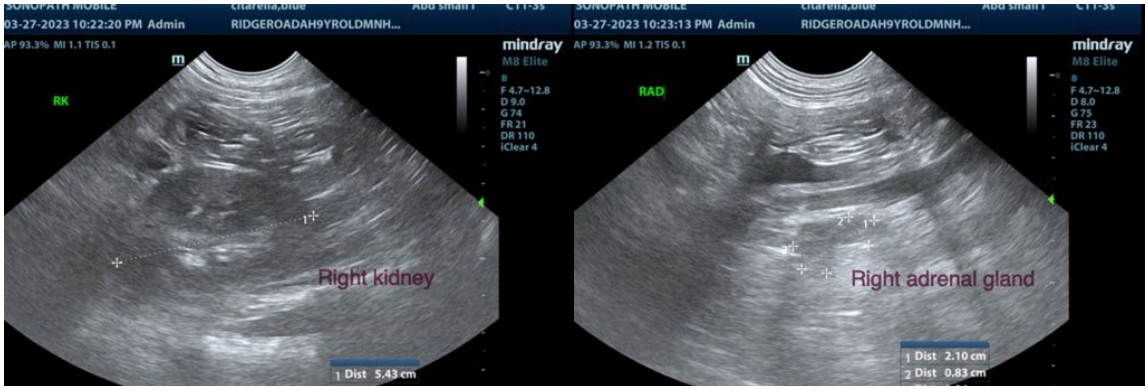
tumor/multiple myeloma, and histiocytic sarcoma. Nonangiogenic, nonhematopoietic tumors encompass a long list of uncommon splenic neoplasms, such as leiomyoma, leiomyosarcoma, extraskeletal osteosarcoma, chondrosarcoma, fibrosarcoma, lipoma, liposarcoma, myxosarcoma, rhabdomyosarcoma, undifferentiated sarcoma, melanoma, carcinoma, peripheral nerve sheath tumor, myelolipoma, and mixed mesenchymal sarcoma (mesenchymoma).

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) or metastatic disease from primary splenic tumor cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Liver biopsy at the time of splenectomy is recommended.

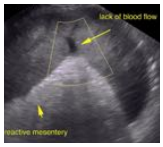
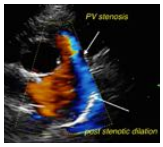
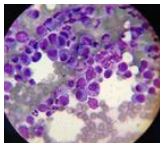
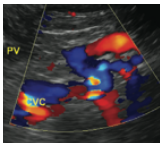
Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. It is partially organized and may represent a developing mucocele which may be subclinical. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.

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





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Blue Citarella

SPECIES

Canine

BREED

Husky

SEX

Neutered male

AGE

9 years

WEIGHT

62 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Vazquez RVT

HOSPITAL NAME

Ridge Road AH

REFERRING VET

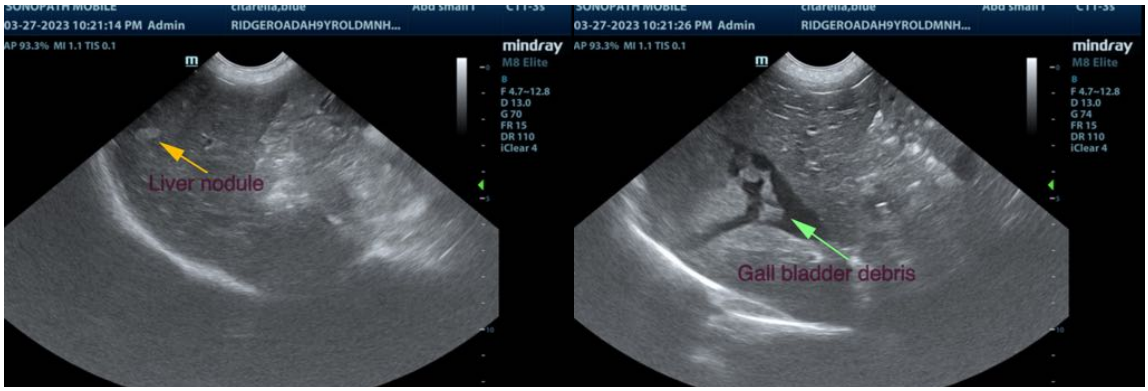
Dr. Pathak

INVOICE

43545

DATE

3/28/23



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