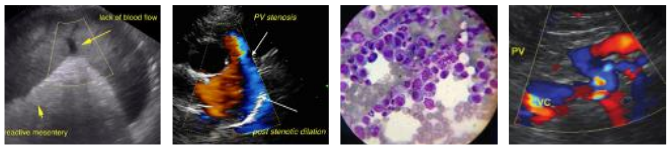

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Floyd Wecht

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

65 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

13364

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Significant blood in urine, ADR. No current meds.

Abnormal PE/Chem/CBC/UA Results: WBC 17k, Amylase/Lipase >2500/>6000, TP 9.9, USG 1.035, Bilirubin 6mg/dl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a large amount of echogenic debris. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate was uniform, measuring 1.2 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.9 cm. The left kidney measured 6.9 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 right adrenal gland measured 3.11 cm x 1.55 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 3.27 cm x 0.65 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

The **spleen** revealed a complexed mixed hypoechoic parenchymal mass, measuring 7+ cm, deriving from the cranial pole with regional inflammation. The remainder of the spleen presented micronodular changes. Regional inflammation deriving from the splenic mass extended into surrounding omentum. Clean resection is unlikely.

Liver

The **liver** was mildly swollen in contour with slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

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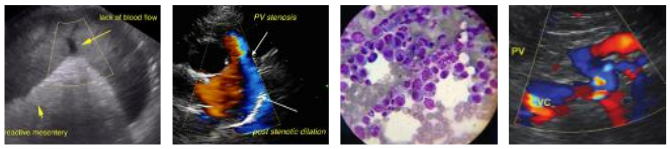

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Free Abdomen

Pockets of **free fluid** were present.

Other

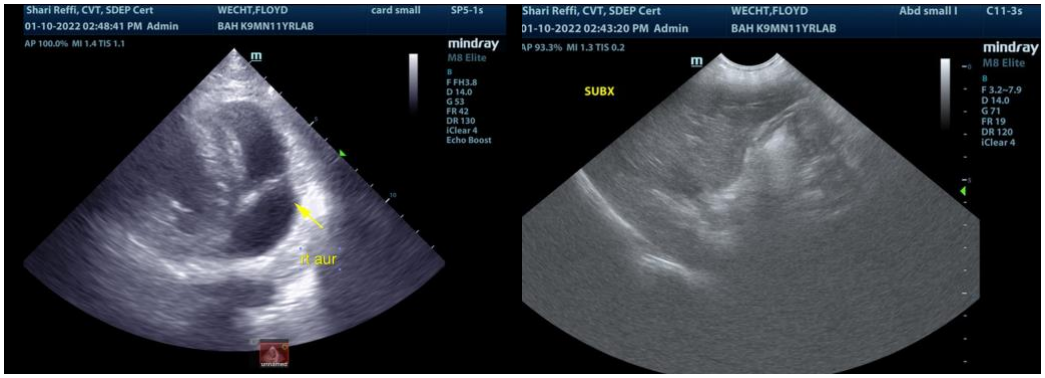
Right auricle and pericardium were unremarkable. No evidence of metastatic disease.

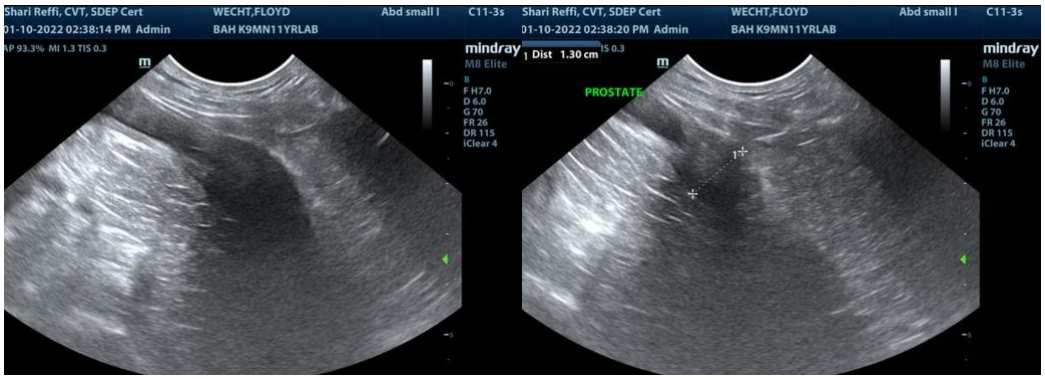
ULTRASONOGRAPHIC FINDINGS

- Aggressive splenic mass and nodular changes, possible early micrometastasis to the liver.
- Urinary debris, possible coagulopathy versus UTI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect splenic sarcoma +/- hepatic involvement. Three-view chest radiographs followed by exploratory surgery could be considered after full coagulation panel. After coagulation panel, screening FNA of the splenic mass and liver could be considered to assess if micrometastasis is an issue. Clean resection is unlikely. The splenic mass extends into the region of the left pancreatic limb, hence the elevated amylase/lipase elevations. Partial pancreatectomy may be necessary from a surgical perspective. Prognosis is extremely guarded.





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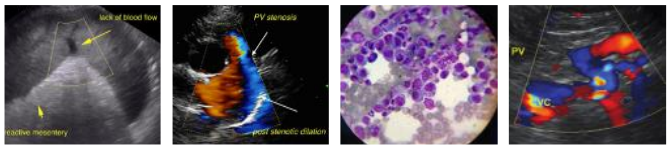

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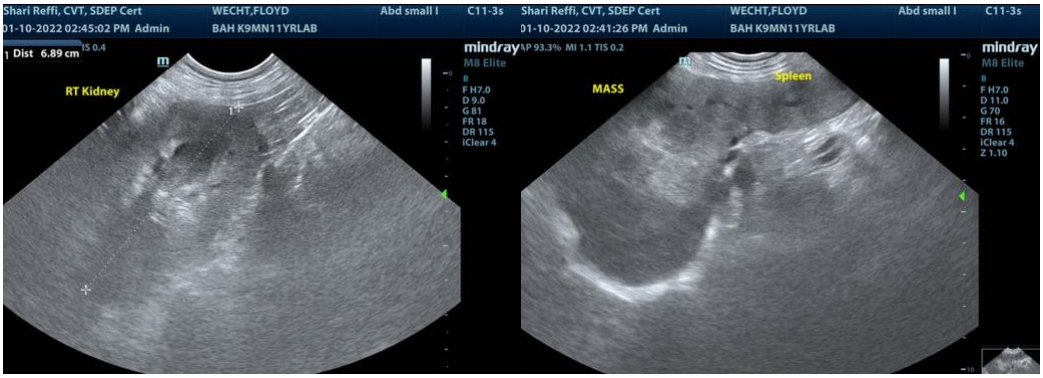

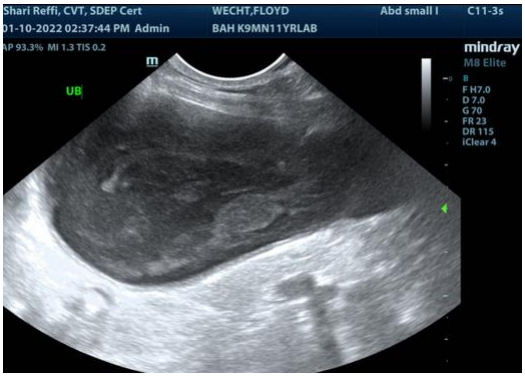

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com