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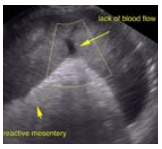
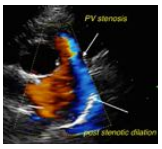
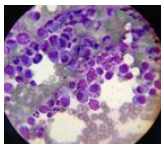
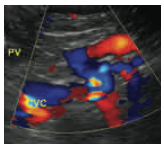

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sophia Layton

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

10 years

WEIGHT

2.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 HR

REFERRING VET

Dr. Gruffydd

INVOICE

94974

DATE

1/4/22

PRESENTING CLINICAL SIGNS

Diabetic on insulin has been acting strange last few days seems painful when picked up. 2 cm mass felt in caudal abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.06 cm. The left kidney measured 3.31 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 0.39 cm at the caudal pole and 0.38 cm at the cranial pole. The left adrenal gland measured 0.33 cm.

Spleen

The **spleen** revealed a mixed, hypoechoic cavitated mass that measured 3.0 cm. The mass was deriving from the caudal body of the spleen. The remainder of the spleen was mildly heterogenous.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Mild, heterogenous hypoechoic nodular changes were noted in the left cranial liver. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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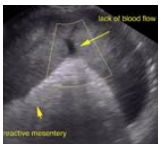
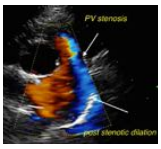
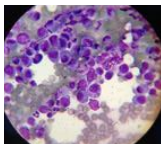
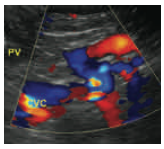

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Gastrointestinal

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 left **pancreatic** limb revealed a hypoechoic 1.0 cm nodule or possible overlying lymph node with other minor, heterogenous changes.

ULTRASONOGRAPHIC FINDINGS

Presumed splenic mass.

Nodular hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass marked splenic mass could not be connected to normal spleen on video, but is presumed to be splenic in origin. I am concerned for potential micrometastasis to the liver given the nodular changes. However, nodular hyperplasia is also possible.

I recommend exploratory surgery after three view chest radiographs and echocardiogram to assess for metastatic disease. Expectations for splenectomy, inspection of the lymph node or nodule in the left pancreatic base as well as inspection and biopsy of the liver. Hemangiosarcoma versus hematoma or non-neoplastic hyperplasia is possible.

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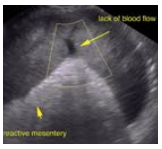
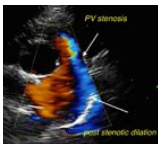
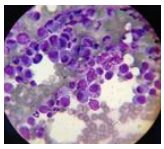
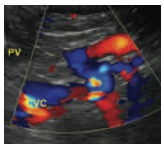

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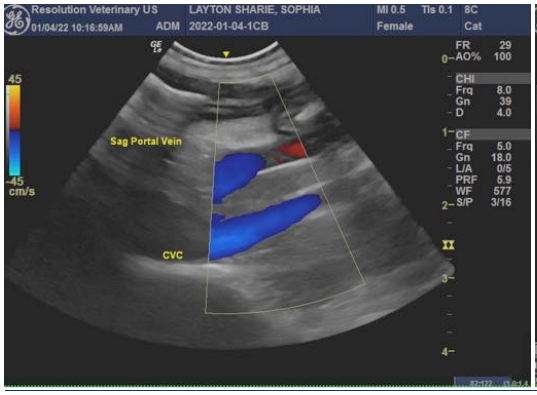

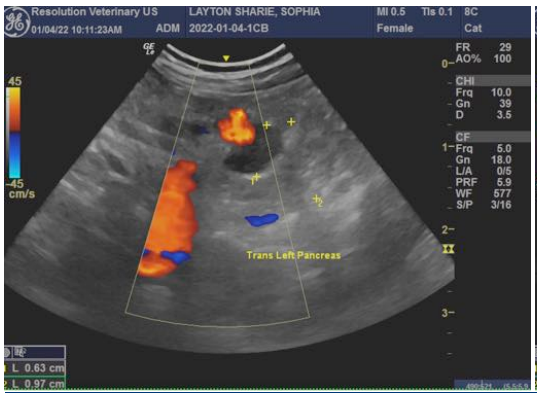

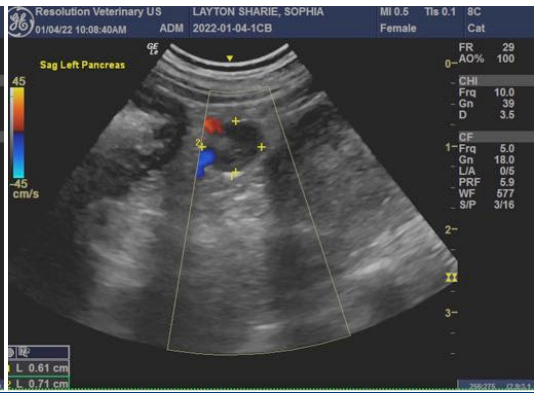

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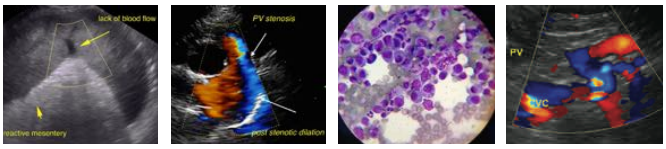

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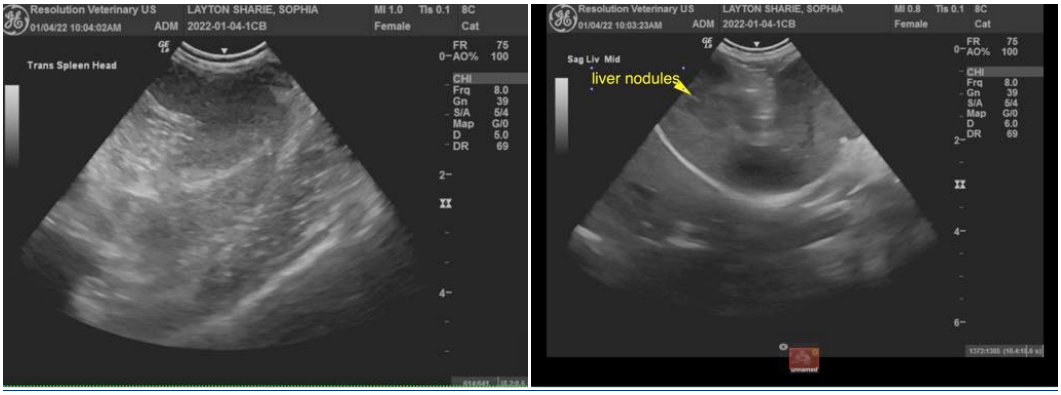

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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