**PATIENT**

Stella Plier 54975A

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

35 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Vet
Specialists-Dr. Strauss**INVOICE**

43029

DATE

11/29/22

PRESENTING CLINICAL SIGNS

Stella presented to the MVS Emergency Service on Nov 30, 2022, at 12:50pm, for evaluation of potential splenic mass. Over the last few days Stella has been lethargic and uninterested in food. Due to these symptoms Stella visited her primary veterinarian where they ran bloodwork and took X-rays. Stella is suspected to have a mass in her abdomen which prompted her being transferred to MVS.

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney presented a slight cortical nodule in the caudal pole. The kidneys measured 6.0 cm each.

Adrenal Glands

The **left adrenal gland** is mildly heterogeneous and slightly irregular, likely hyperplasia. Pheochromocytoma or adenocarcinoma possible.

The **right adrenal gland** was 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 0.60 cm in width.

Spleen

The **spleen** presented an undifferentiated 7+ cm mixed echogenic, cavitated mass with regional omental escape. A separate undifferentiated mass of 6.0 cm noted adjacent to the splenic mass in the cranial abdomen, yet direct connection could not be formed.

Liver

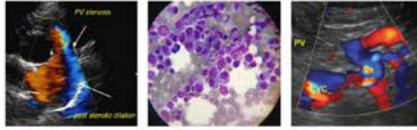
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Minor retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.

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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Free Abdomen

Mildly echogenic ascites noted in the abdomen.

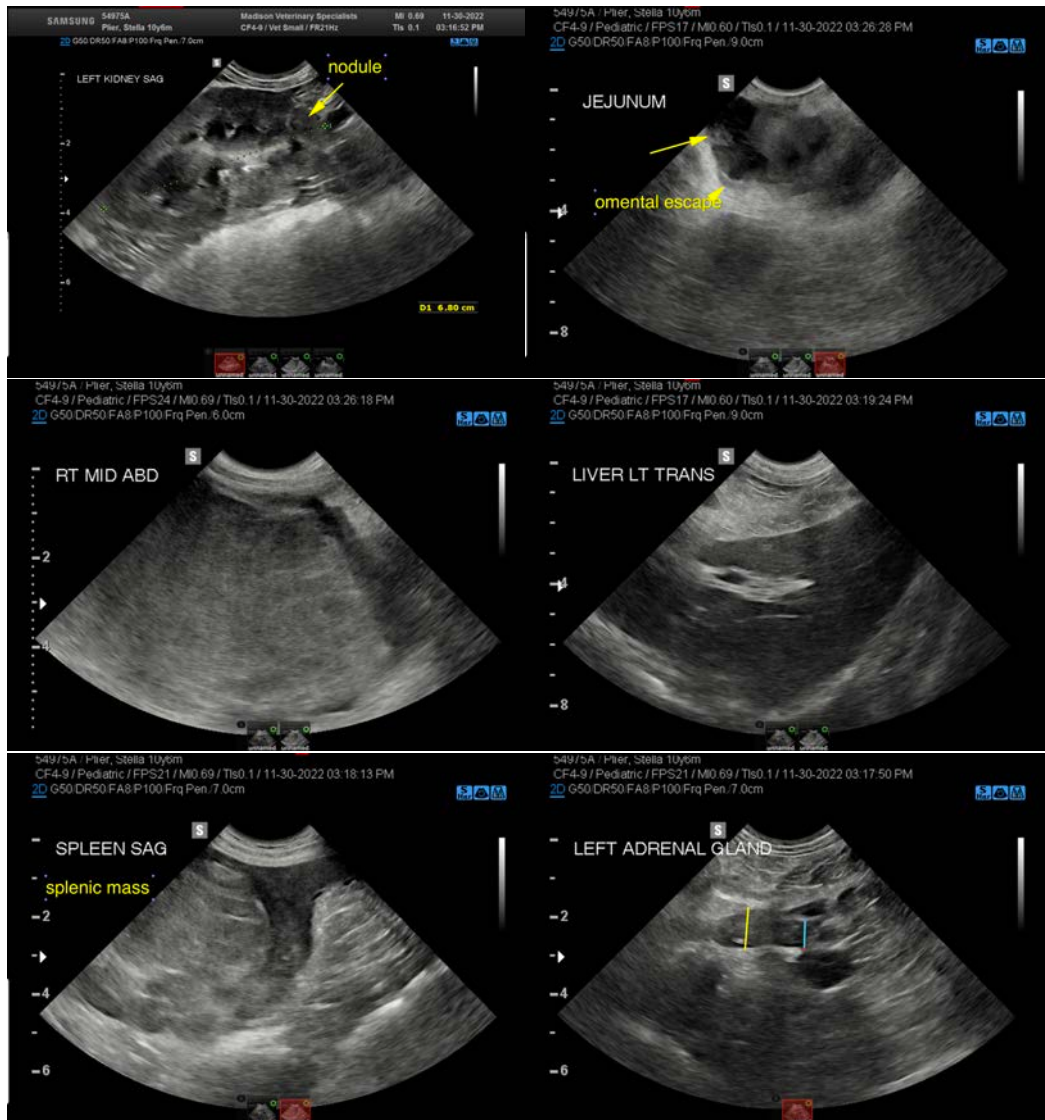
Heterogeneous omentum noted throughout the cranial abdomen, around the splenic pathology.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass and separate undifferentiated cranial abdominal mass
- Ascites and heterogeneous omentum
- Slight cortical nodule caudal pole left kidney
- Mildly heterogeneous left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery could be considered in this patient if chest radiographs are free of evident pathology. However, clean resection is unlikely, given the omental involvement and ascites. Hemangiosarcoma likely. Other types of sarcoma possible. Benign mass rupture and blood clot possible but unlikely.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



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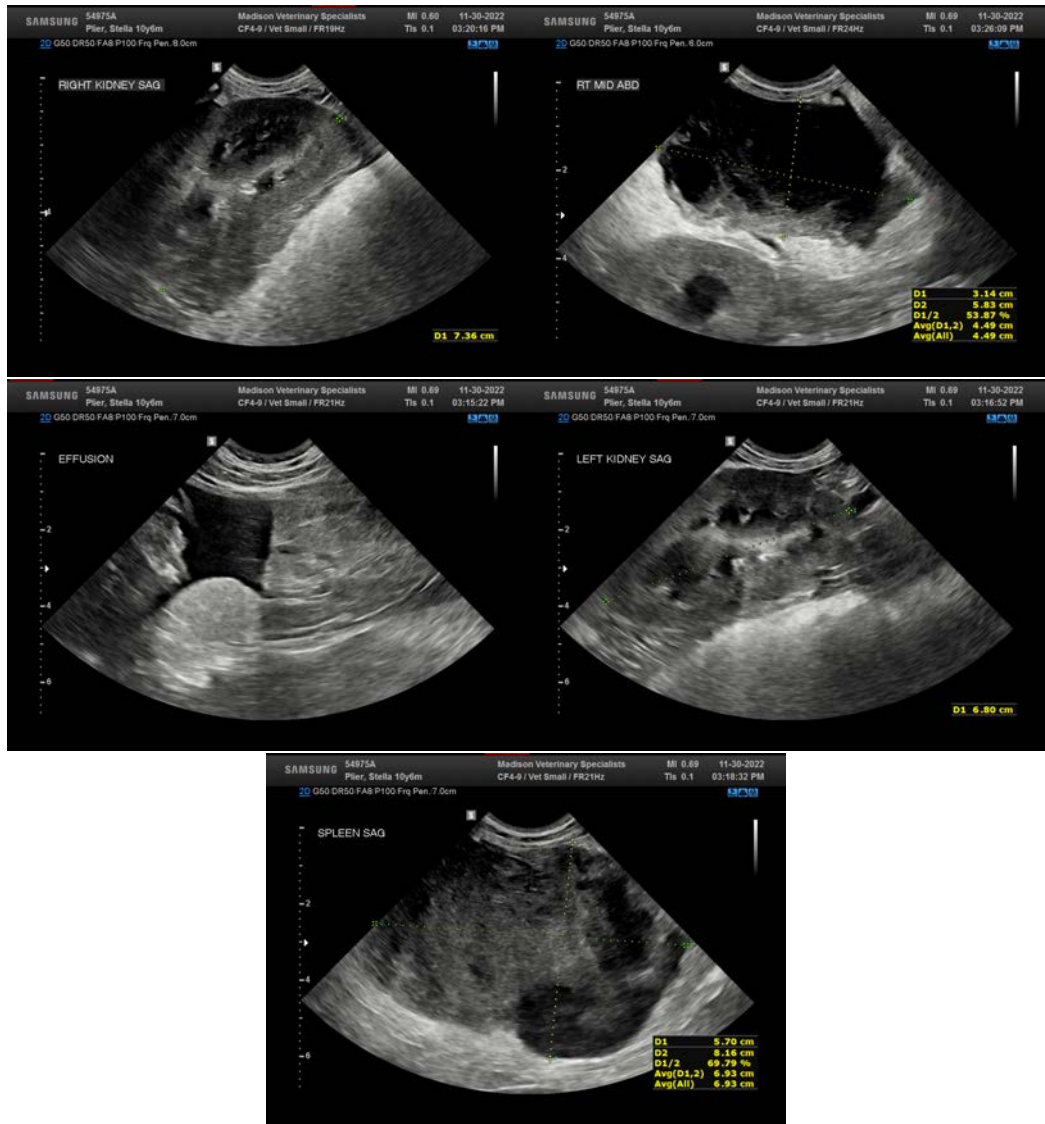
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com