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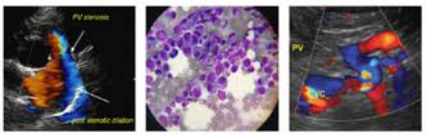
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Brutus Krzmarcik
54485A

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

11 Years

WEIGHT

24.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Specialists – Dr. Graham

INVOICE

42609

DATE

11/7/22

PRESENTING CLINICAL SIGNS

Brutus presented to the MVS Emergency Service on Nov 07, 2022, at 2:00pm, for evaluation of pleural effusion. Brutus has been experiencing a dry cough/gagging since this summer. His cough has progressively gotten worse since it first started. On Friday owners also noticed some wheezing. Owners brought Brutus to a DVM on Friday where it was determined he had hemorrhagic pleural effusion. Per owners, Brutus may have a mass on his lungs as well but no definitive diagnosis. Owners are bringing him her for further work up and evaluation. Brutus vomited some phlegm this morning. He has a hx of urinary incontinence and Lyme disease.

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 residual prostate was uniform at 1.8 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 6.73 cm. The left kidney measured 6.38 with minor pyelectasia noted.

Adrenal Glands

The **left adrenal gland** was slightly enlarged, measuring 0.98 cm at the caudal pole and 0.62 cm at the cranial pole.

The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** revealed a parenchymal mass measuring approximately 5.0 cm wide, deriving from the caudal pole.

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

Minor comet tail lung pattern noted through the diaphragm.

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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Free Abdomen

Reactive iliac lymph nodes noted, example measured 1.98 cm x 0.80 cm. Slight punctate hypoechoic cysts noted in the iliac lymph nodes, may be suppurative or secondary to inflammation, not likely neoplastic.

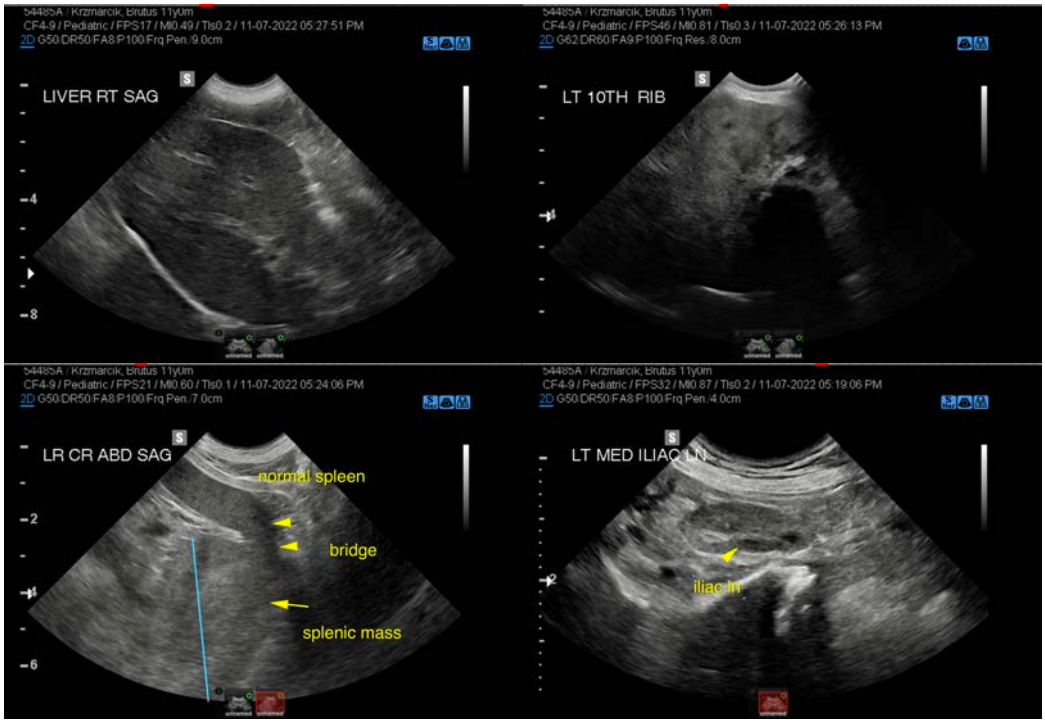
The body wall in this patient at the level of the 10th rib revealed a mineralizing sarcoma type mass associated with the costochondral junction, expanding both into thew abdomen and to the body wall for approximately 6.0 cm x 10+ cm.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Body wall mass – likely chondrosarcoma or similar.
- Minor unrelated iliac lymphadenopathy
- Age related renal changes
- Slightly enlarged left adrenal gland
- Comet tail lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass may be related to the body wall mass as round cell neoplasia or could be a completely separate disease. FNA of the body wall mass recommended, especially adjacent to the rib. This patient does not likely have a surgical solution. Chemotherapy based on FNA results indicated. FNA of the parenchymal splenic mass could also be considered to match cytology results. Prognosis is guarded to poor depending upon responsiveness to chemotherapy.



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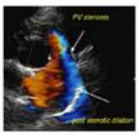

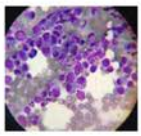

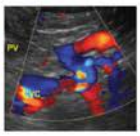

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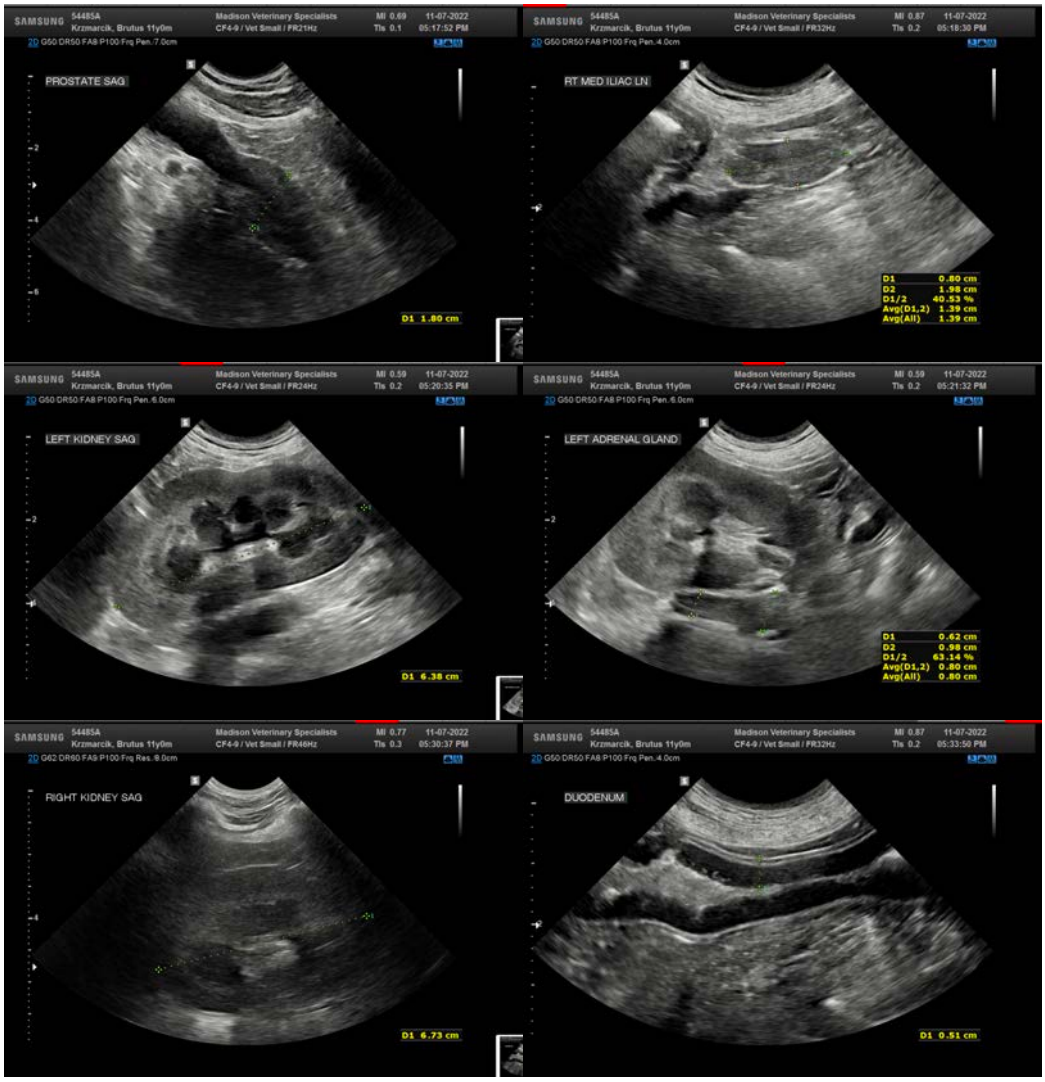

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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