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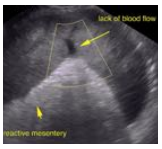
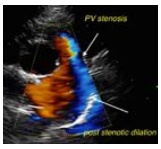
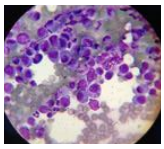
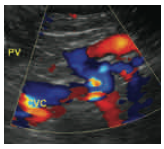

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1-800-838-4268 info@sonopath.com

PATIENT
Mayter Cuthbert

SPECIES
Canine

BREED
Basset Hound

SEX
Neutered male

AGE
10 years

WEIGHT
32 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Hayley Biederbeck

HOSPITAL NAME
Lomsnes

REFERRING VET
Dr. Chalmers

INVOICE
94805

DATE
12/21/21

PRESENTING CLINICAL SIGNS

Cutaneous mass appeared Dec 08 2021 - aspirate diagnosis is soft tissue sarcoma. Planned surgical excision. During prep for surgery, palpated abdomen - palpable firm mass in cranioventral abdomen. Sx has been postponed pending abd uls and chest xrays.
Abnormal PE/Chem/CBC/UA Results: Soft tissue sarcoma (approx 4 cm diameter) caudodorsal LH. Lnns WNL on palpation. Moderate dental disease. CHEM: SDMA 16 ug/dL (N0-14), ALT 128 U/L (N10-125), ALKP 254 U/L (N23-212) CBC: Hct 52.1% Mild microcytosis, reticulocytosis* (consistent finding for him, has been present > 1 yr) UA: USG 1.040, NSF.

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 kidneys measured 6.0 cm each.

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 0.6 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive, mixed, hypoechoic parenchymal mass that measured 6.0 + cm. Regional inflammation was noted around the splenic mass.

Liver

The **liver** revealed minor heterogenous changes with increased portal markings. 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.

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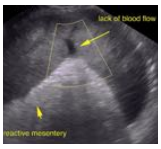
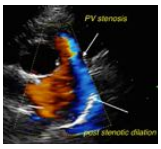
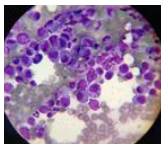
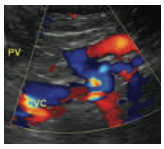

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Gastrointestinal

The **gastrointestinal** tract revealed minor increased submucosal echogenicity and mucosal speckling. The lumen was unremarkable with no evidence of overt loss of mural detail or luminal disease was noted. However, inflammatory bowel is likely. The albumin levels should be monitored to assess for potential emerging protein losing enteropathy.

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.

ULTRASONOGRAPHIC FINDINGS

Splenic mass.

Subjectively benign hepatopathy with remodeling, possible early micrometastasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate splenectomy is recommended with liver biopsy. Screening FNA of the splenic mass and liver can be considered prior to surgery or direct exploratory splenectomy with liver biopsy. Round cell neoplasia/hemangiosarcoma is suspected and may be completely unrelated to the cutaneous mass. There is a possibility that this is histopathologically benign.

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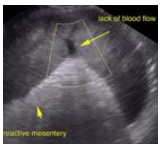
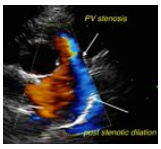
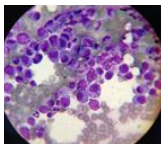
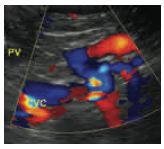

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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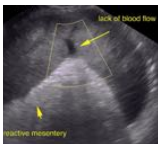

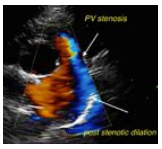

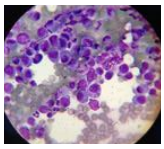
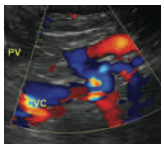

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