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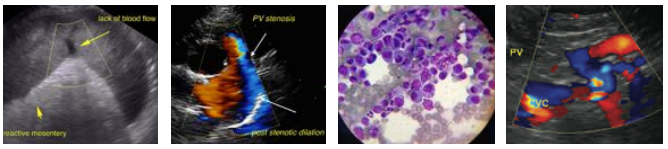

PATIENT

Khaos Hernandez

SPECIES

Canine

BREED

Husky

SEX

Neutered male

AGE

11 years

WEIGHT

78 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

96813

DATE

3/11/22

PRESENTING CLINICAL SIGNS

History: PU/PD, hind limb weakness towards the end of the day. Concern for abdominal mass on Rads. Sedated with Dexdomitor and Butorphanol for US.
Abnormal PE/Chem/CBC/UA Results: BUN 6, ALP 763, ALT 136. Plt 55k on manual count. RADS: microcardia, heart elevated off sternum, lungs clear. Possible mass in mid-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 residual prostate measured 0.5 cm.

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 measured 6.3 cm. The right kidney measured 6.4 cm with slight pinpoint mineralization.

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 0.62 cm at the caudal pole and 0.63 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

An undifferentiated 7.8 cm mass was noted and was deriving from the **spleen**. A separate 9.2 cm undifferentiated mass was also noted deriving from the spleen. The masses extend into the regional omentum. A concurrent splenic thrombus was noted and extended for at least 4.0 cm beyond the splenic hilus.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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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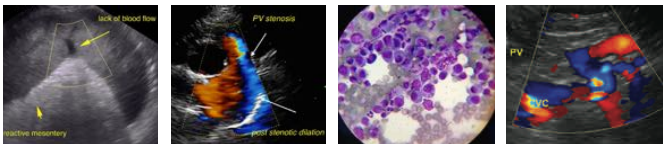

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Gastrointestinal

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 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.

Free Abdomen

Free fluid was noted in the caudal abdomen.

Heart

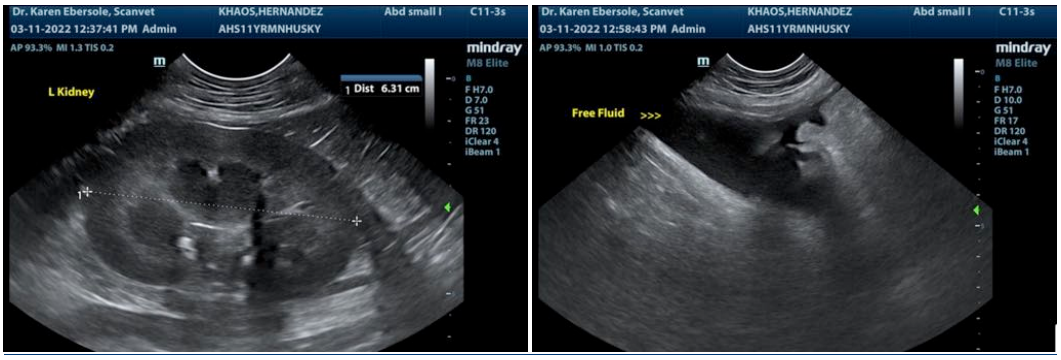
Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Splenic masses, free fluid and splenic thrombus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection is doubtful. This is most consistent with sarcoma. Exploratory surgery is recommended if chest radiographs are free of evident pathology. There is no obvious evidence of metastatic disease; however, inspection and sampling at the time of surgery is recommended. This patient may be table euthanasia depending upon surgical findings as the masses are very ill-defined and extend into the regional omentum. This is likely sarcoma.



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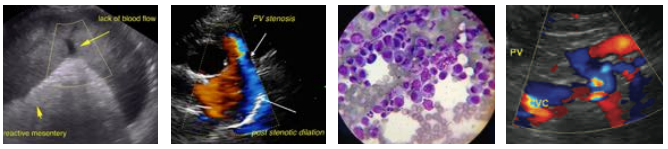

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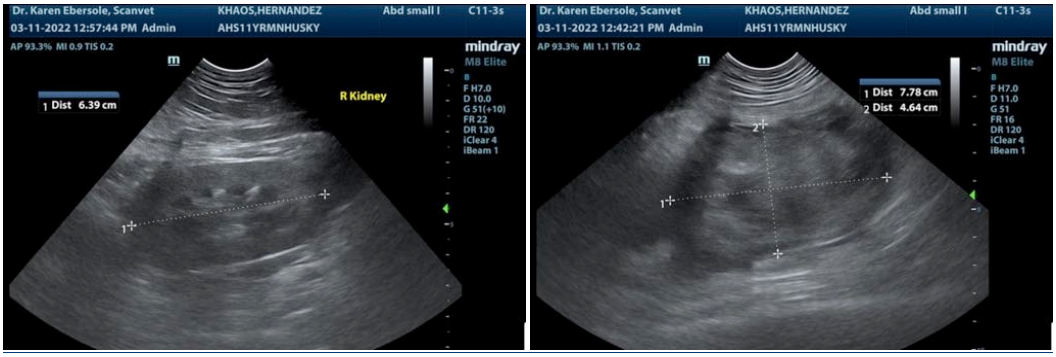

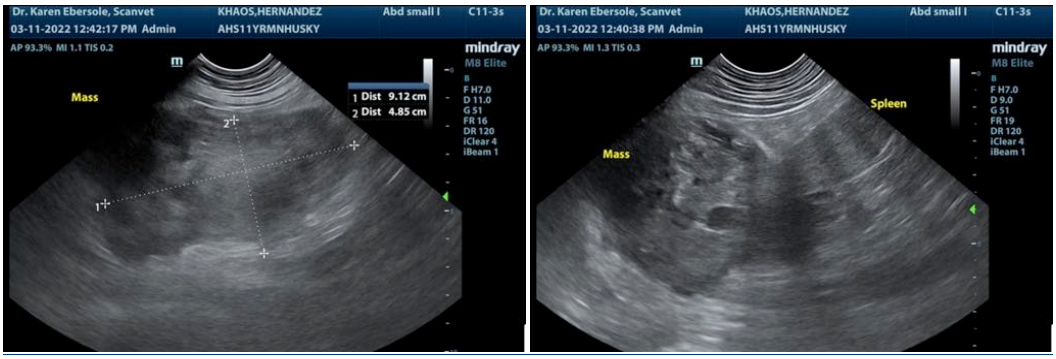

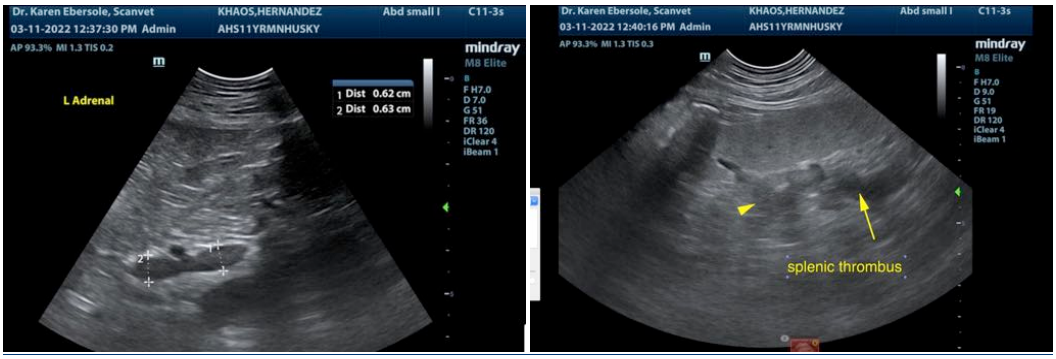

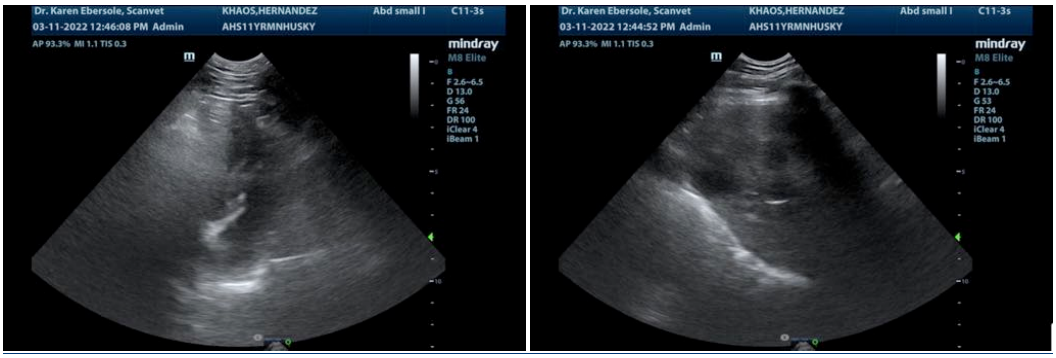

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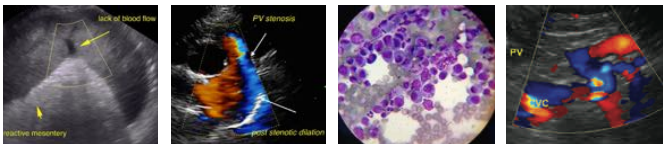

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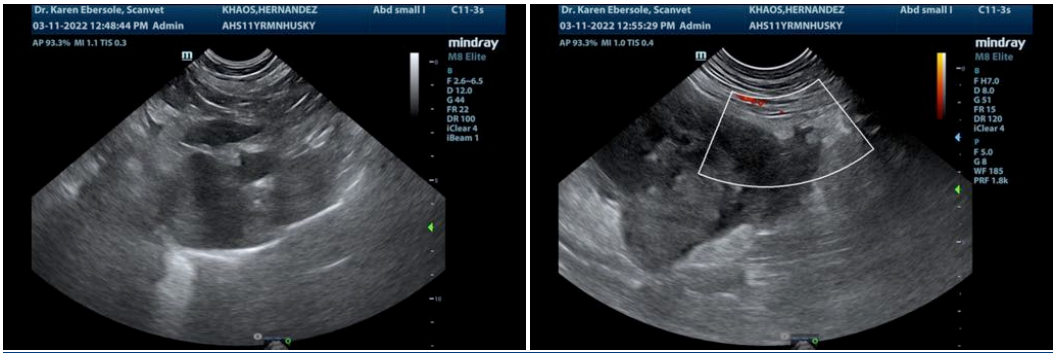

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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