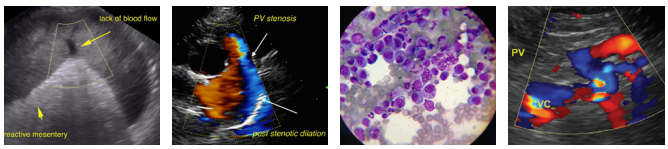
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Hazel Elston

SPECIES
Canine

BREED
Pit Bull

SEX
Spayed Female

AGE
11 Years

WEIGHT
72.4 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Shohola Vet Hospital

REFERRING VET
Dr. Gramazio

INVOICE
36237

DATE
3/16/22

PRESENTING CLINICAL SIGNS

Sudden change to diabetic with little response to insulin, concern for pancreatic changes. PU/PD. Hx of PLN and hypertension (controlled). Current meds: Vetsulin 7U bid, Zeniquin 100mg sid, Amlodipine 5mg sid, Benazepril 10mg sid, cytopoint.
Abnormal PE/Chem/CBC/UA Results: Glucose 329 (114H); Cl 103 (108L); Alb 2.5 (2.7L), Glov 4.2 (4H); Alp 518 (160H); monos 1258 (1150H). U/A: USG 1.011, rods, cocci, wbc, urine glu 10000

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 and no evidence of pelvic dilation was present. The left kidney measured 7.0 cm. The right kidney measured 7.0 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 2.21 cm x 1.16 cm at the cranial pole and 0.86 cm at the caudal pole. The left adrenal gland measured 2.41 cm x 0.71 cm at the cranial pole and 0.76 cm at the caudal pole.

Spleen

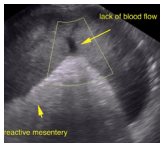
The **spleen** revealed a moderately complex 4.8 cm parenchymal mass deriving from the caudal pole. Other nodular changes noted in the spleen.

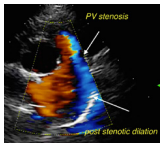
Liver

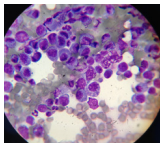
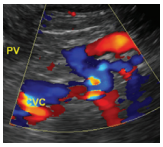
The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and 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. No obvious evidence of metastatic disease, however cannot be ruled out. Biopsies should be performed at surgery.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable. A mesenteric lymph node was mildly enlarged at 1.0 cm, rounded.





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Pancreas

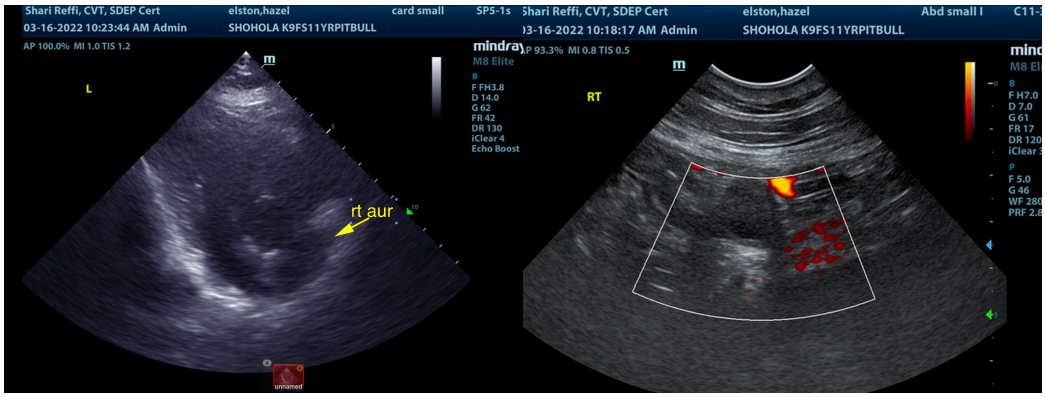
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

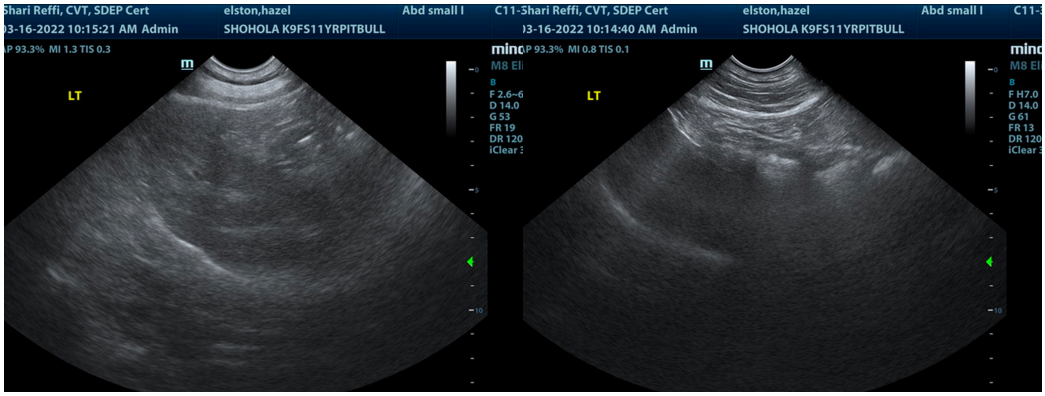
ULTRASONOGRAPHIC FINDINGS

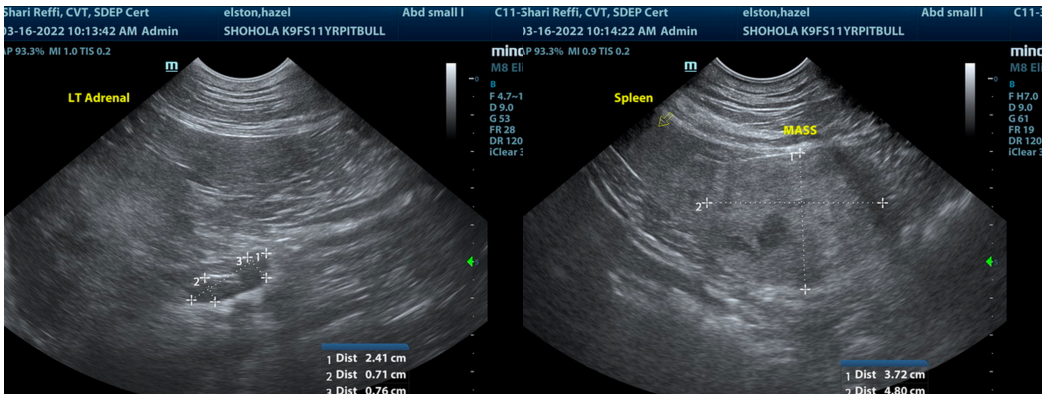
- Splenic mass – hemangiosarcoma, benign hematoma, hyperplasia, round cell neoplasia all possible
- Minor heterogeneous hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy with lymph node inspection and liver biopsy indicated after 3-view chest radiographs.







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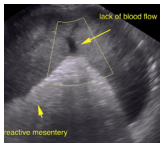

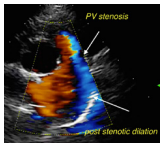

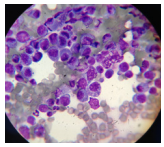
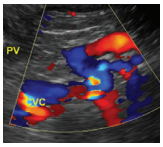

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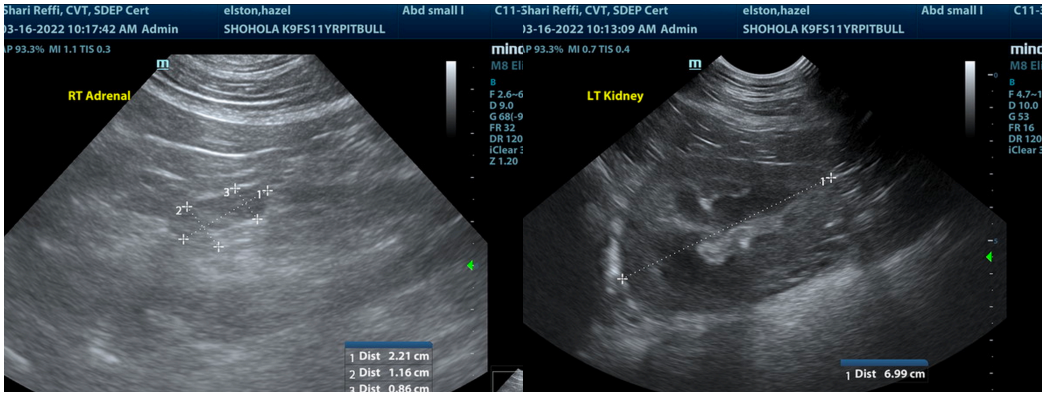

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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