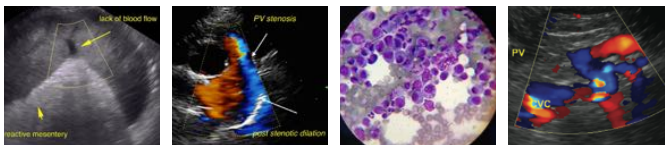
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Kyle Weeks

SPECIES
Canine

BREED
Hound Mix

SEX
Neutered male

AGE
12 yeas

WEIGHT
22.8 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Callihan

HOSPITAL NAME
Animal Emergency Care

REFERRING VET
Dr. Kalsbeek

INVOICE
43448

DATE
3/23/23

PRESENTING CLINICAL SIGNS

History: Pet presented on ER for vomiting with blood. He had his first seizure 03/20 and was lethargic all that day. He also vomited garbage on 03/20. Seemed improved the next day, eating small amounts ok. Started vomiting 03/22 and vomited multiple times, progressing to hematemesis. Owner also reports hematuria.
Abnormal PE/Chem/CBC/UA Results: Blood work showed microcytic, non-regenerative anemia, with leukocytosis and neutrophilia with bands suspected and monocytosis. He had a mildly elevated BUN and TP and hyperglobulinemia, bilirubinemia and elevated amylase. Urinalysis showed USG 1.040, proteinuria, ketonuria, bilirubinuria and hematuria and bacteriuria. Abdominal rads show mass effect, possible hepatomegaly and renomegaly and gastric material.

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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 6.78 cm. The left kidney measured 6.36 cm with pyelectasia and loss of corticomedullary definition and cortical nodular changes.

Adrenal Glands

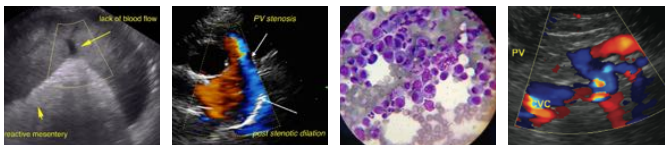
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland was heterogenous at the cranial pole measuring 1.05 x 0.9 cm at the caudal pole. The right adrenal gland revealed a nodular cranial pole 2.02 and 0.71 cm at the caudal pole.

Spleen

An undifferentiated **splenic** mass was noted with enhanced mesentery and omental seeding. The mass measured 10+ cm with mixed echogenic changes.

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,



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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.

Gastrointestinal

The stomach revealed concentric wall thickening measuring up to 1.4 cm with loss of mural detail and enhanced surrounding mesentery.

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 abdomen.

ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass with omental seeding pattern.

Heterogenous, renal changes.

Minor, heterogenous hepatic changes with possible hepatic metastasis.

Free fluid was noted in the abdomen.

Nodular adrenal glands or adenoma. Likely hyperplasia or adenoma with a minor potential or metastatic disease.

Concentric gastric wall thickening. Potential separate neoplastic event versus chronic gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs can be considered. Clean resection is unlikely given the omental changes and strong potential metastatic change to the kidneys primarily.

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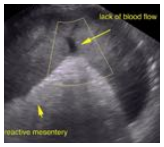

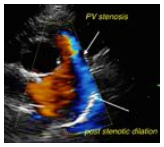

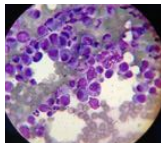
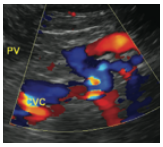

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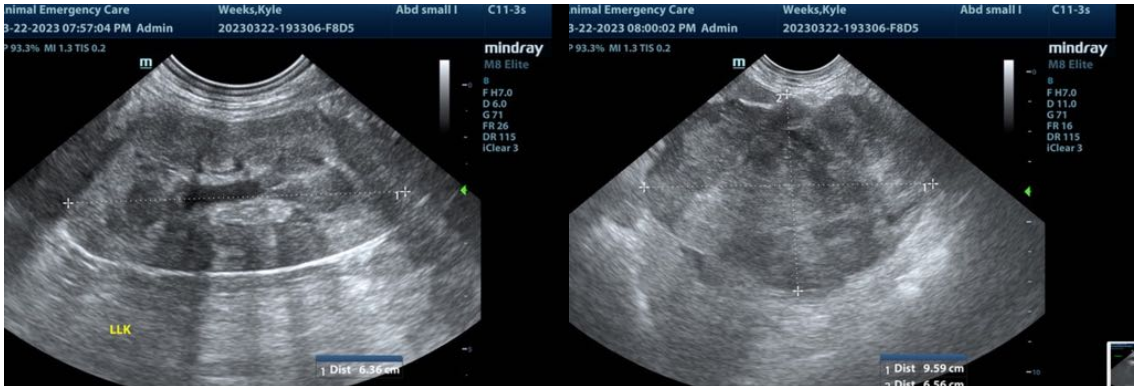

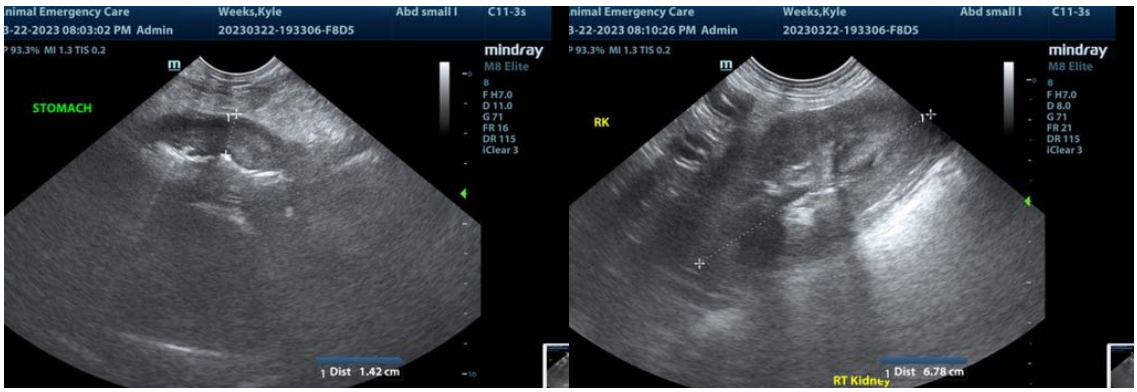

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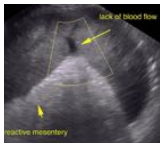

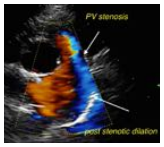

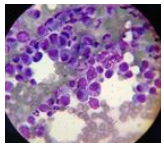
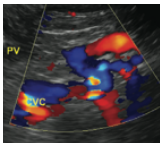

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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