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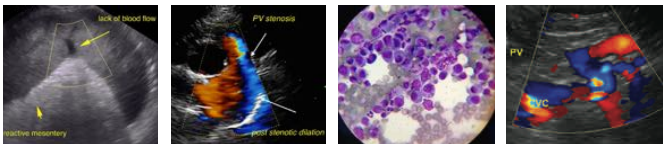

PATIENT

Erin McLellan

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

10 years

WEIGHT

26 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Acadia AC

REFERRING VET

Dr. Bloomfield

INVOICE

96666

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: Large abdominal mass with minimal free fluid seen on AFAST

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 right kidney measured 5.61 cm. The left kidney measured 6.73 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 0.59 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

The **spleen** was slightly coarse in architecture with heterogenous parenchymal changes and minor irregular swelling. A very complex, mixed echogenic 10.0 cm appeared to be deriving from the cranial body of the spleen.

Liver

The **liver** revealed a cystic, 10.0 cm mass. This appeared to be in the right cranial liver. The remainder of the liver was unremarkable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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.

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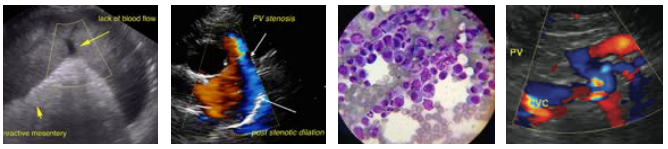

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

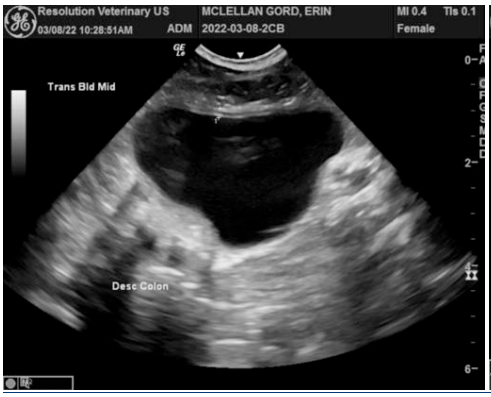
Rapid view of the heart revealed valvular disease, but no evidence of volume overload, pericardial effusion or right auricular masses.

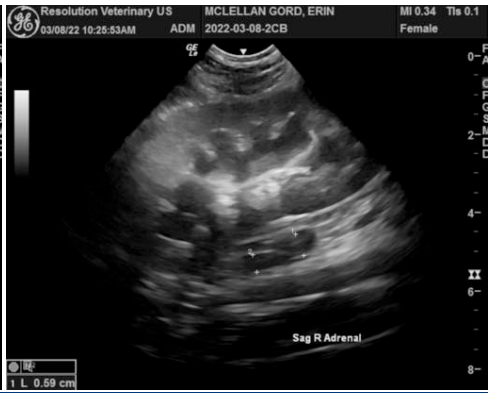
ULTRASONOGRAPHIC FINDINGS

Large splenic mass with hepatic cyst. Splenic mass differentials include hemangiosarcoma with a minor potential for non-neoplastic hematoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted. There is a potential that the cystic lesion in the liver is related to the splenic mass. However, they are likely two separate issues. Either exploratory surgery with expectations towards splenectomy and liver lobectomy or cystic drainage could be considered. Hydatid cyst cannot be completely ruled out; however, I would expect multi-focal presentation for this type of infection. Chest radiographs are warranted.





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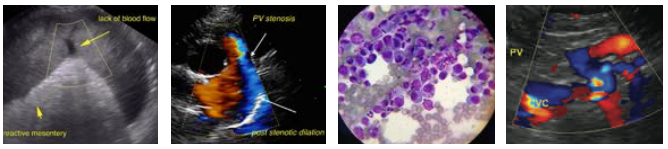

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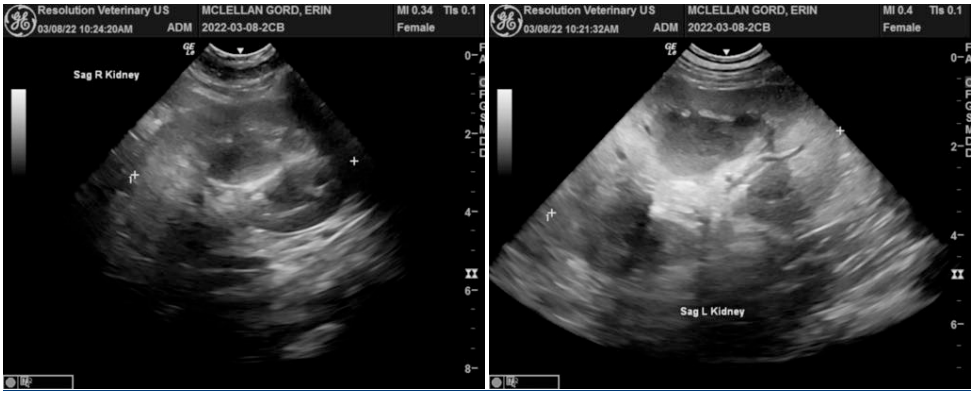

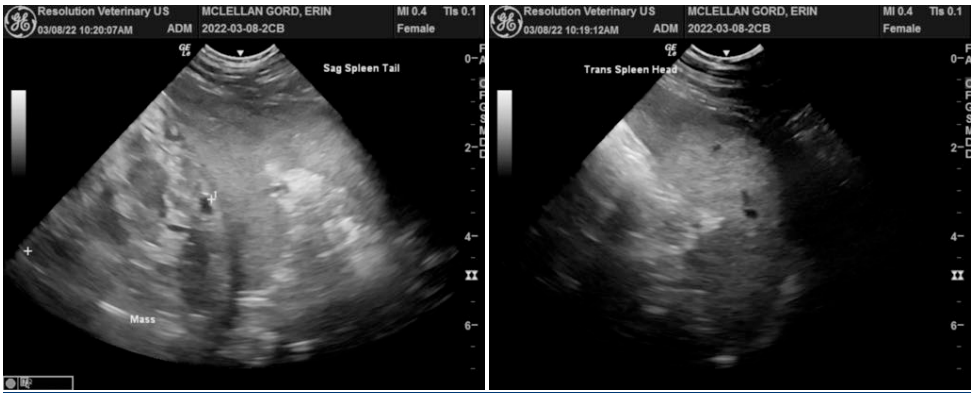

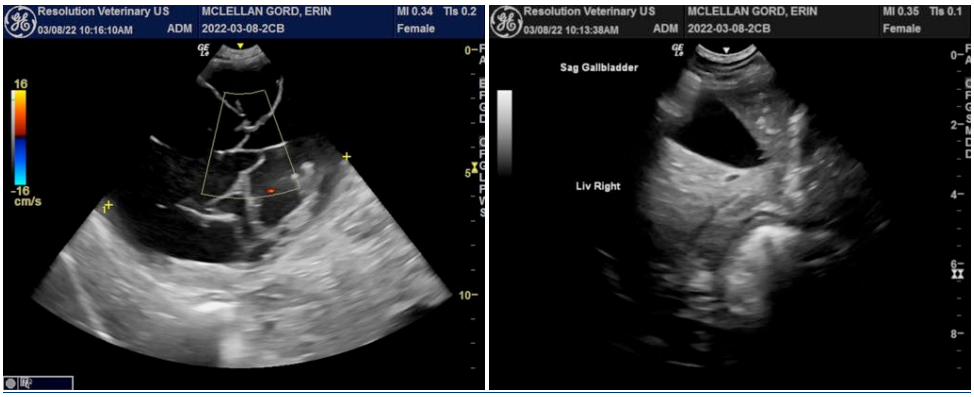

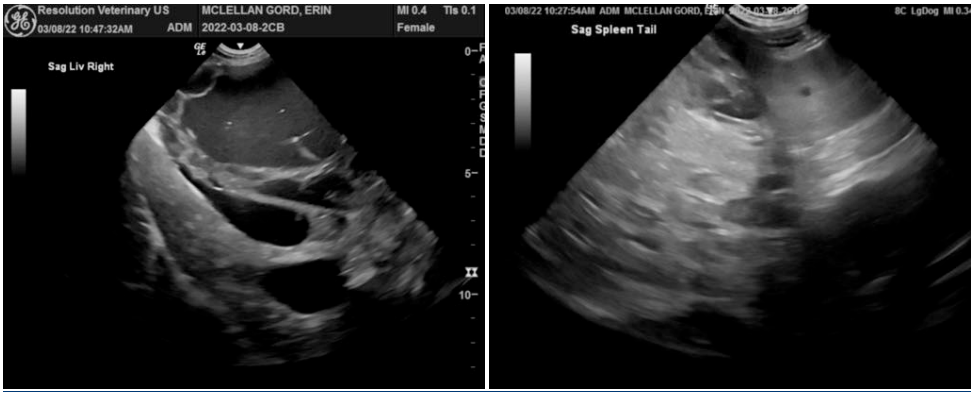

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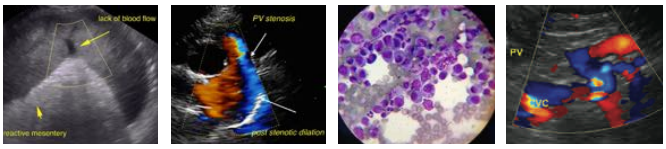

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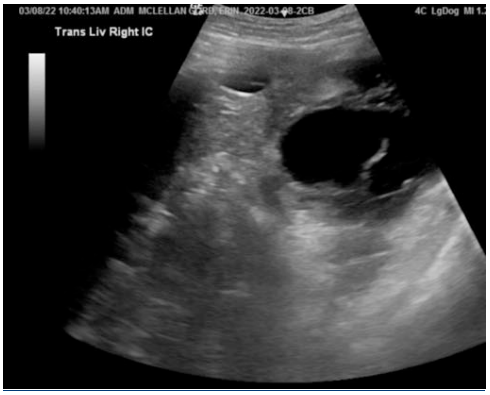

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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