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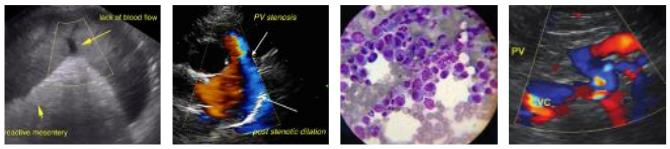
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Hershey McTavish

SPECIES

Canine

BREED

Labrador

SEX

Intact Female

AGE

12 Years

WEIGHT

85 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Aaron Lucas, DVM, PhD

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Megan Bray, DVM

INVOICE

22202

DATE

4/28/23

PRESENTING CLINICAL SIGNS

Patient has a history of ADR with lethargy, vomiting and diarrhea. Abdominal mass was suspected several months prior in caudal abdomen. Routine CBC/Chemistry and CBC and UA have been largely unremarkable other than mild mature neutrophilia and slight hypoalbuminemia.

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 1.0 cm beyond the cystourethral junction.

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 right kidney measured 7.3 cm. The left kidney measured 5.2 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 left adrenal gland measured 0.55 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland was visualized obliquely, measuring 6.0 mm.

Spleen

Cranial folding of the **spleen** was noted, yet a large cystic mass was present, measuring 5.3 cm. No evidence of rupture was present.

Liver

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

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

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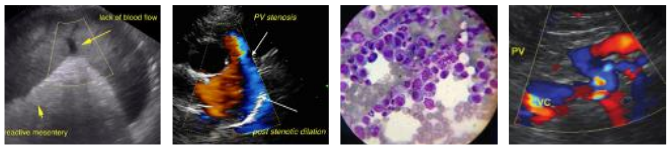

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory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

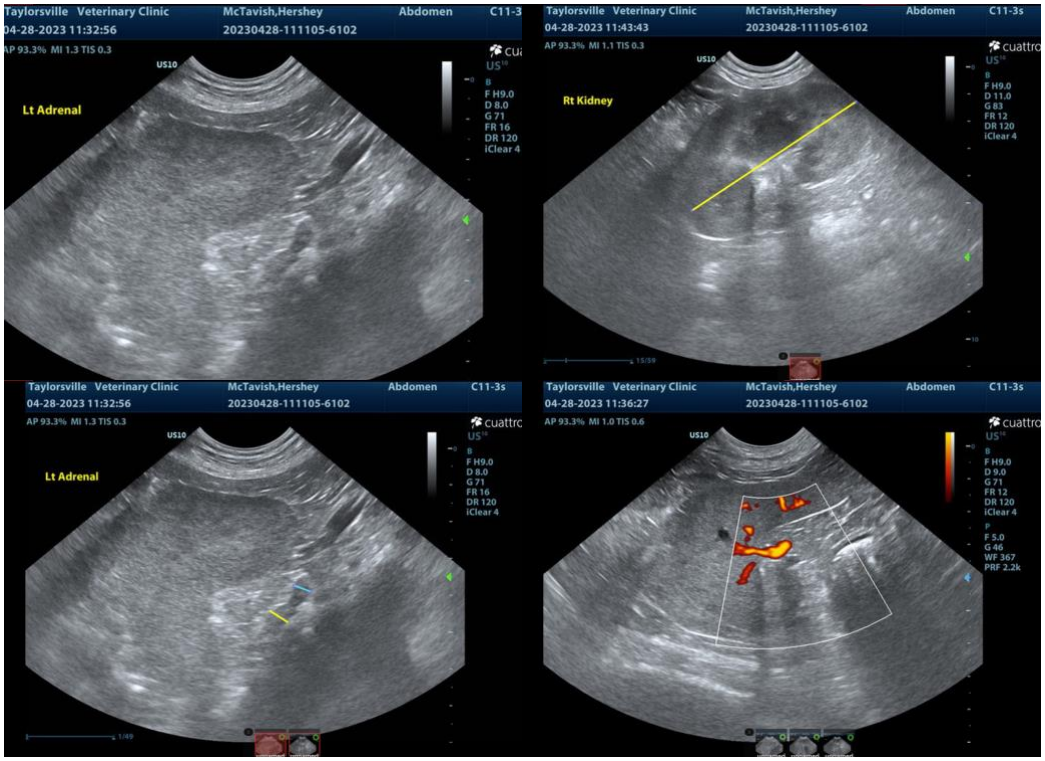
The caudal abdomen revealed a cystic fluid filled **structure**, measuring approximately 10 cm, non-vascular. This is likely an infarcted lipoma or omental abscess.

ULTRASONOGRAPHIC FINDINGS

- Cystic mass in the caudal abdomen and separate splenic mass - likely unrelated. Both appear resectable.
- Age-related hepatic changes
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic mass differentials include hemangiosarcoma, hematoma, hyperplasia or stromal tumor are all possible. The cystic structure is likely an omental abscess or infarcted lipoma. Both the splenic and the cystic mass are precarious. Urgent surgical intervention after chest radiographs is warranted to clear for evident pathology. Splenectomy and cystic mass removal is indicated.



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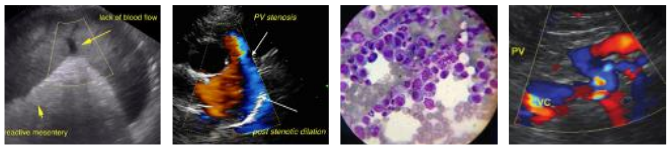

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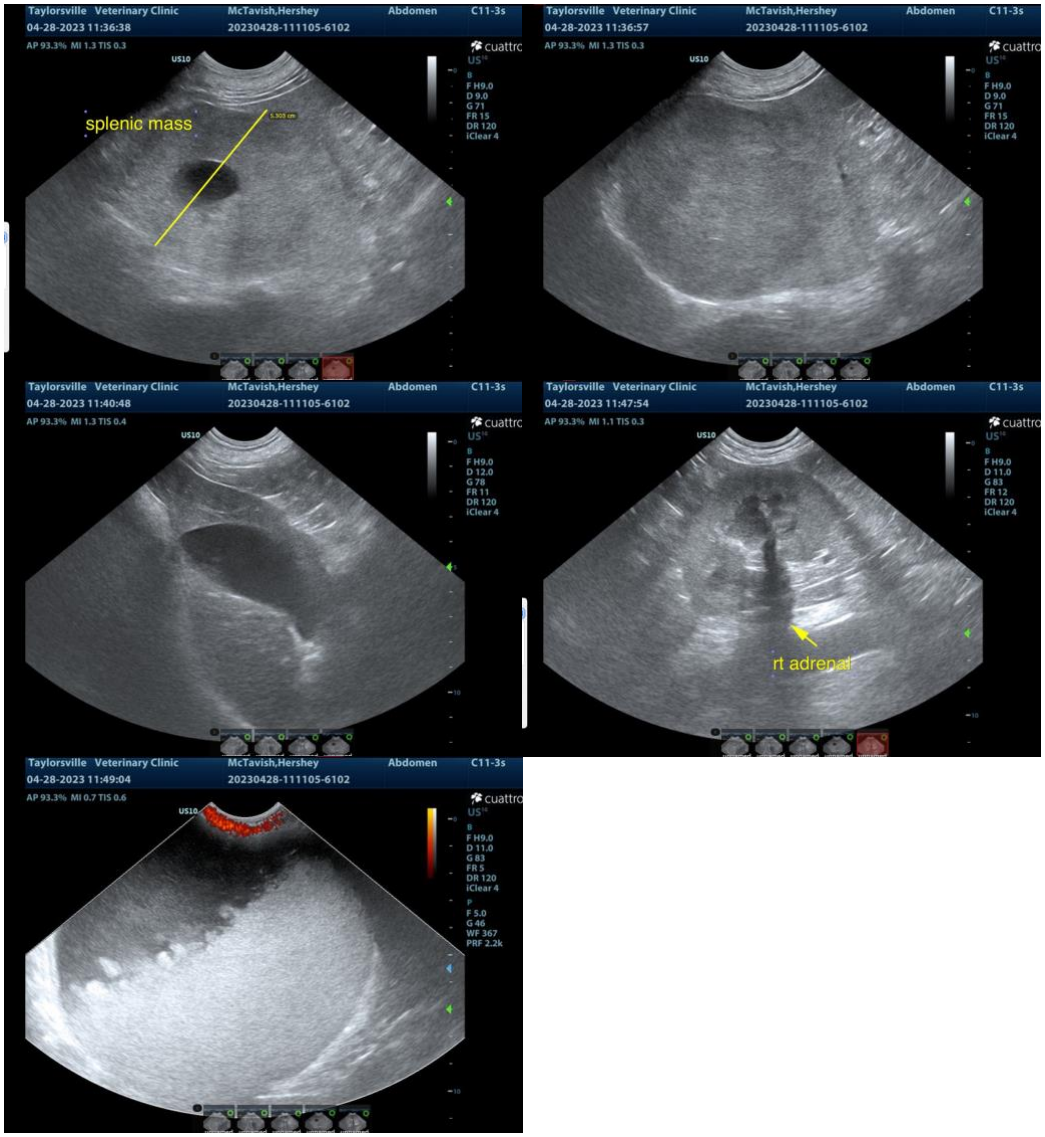

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com