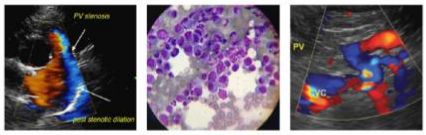
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bo Bayona 24464A

SPECIES

Canine

BREED

Coonhound

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

34.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Specialists – Dr. Maller

INVOICE

37696

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Bo presents to ER for evaluation of lethargy. Owners explained that typically he is a very active, excited dog, and he always wakes them up early to be fed breakfast. This morning he did not wake them up as usual and instead owners found him in the hallway and then found a large pile of brownish liquid in the living room. They believe this to be vomit, as this morning his stool was formed and of normal color. Bo did eat breakfast this morning and did drink some water. They have not noticed any further incidences of vomiting since last night.
Abnormal PE/Chem/CBC/UA Results: In-house bloodwork revealed a mild anemia (33%), thrombocytopenia (97k) and elevated ALP (288). AFAST scan revealed abdominal effusion and suspected cranial abdominal mass.

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 3.0 cm beyond the cystourethral junction.

The **left kidney** 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 7.51 cm. Hyperechoic lipogranulomatous changes noted caudal to the left kidney.

The **right kidney** presented fairly normal size and contour. However, pericapsular inflammatory pattern noted with variable surrounding minor amount of free fluid. The kidney measured 6.84 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 0.33 cm at the crainal pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed hypoechoic, significantly disruptive, peripherally inflamed, complex 3.8 cm mass deriving from the mid caudal body. Multiple other expansive, irregular, undifferentiated nodular changes and a 3.0 cm mid splenic mass also noted with regional inflammation.

Liver

The **liver** was mildly subnormal in size. 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.

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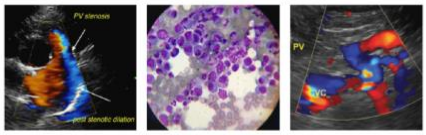

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Gastrointestinal

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. 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

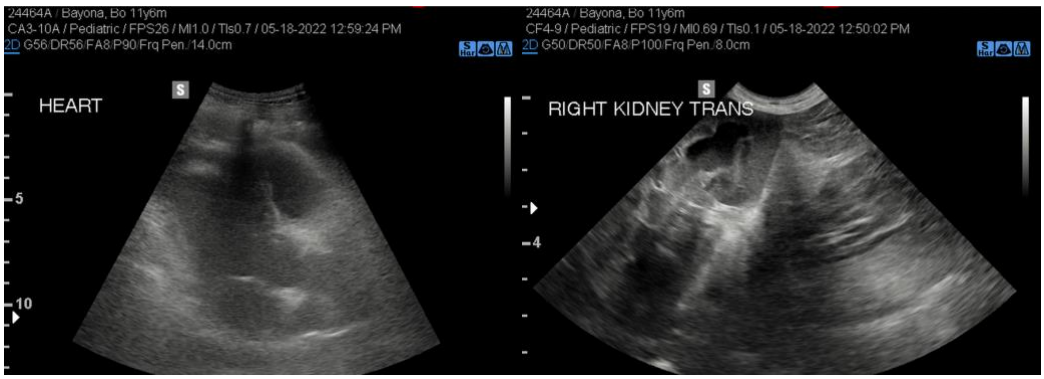
Rapid view of the heart revealed volume contraction and tachycardia. This may be owing to early shock.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses with free fluid – strong concern for abdominal seeding.
- Pericapsular inflammatory pattern/steatitis associated wit the right kidney – may be related to thromboembolic or metastatic shower from the splenic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clinical signs of shock should be evaluated. No evidence of right auricular masses. Recommend 3-view chest radiographs and immediate exploratory surgery in this patient. However, micrometastasis is a strong potential in this case. Hemangiosarcoma likely.



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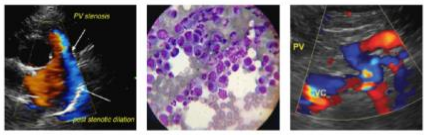

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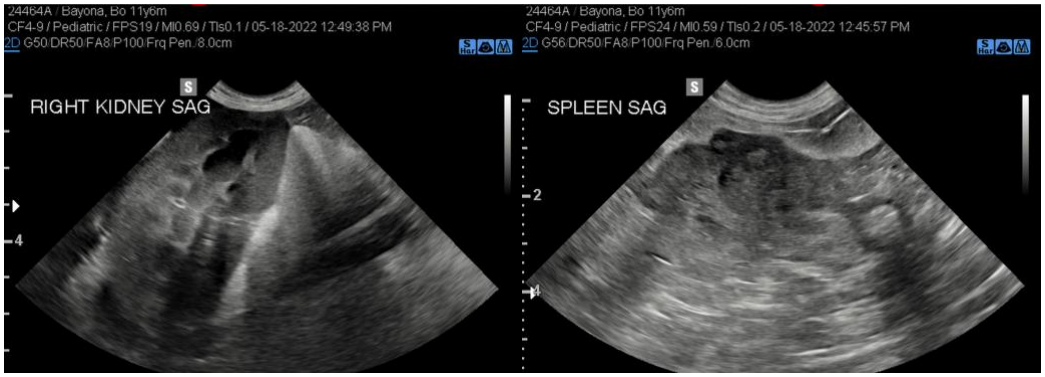

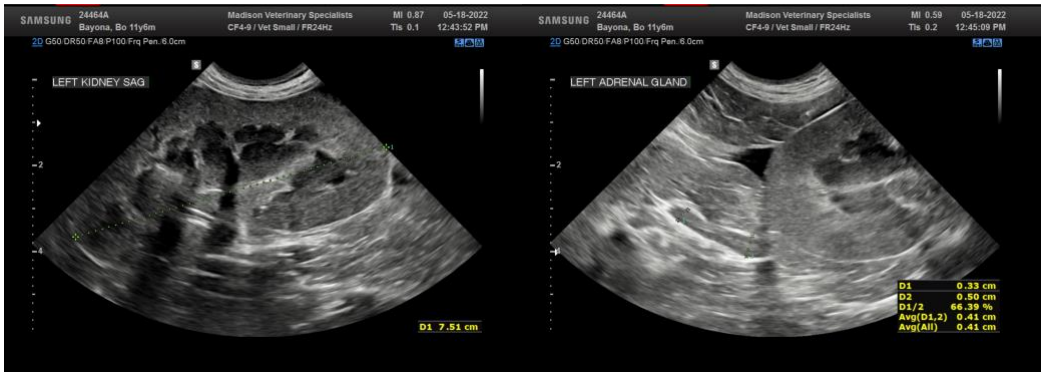

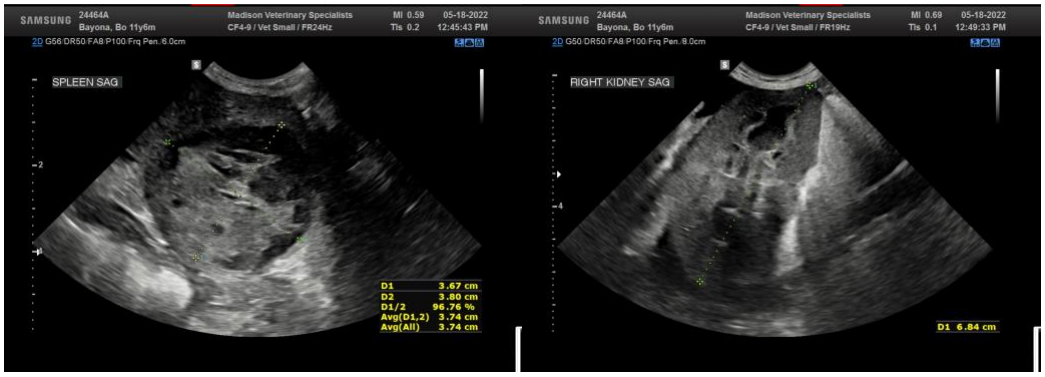

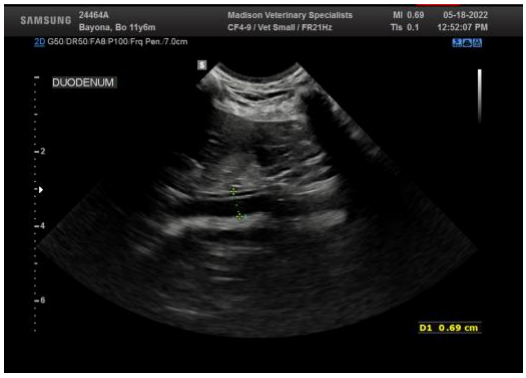

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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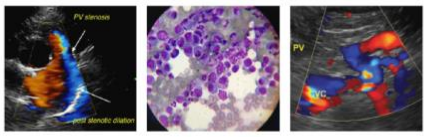

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com