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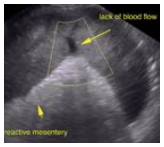

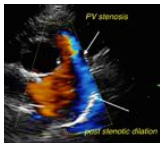

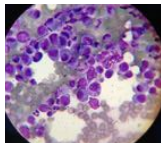
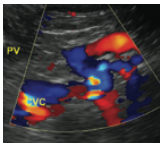

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Devon Brumbaugh

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

65.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

44154

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History: Presented 4/14 due to excessive panting and abnormal noise when barking. Abdominal radiographs showed large soft tissue opacity in mid abdomen possible splenic mass vs other. Currently stable at home - no changes since visit. U/S to attempt to determine where mass is coming from. Abnormal PE/Chem/CBC/UA Results: Thoracic radiographs - mild bronchial changes - suspect age related Abdominal radiographs - large soft tissue opacity in mid abdomen Chem: SDMA 19, Creatinine 1.6 BUN 34, Ca 12.7, Na 140 , K 5.7, Na/K 25, Chloride 106, Globulin 5.4 Albumin/globulin ratio 0.5, Cholesterol 509, triglycerides 211 T4 0.6 CBC: lymphocytes 1.009K/uL, reticulocyte hemoglobin 22.2 MCH 21.7

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. The bladder revealed calculi. Grouping of which measured 5.0 cm. 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 and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney revealed a slight cortical infarct at the dorsal cortex. The right kidney measured 6.5 cm. Mild, inflammatory pattern was noted around the dorsal cortex.

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.

Spleen

The **spleen** revealed a mixed, hypoechoic 10.0 cm parenchymal mass. The mass was deriving from the cranial body of the spleen.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Lobar biliary calculi were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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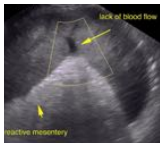

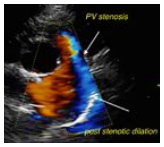

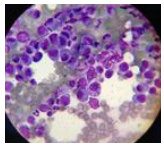
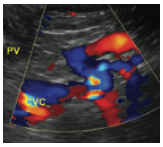

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Gastrointestinal

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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

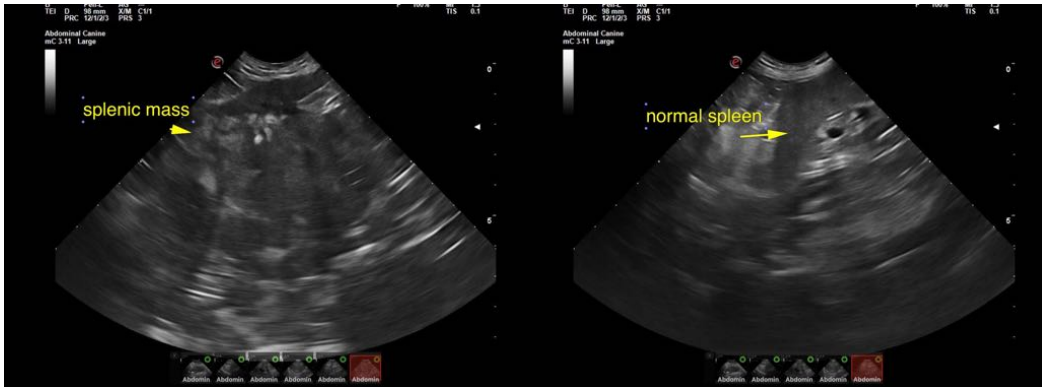
Splenic mass. Stromal tumor or less likely round cell neoplasia. Less likely round cell neoplasia or hemangiosarcoma.

Bladder sand/calculi.

Right renal infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The azotemia may be owing to recent passage of calculi from the right kidney. Three view chest radiographs, rapid echocardiogram, splenectomy, cystotomy and stone analysis are all indicated. There was no evidence of metastatic disease. However, liver biopsy is warranted to assess for micrometastasis.



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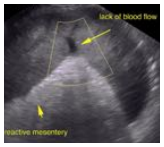
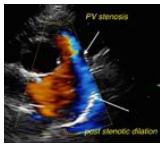
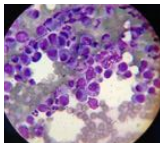
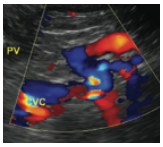

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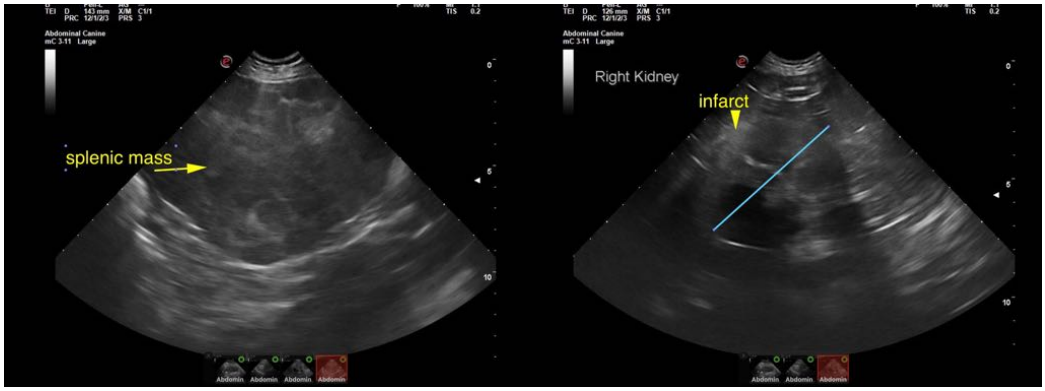

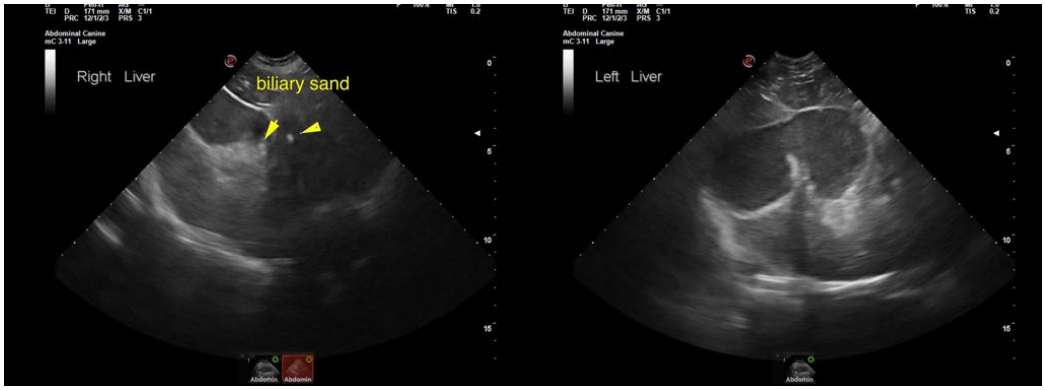

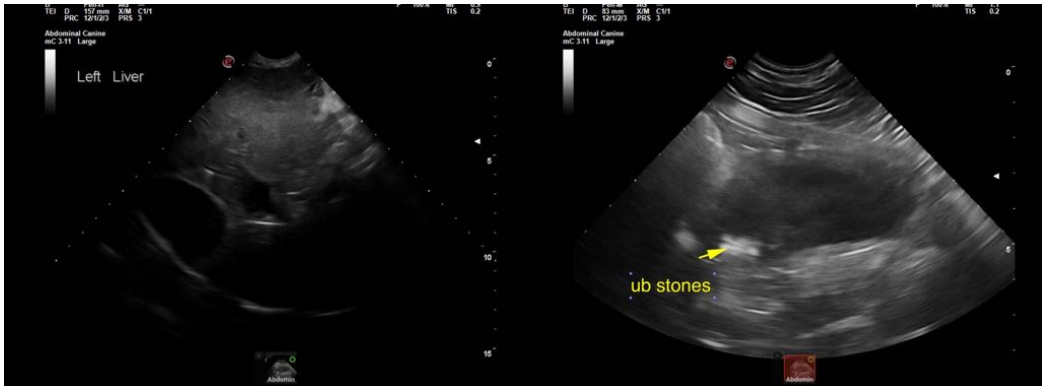

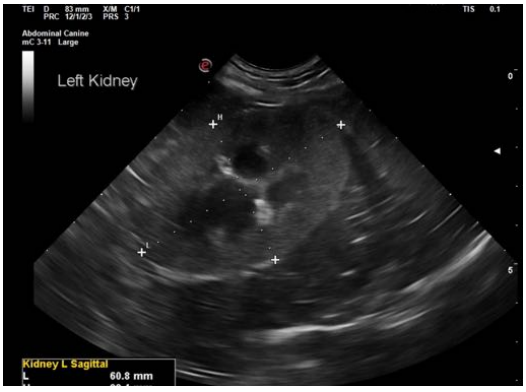

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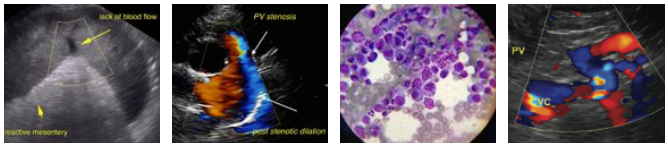

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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