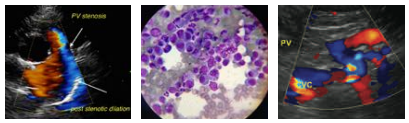
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
6/15/22

PATIENT
Rumple Milliken

SPECIES
Canine

BREED
Shepherd Mix

SEX
Neutered male

AGE
10/1/14

WEIGHT
68.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Northwind AH

REFERRING VET
Dr. Jones

INVOICE
31040

PRESENTING CLINICAL SIGNS

Historic hemoabdomen splenic mass identified on 5/21/22. p has been giving p prednisone, jyun biyao and p has been doing well. o wants more info on how mass is progressing.
Current Medications: Prednisone 20mg taper, Yunnan Baiyo.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 residual prostate measured 1.0 cm.

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 6.66 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 2.58 x 0.05 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured 2.7 x 0.57 cm at the caudal pole and 0.43 cm at the cranial pole.

Spleen

The **spleen** presented an irregular parenchymal mass that measured 14 x 8 cm. The mass is not cavitated. There was no evidence of rupture and no evidence of metastatic disease.

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. 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.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. 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.

Heart

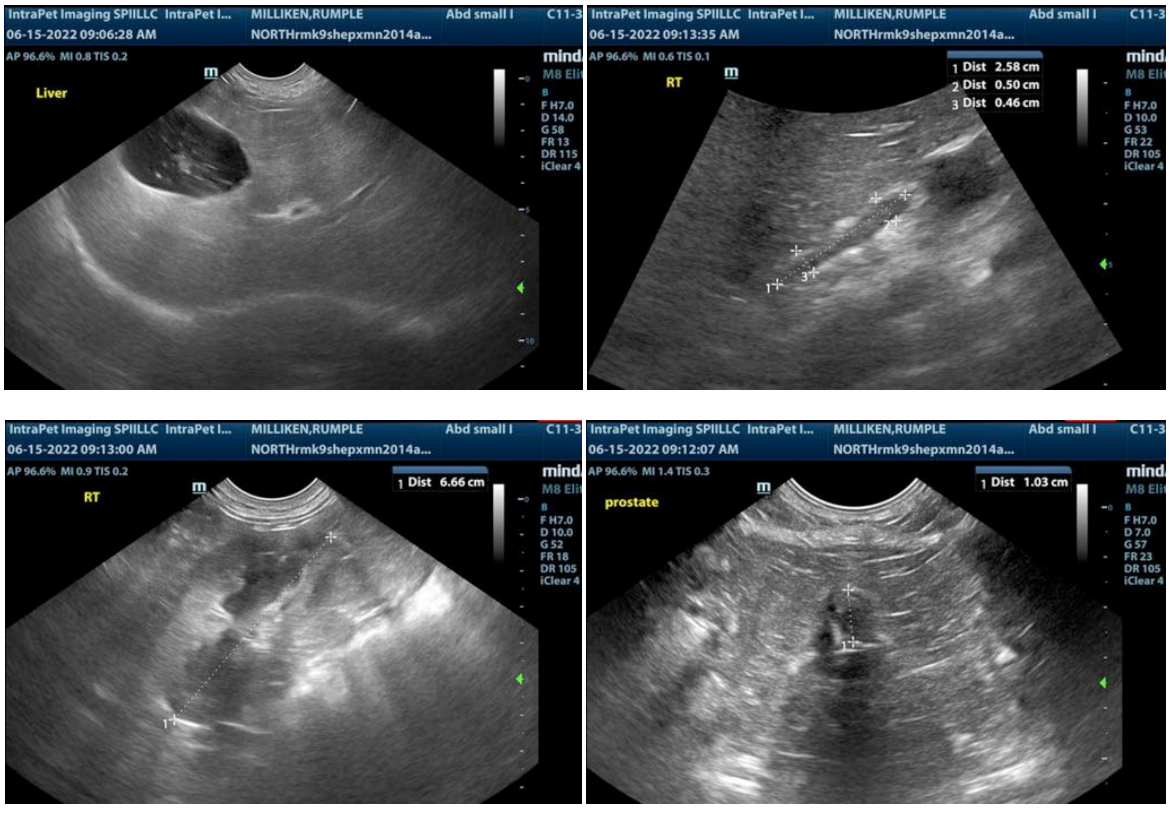
The right auricle and pericardium were unremarkable. The contractility was normal. There is no contraindication to anesthetic procedure and no evidence of metastatic disease.

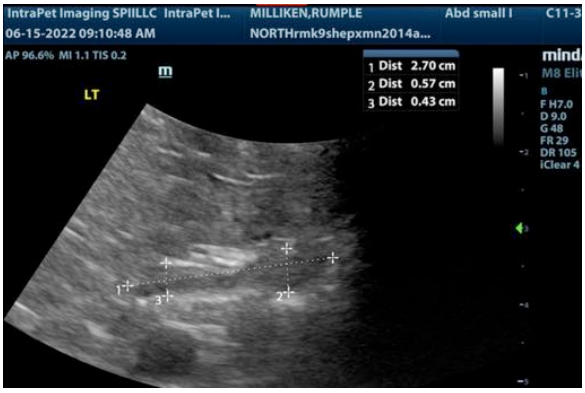
ULTRASONOGRAPHIC FINDINGS

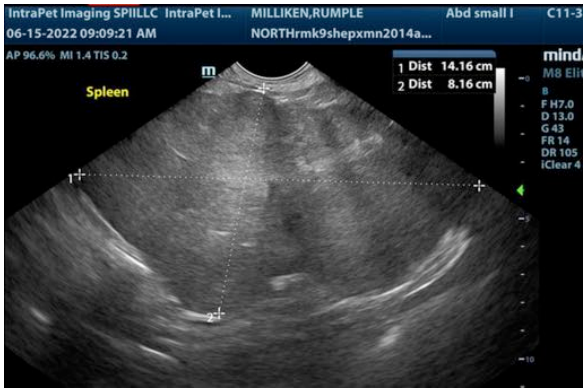
Parenchymal splenic mass. Round cell neoplasia versus hemangiosarcoma. Benign lesion is possible, yet less likely.
Full stomach.

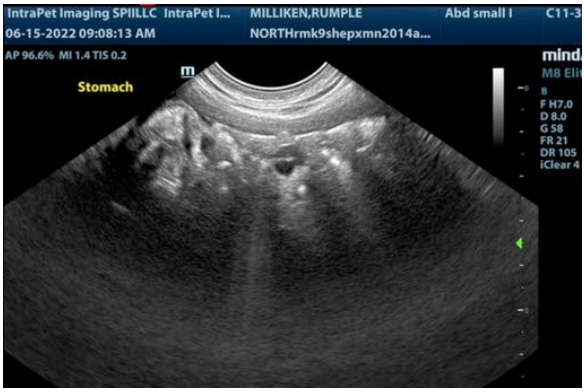
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

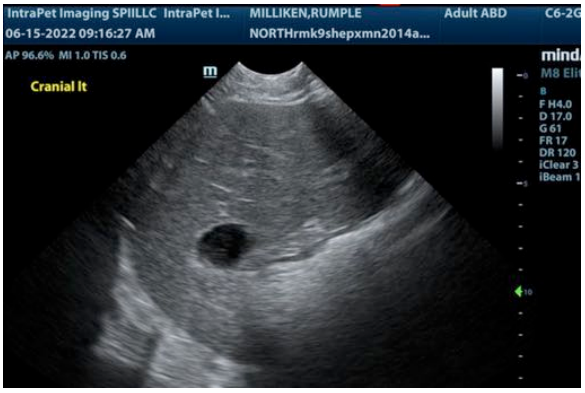
If the patient was n.p.o. at the time of the sonogram then soft foreign matter should be considered. Chest radiographs followed by splenectomy and splenic biopsy would be recommended. The splenic lesion may be underlying histopathologically benign; however, it is precarious in its size and mass formation.

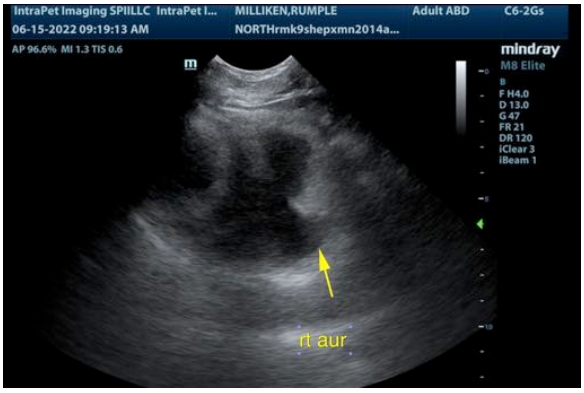












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com