SonoPath
Clinical Sonography & Telecytology
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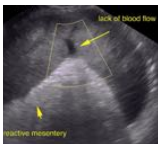
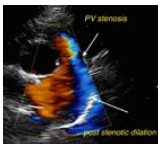
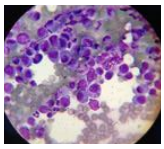
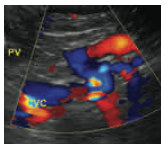





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Connor Rothe

SPECIES
Canine

BREED
Tibetan Terrier

SEX
Neutered male

AGE
10 years

WEIGHT
29.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
M Kermendy CVT

HOSPITAL NAME
Wauwatosa Vet

REFERRING VET
Dr. Bonstrom

INVOICE
31270

DATE
6/27/22

PRESENTING CLINICAL SIGNS

History: Lethargy and possible collapse 2 days ago. Unsteady on his feet. Drinking water but only eats if hand fed. Pale MM, stomach feels hard. Also submitting chest xrays to screen for metastasis. Abnormal PE/Chem/CBC/UA Results: cranial abdominal pain, lever/spleen palpates large pale MM's, mild muscle atrophy, temp=102.9 HCT=18.4%, hemoglobin=5.4, reticulocytes=519, WBC=29.41 neutrophils=20.75, lymphocytes=6.2, platelets=23 chem panel WNL ALB:Glob ratio=0.8, Albumin=3.2, Globulin=3.9

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 left kidney measured 5.22 cm and the right kidney measured 5.52 cm.

Adrenal Glands

The left **adrenal gland** was slightly irregular at the caudal pole and measured 1.74 x 0.72 cm at the caudal pole and 0.38 cm at the cranial pole.

Spleen

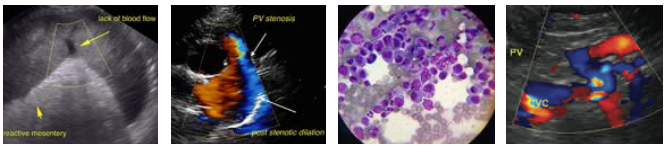
The **spleen** revealed a mixed, hypoechoic, complex, peripherally inflamed mass that measured 7.0 cm. A This was deriving from the mid splenic body with nodular changes elsewhere. A larger mass was noted in the spleen and measured 10.0 cm with similar architecture to the smaller mass. Reactive mesentery was noted around the entire spleen.

Liver

The **liver** revealed isoechoic, nodular changes. The liver nodules showed evidence of cavitation. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease 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.

Free Abdomen

Trace amounts of free fluid was noted in the abdomen, yet not enough to justify the anemia. Multi-centric lymphadenopathy was present in variable portions of the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

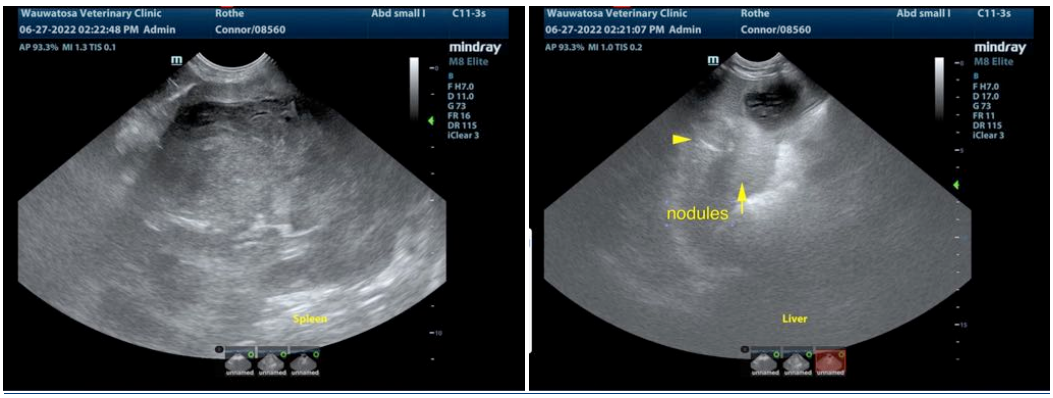
Splenic masses and multi-focal nodules.

Multi-centric neoplasia.

Minor free fluid, likely contributing to anemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hemangiosarcoma or round cell neoplasia is possible. The free fluid is likely contributing to anemia; however, bone marrow disease is a potential. FNA of the splenic and parenchymal portions of the splenic masses as well as hepatic FNA and CBC path review +/- bone marrow aspirate would all be valid. Immediate chemotherapeutic intervention would be ideal.



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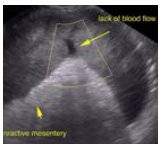
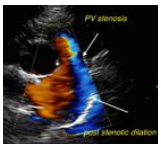
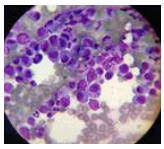
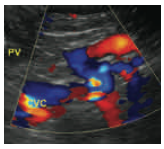

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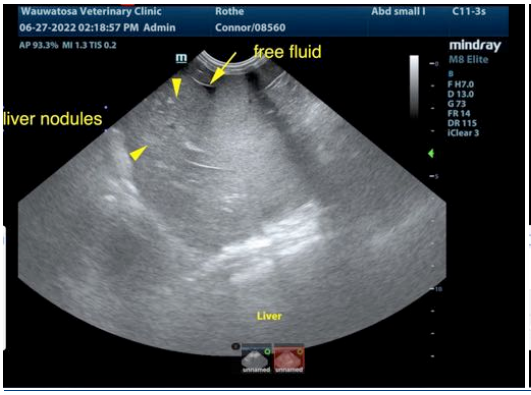

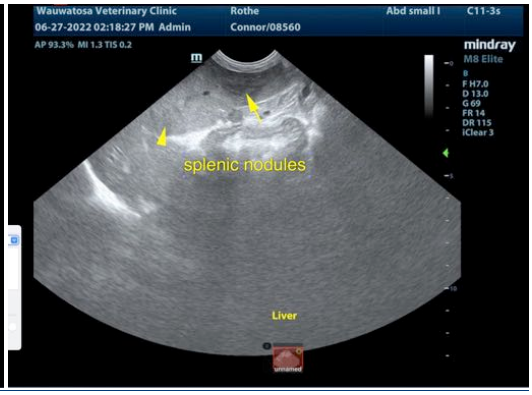

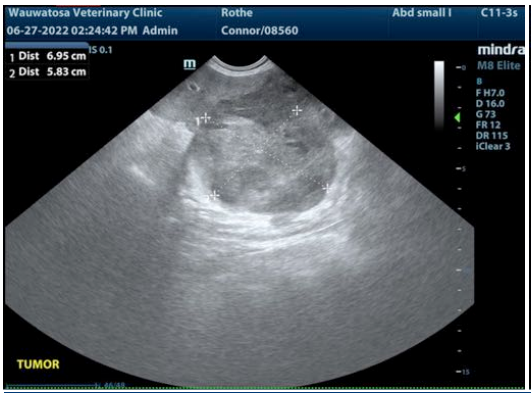

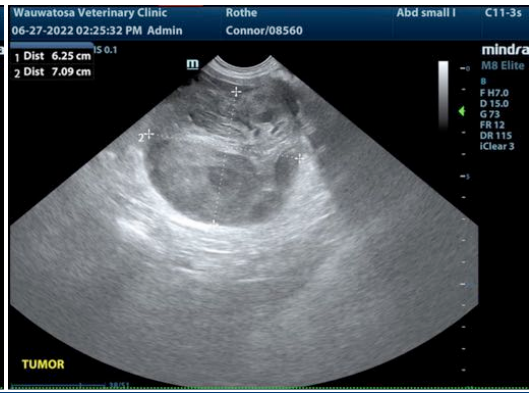

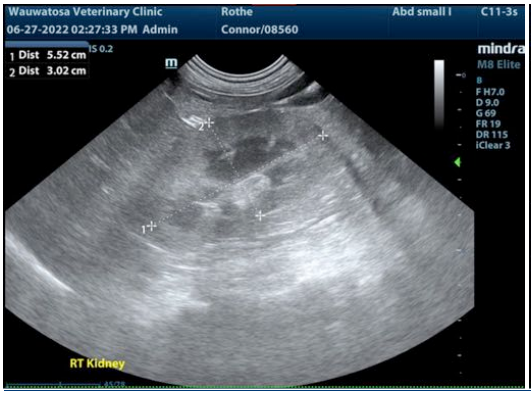

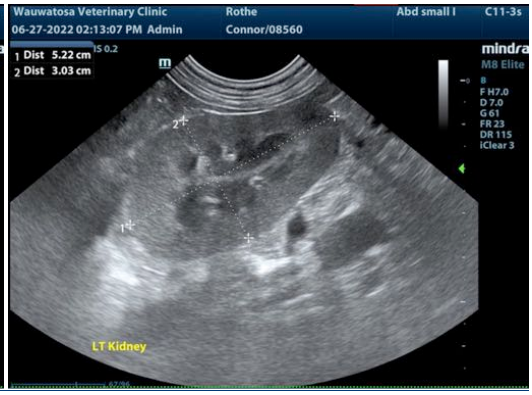

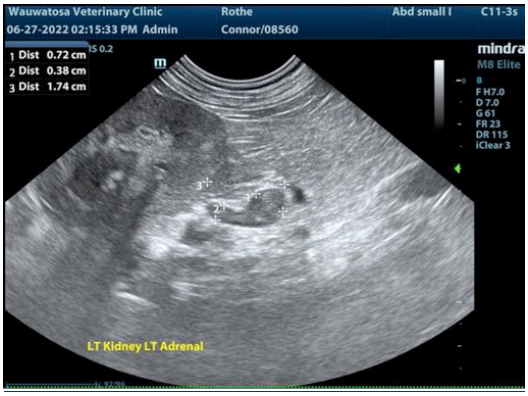

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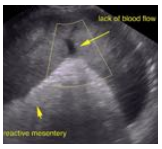

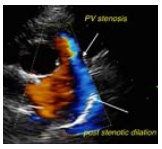

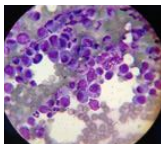
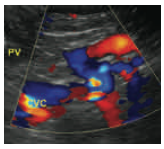

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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