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Clinical Sonography & Telecytology
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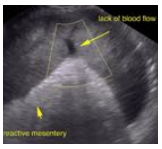
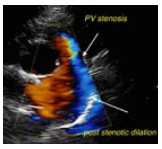
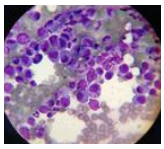
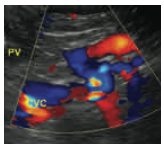

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1-800-838-4268 info@sonopath.com

PATIENT
Luna Byers Pons

SPECIES
Canine

BREED
Labrador Mix

SEX
Spayed Female

AGE
14 years

WEIGHT
46.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Sosa

INVOICE
31339

DATE
6/29/22

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate a mass that was seen on radiographs. Pt presented for exam at rDVM with clinical signs of anorexia and a cranial abdominal mass was seen. Wants to evaluate for prognosis and to see if mass removal can be done.
Abnormal PE/Chem/CBC/UA Results: PE: BAR, NO heart murmur auscultated. Palpable mass on right cranial abdomen BW: None provided

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 right kidney measured 6.21 cm. The left kidney measured 6.7 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 caudal pole of the right adrenal gland measured 0.42 cm and the cranial pole measured 0.8 cm. The left adrenal gland measured 0.6 cm at the caudal pole and 0.6 cm at the cranial pole.

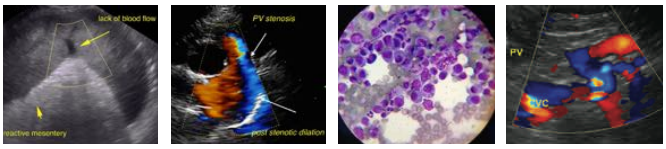
Spleen

The **spleen** revealed a moderately complex expansive, largely parenchymal mass that measured 9.0 x 7.7 cm. The spleen revealed other nodular changes and disrupted architecture. The spleen had generalized enlargement.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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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

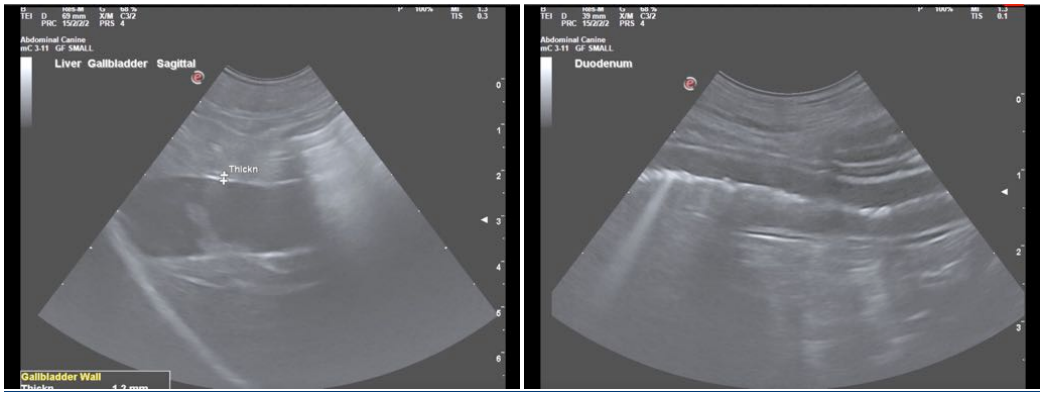
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Splenic mass and nodules. No overt evidence of metastatic disease. However, the multiple lesion on the spleen are suggestive of a neoplastic process. Round cell neoplasia or hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and rapid echocardiogram are recommended to assess for metastatic disease followed by immediate exploratory surgery. Splenectomy and liver biopsy are recommended to rule out micrometastasis. Given the multiple splenic lesions the probability of neoplasia is high.



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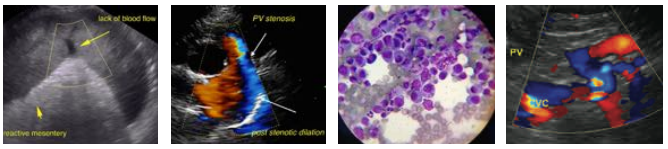

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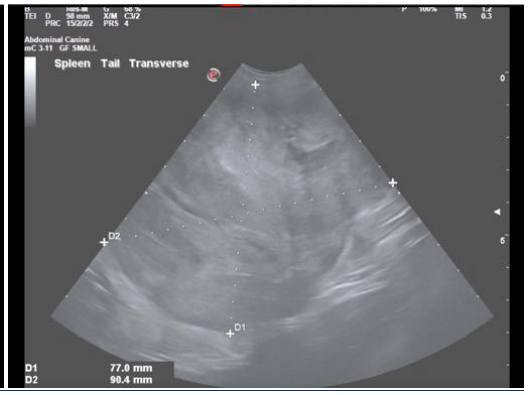

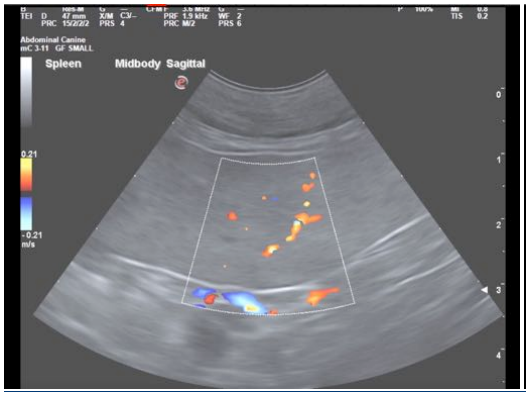

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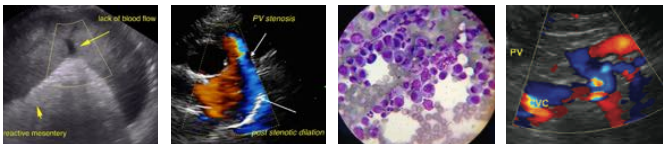

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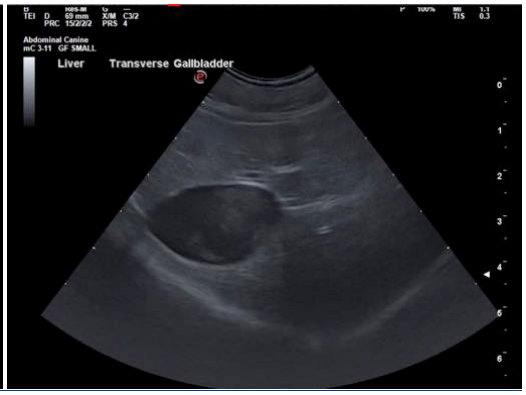

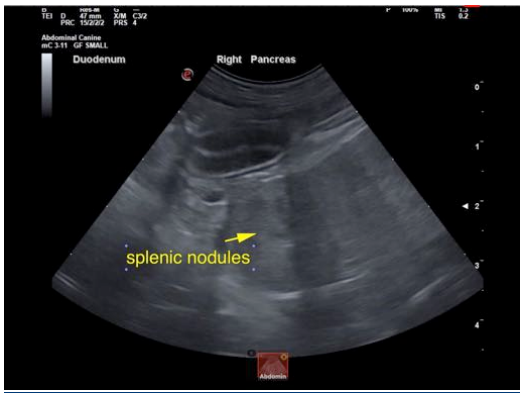

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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