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DATE

6/3/22

PATIENT

River Hoang

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

5/23/17

WEIGHT

24.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

**IMAGING
PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Roper

INVOICE

38389

PRESENTING CLINICAL SIGNS

P presented to rDVM for recheck. PCV was 21% and ALP, ALT, and BUN were elevated. WBC were elevated around 30,000. O said that P has burst of energy and has been vomiting after taking the cyclosporine.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 **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 4.5 cm. The right kidney measured 4.97 cm with pyelectasia of 0.39 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 1.5 cm x 0.58 cm at the caudal pole and 0.40 cm at the cranial pole. The right adrenal gland measured 1.73 cm x 0.77 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive mixed hypoechoic 2.34 cm x 1.72 cm mass deriving from the cranial pole of the spleen. The remainder of the spleen was mildly heterogeneous, yet fairly uniform.

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

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

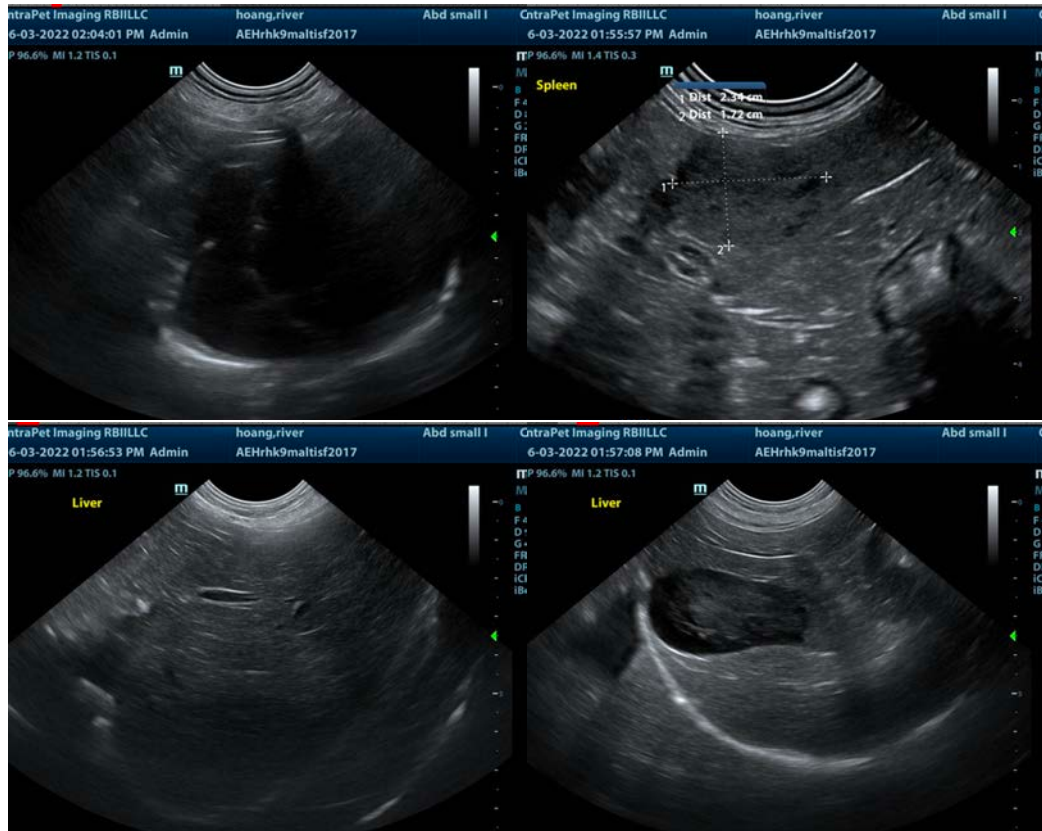
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

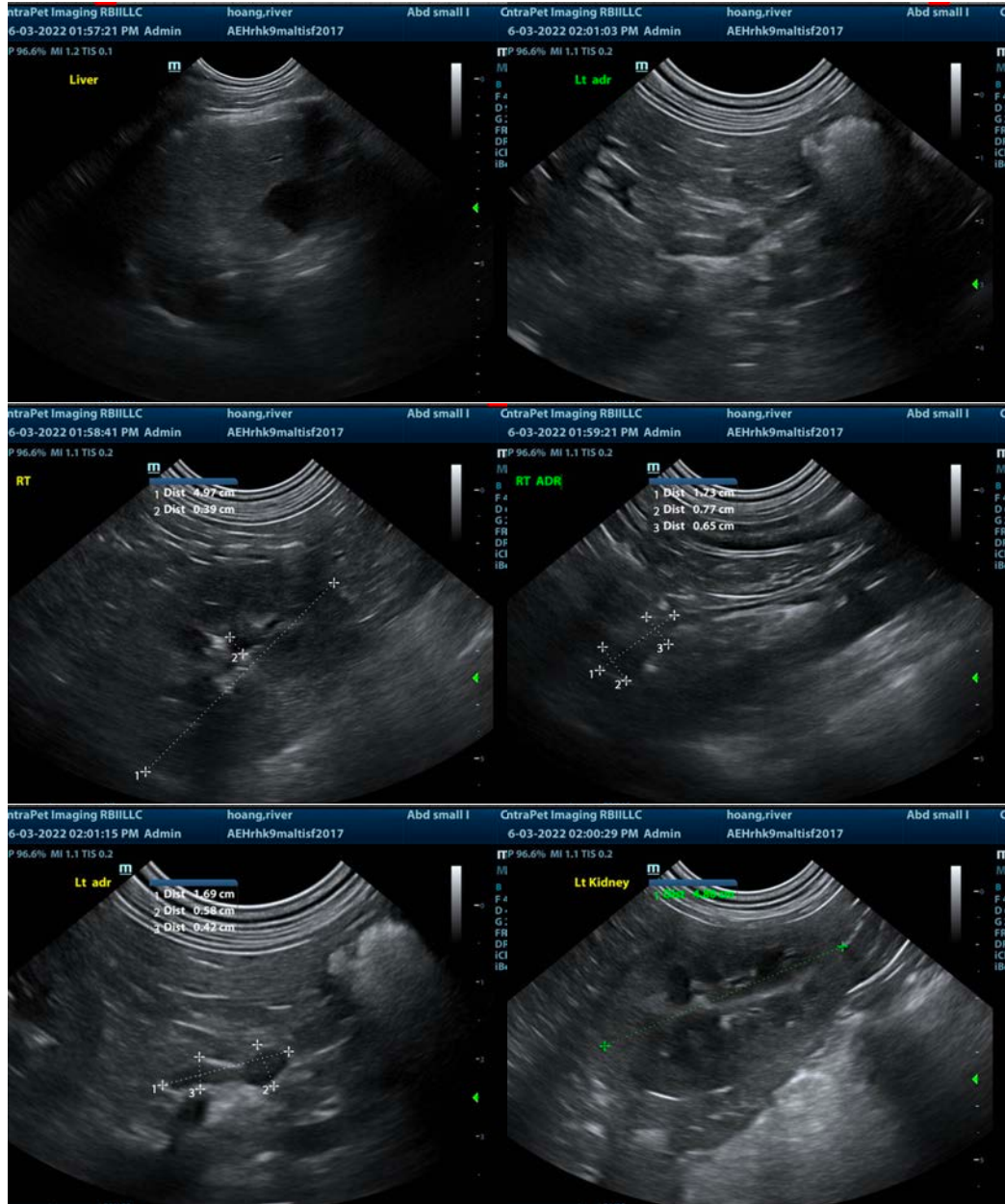
ULTRASONOGRAPHIC FINDINGS

- Splenic mass, stable abdomen otherwise
- Minor benign hepatopathy liver pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs followed by splenectomy indicated in this patient. Liver inspection and biopsy warranted, even though structurally the liver appears unremarkable. No free fluid noted. CBC path review +/- bone marrow aspirate would be indicated for further definition to assess if bone marrow disease is concurrently an issue. The right auricle, pericardium and general heart unremarkable. No evidence of metastatic disease. Histopathologically, the splenic lesion may be benign. However, hemangiosarcoma is a strong potential. Round cell neoplasia is also a potential. Prognosis is guarded. The splenic lesion appears isolated, and no evidence of rupture. Therefore, bone marrow disease may concurrently be an issue.







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