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Clinical Sonography & Telecytology
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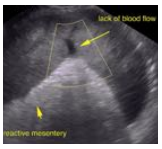
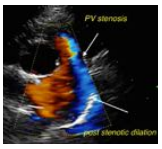
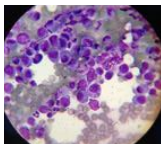
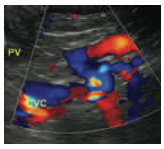

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Molly Smith

SPECIES
Canine

BREED
English Springer Spaniel

SEX
Spayed Female

AGE
11 years

WEIGHT
45 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Gramazio

HOSPITAL NAME
Shohola VH

REFERRING VET
Dr. Gramazio

INVOICE
31487

DATE
7/5/22

PRESENTING CLINICAL SIGNS

Lethargic and dull over the past year, slowing down, Normal everything else. Non-regenerative anemia has been consistent on blood work rechecks for over a month now
Abnormal PE/Chem/CBC/UA Results: Enlarged spleen noted months ago with normal rads. Dull mentation. Low thyroid for a year and currently is on thyroid medications and controlled well but no change since being on the medications. urine- 1020 SG, cocci noted, WBC, RBC, blood CBC- Monocytes 2.804 (0.13 - 1.15 K/µL) Neutrophils 31.919)2.94 - 12.67 K/µL) with a non-regenerative anemia Chem- Total Protein 7.8 (5.5 - 7.5 g/dL) Albumin 1.6 (2.7 - 3.9 g/dL) Globulin 6.2 (2.4 - 4.0 g/dL) ALP 278 (5 - 160 U/L) ALT 16 (18 - 121 U/L) Albumin: Globulin Ratio 0.3 (0.7 - 1.5)

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 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.0 cm with slight pyelectasia. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** in this patient revealed a 5.0 x 8.0 + cm parenchymal mass that appeared to be deriving from the caudal body. Other nodular changes were noted in the spleen.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder and common bile duct were unremarkable. Micrometastasis cannot be completely ruled out.

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.

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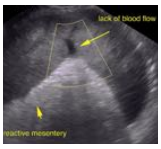

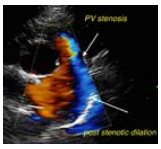

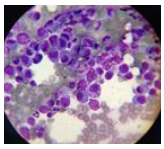
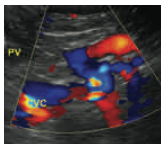

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Pancreas

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.

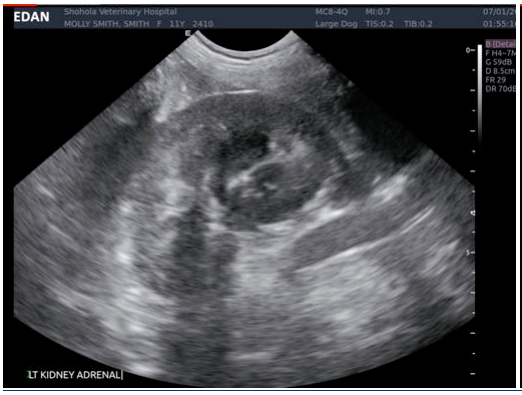
ULTRASONOGRAPHIC FINDINGS

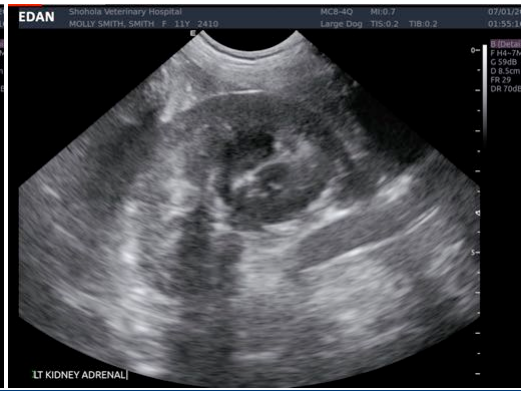
Splenic mass and nodular splenic changes.

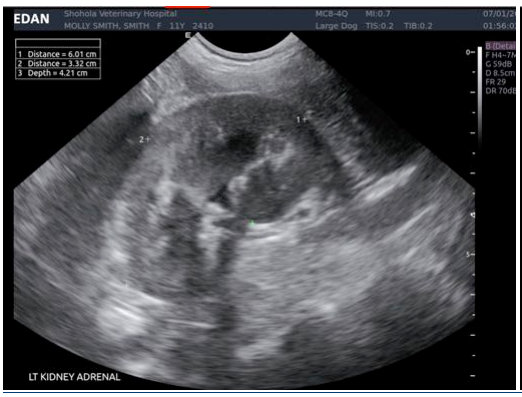
Otherwise, unremarkable abdomen based on this image resolution.

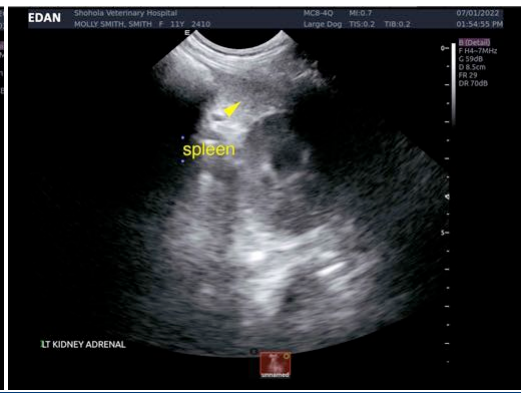
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Micrometastasis to the liver cannot be ruled out. The cause of low albumin is unclear. Assessment for associated paraneoplastic protein losing nephropathy is indicated. Bone marrow aspirate is indicated based on CBC path review given the non-regenerative anemia. Chest radiographs and echocardiogram are warranted prior to surgery. Eventual splenectomy is indicated. However, this may be a focal manifestation.









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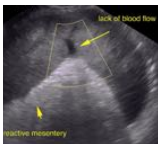
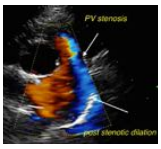
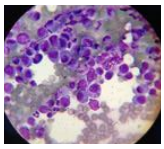
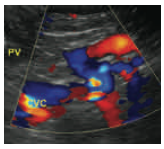

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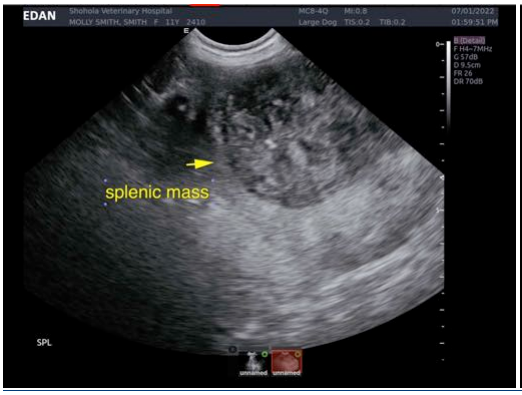

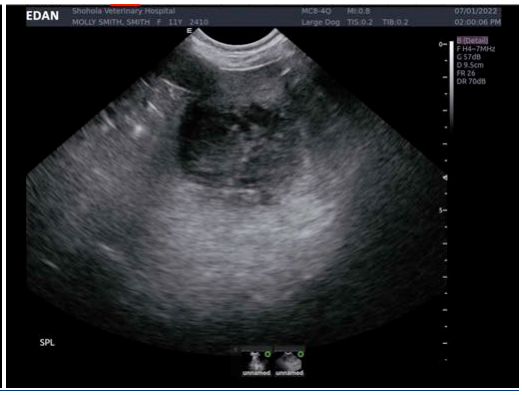

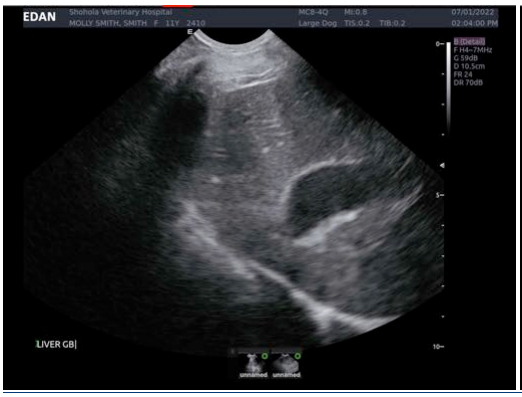

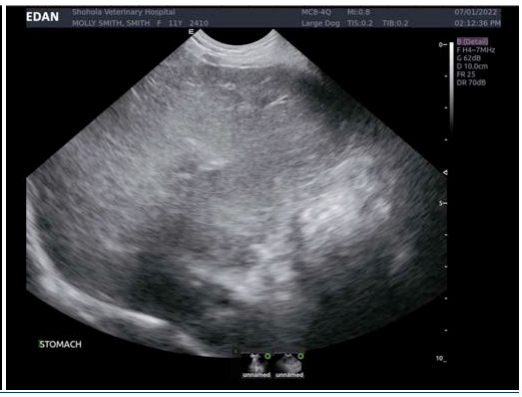

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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