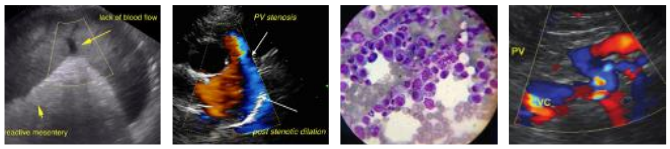
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sophie Bucci

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

38 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Allendale VH

REFERRING VET

Dr. Izar

INVOICE

23337

DATE

7/13/23

PRESENTING CLINICAL SIGNS

Patient with history of ultrasound on 1/14/23; liver changes and a splenic lesion "a solid isoechoic splenic mass with mineralized central foci on the body of the spleen (2.5 x 2.10 cm) Joon Y Im, DVM, DACVIM (SAIM), presents for recheck of splenic lesion and liver changes. Current meds: Ursodial 250mgs SID, Enalapril 7.5 mgs BID, Amlodipine 7.5 mgs SID, Vetoryl 40 mgs SID, Thyrotabs 0.3 mgs BID.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: Pending results today. History of mildly elevated ALT 115, SAP 313, Ca+ 11.9, PSL 316, SDMA 21.3, normal creat. U/A: UPC 0.7, CaOx 11-20, USG 1.027.

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 moderate 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. Minor pyelectasia was noted. Nonobstructive corticomedullary calculi/nephrolithiasis was noted. The right kidney measured 6.46 cm. The left kidney measured 5.12 cm. Minor microcystic cortical changes were noted in the right kidney. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

Adrenal Glands

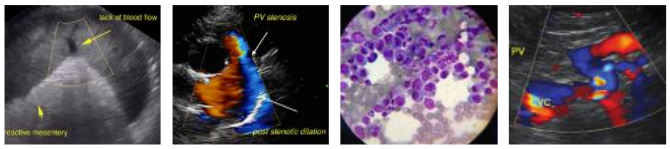
Both **adrenal glands** were visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are minor and likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 3.68 cm x 1.02 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 3.16 cm x 0.93 cm at the caudal pole and 0.62 cm at the cranial pole. The left adrenal gland was slightly swollen at the caudal pole, consistent with hyperplasia.

Spleen

The **spleen** revealed an expansive parenchymal mass with multifocal hyperechoic lipid inclusions, measuring 3.6 cm x 2.36 cm. Minor coarse architecture was noted throughout the remainder of the spleen. The splenic lesion appears to have progressed. The splenic lesion was mildly vascular. The spleen was also folded upon itself.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no



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evidence of congestion was noted. The gallbladder was mildly overdistended with a race amount of dependent sand.

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.

Free Abdomen

A rapid view of the **heart** revealed normal right auricle and pericardium with adequate contractility- subjectively no pathology.

ULTRASONOGRAPHIC FINDINGS

- Progressive splenic mass- likely low grade stromal tumor, hemangiosarcoma is unlikely.
- Geriatric abdomen with hyperplastic left adrenal and age-related changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, splenectomy would be performed. FNA could be considered for further definition if not already performed. Blood pressure measurements are warranted if not recently performed in this patient. The kidneys appear to have moderate degenerative changes and periodic passage of calculi may be an issue. If systolic pressure is >160, then I recommend adjusting blood pressure medications. The splenic mass has increased by approximately 50-60% and is not cavitated. The concern is that splenic capsular impingement is an issue, as this is likely a precarious issue.

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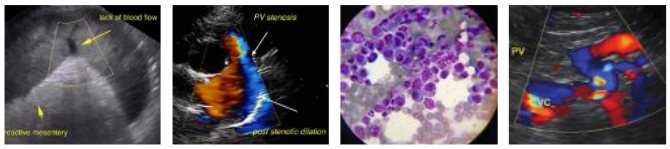

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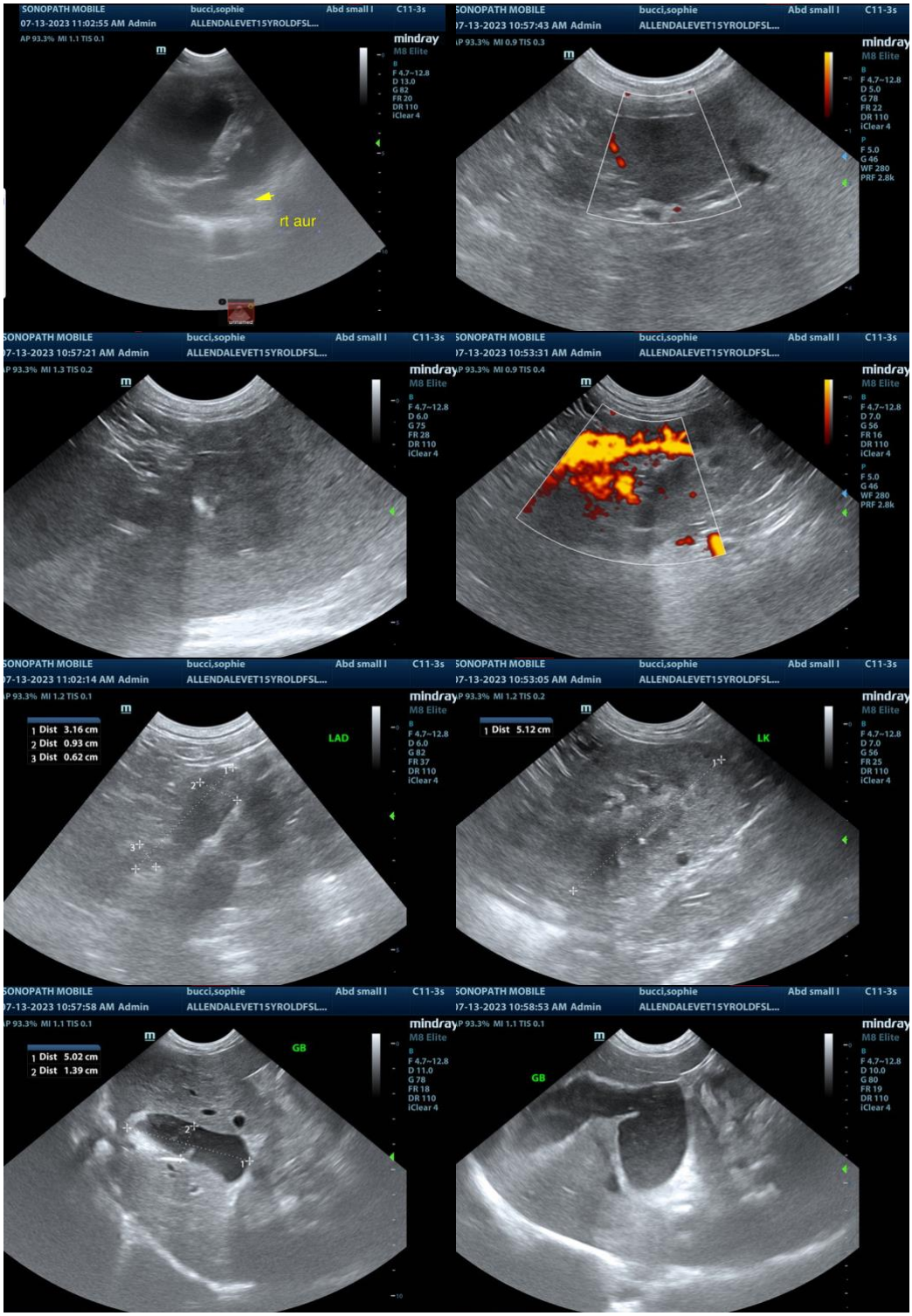

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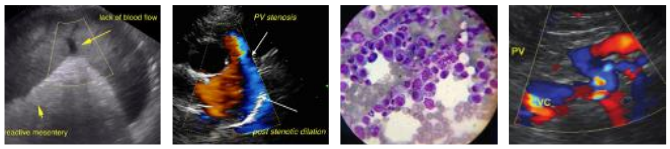

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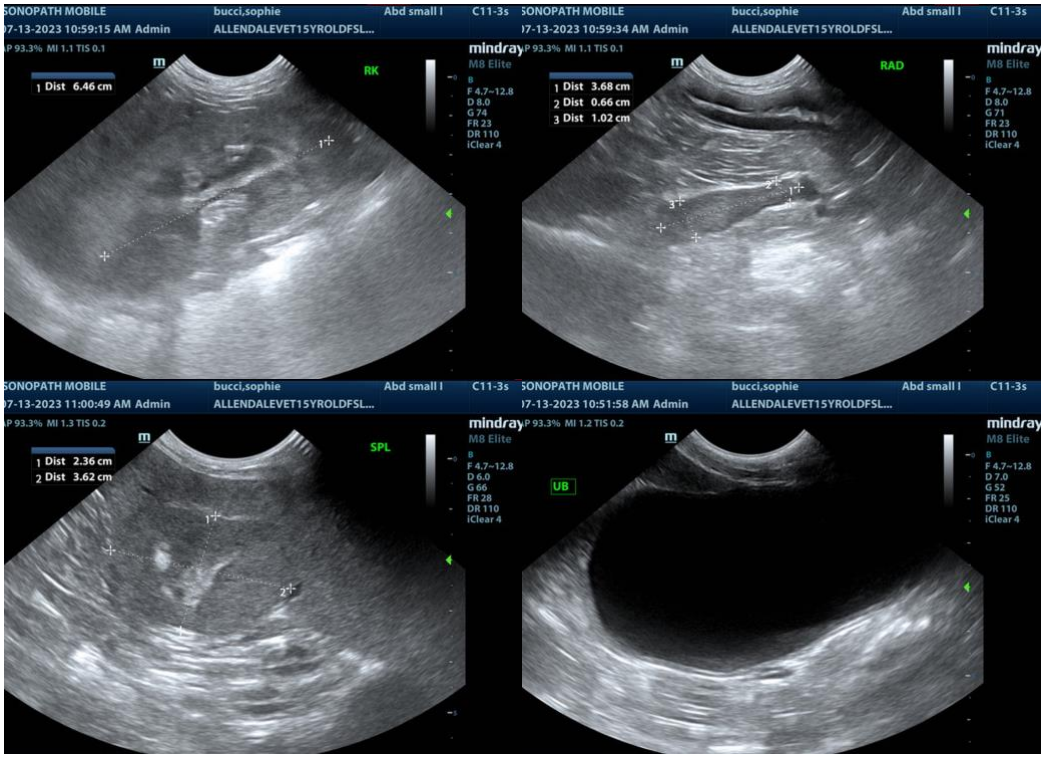

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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