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Clinical Sonography & Telecytology
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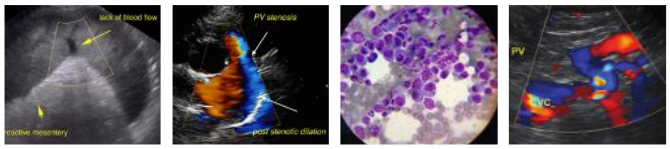


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hercules Altieri

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

54 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Mt. Olive VH

REFERRING VET

Dr. Altieri

INVOICE

16731

DATE

7/22/22

PRESENTING CLINICAL SIGNS

History: mass effect in cranial abdomen displacing stomach dorsally. not on any meds

Abnormal PE/Chem/CBC/UA Results: elevated neutrophils 48,744 and monocytes 2084; alb 2.5, T4 < 0.5. USPG 1.046

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 7.53 cm. The right kidney measured 6.81 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 2.69 cm x 0.65 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 2.4 cm x 1.2 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

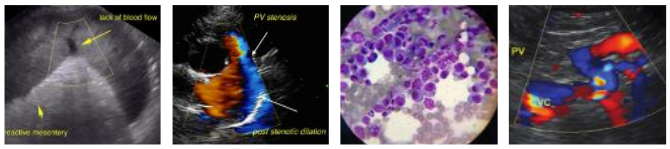
The **spleen** revealed a 9.0 cm x 9.0 cm hypoechoic parenchymal mass was noted in this patient. A separate 5.0 cm hypoechoic cavitated mass was noted. Surrounding free fluid and enhanced omentum was present.

Liver

The left medial **liver** revealed a mass with similar echotexture as that of the splenic masses. Hypoechoic nodular changes were noted in the liver, strongly suggestive for metastatic disease. The gallbladder wall was echogenic and thickened. Pleural effusion was noted through the diaphragm.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed



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upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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

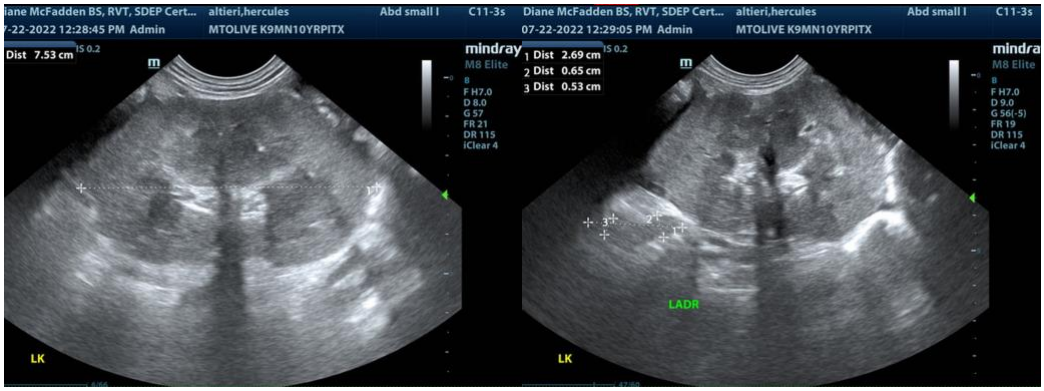
Free fluid was noted in the abdomen. Regional lymphadenopathy was also noted.

ULTRASONOGRAPHIC FINDINGS

- Multicentric sarcoma pattern, involving the spleen and liver
- Pleural effusion
- Full stomach
- Urinary bladder debris
- Regional lymphadenopathy
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect hemorrhage. Abdominocentesis, cytospin, FNA of the parenchymal portions of the splenic and hepatic masses are recommended. Pleural effusion tap could also be considered for further definition; however, prognosis is poor.



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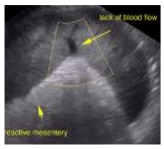
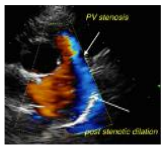
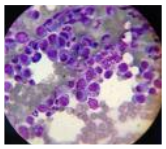
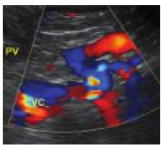

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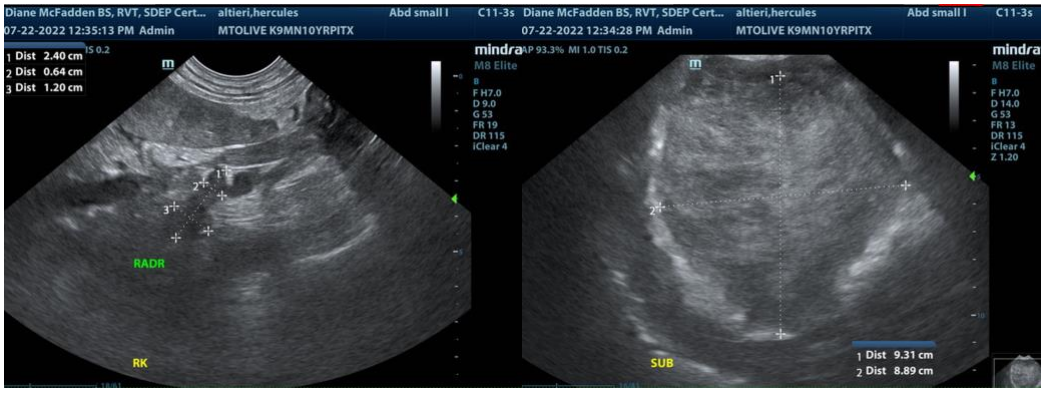

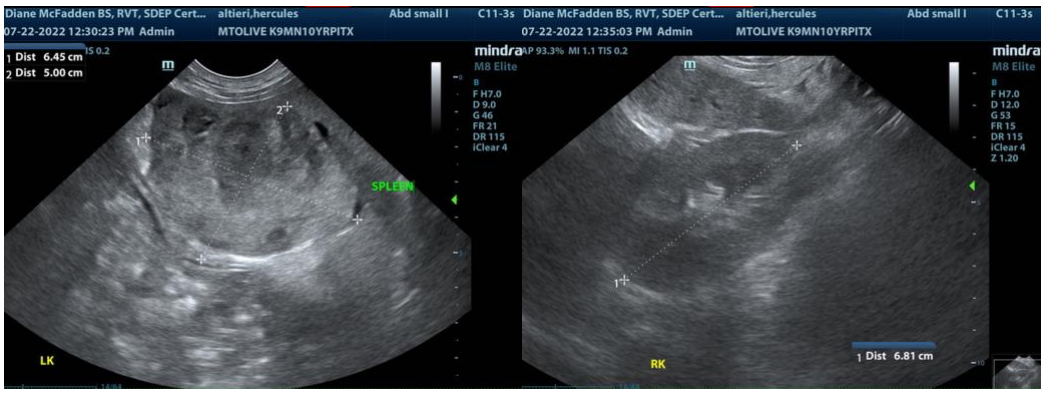

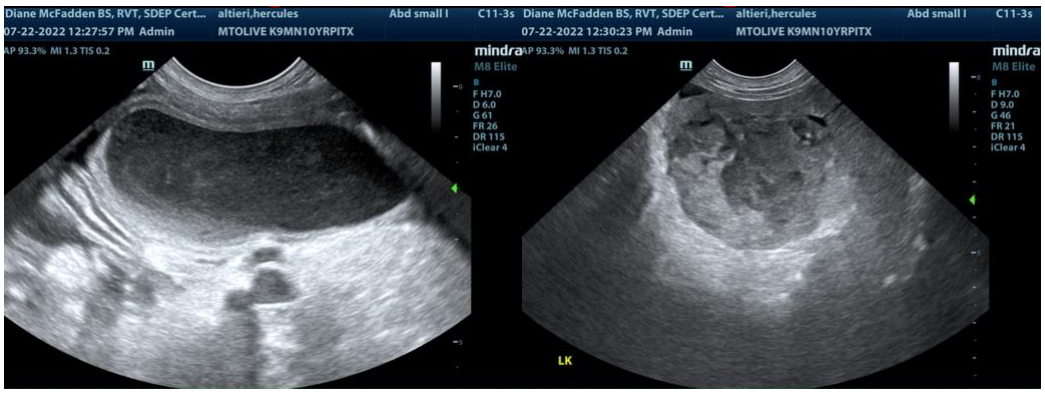

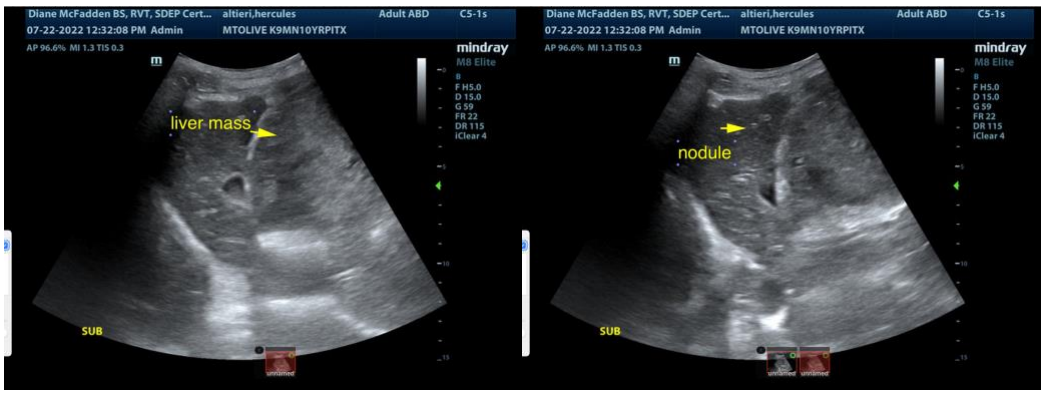

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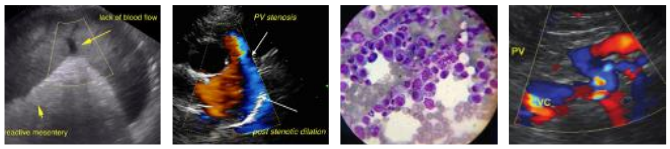

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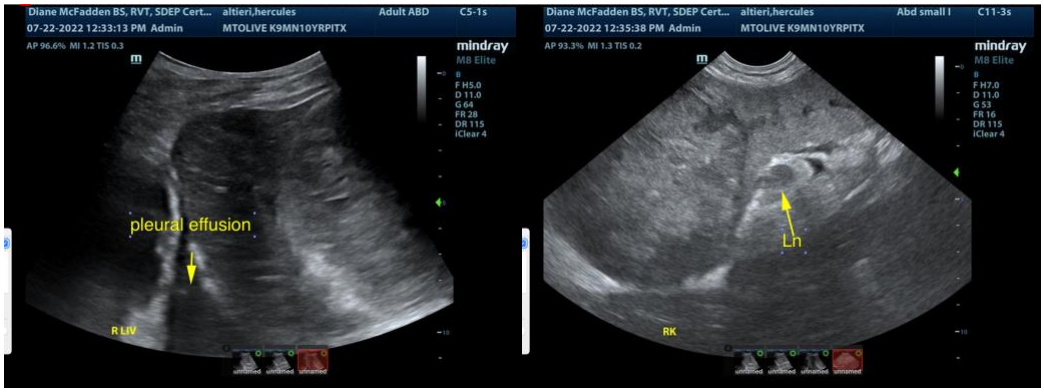

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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