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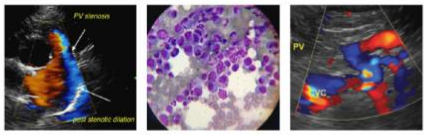
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Forest Taylor 51881A

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

10.3 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Calhoun-Madison VS

INVOICE

16483

DATE

7/5/22

PRESENTING CLINICAL SIGNS

History: Forest was diagnosed with an abdominal mass at his pcDVM on Thursday after experiencing some elevated WBC. On Saturday he was lethargic, not himself and experience some lethargy. He improved on Sunday and was running around, being his normal self. This am he woke his owner up for their normal morning routine but he seemed to be dumpy and a little lethargic. He also didn't want to eat his food. He was had some soft stool since switching his diet and starting antibiotics and probiotics. No coughing, sneezing or vomiting.

Abnormal PE/Chem/CBC/UA Results: Thorax: Grade I/VI left systolic murmur; lungs clear and eupneic Lymph Nodes: Suspect enlarged right inguinal LN Abdomen: Soft, non-painful, palpable mid abdominal mass Bloodwork: HCT 28%, WBC 23.6k, Neu 19.9k, Mono 1534, Plt 129k, Glu 30, K 3.9, Glob 5.5, Alb 1.6, ALP 300

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 residual prostate was uniform, measuring 0.87 cm.

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 right kidney measured 4.8 cm. The left kidney measured 4.8 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 0.46 cm.

Spleen

The **spleen** revealed an expansive complex cystic and parenchymal mass (10 cm). Other heterogeneous changes were noted in the spleen in addition to the mass. Reactive mesentery was noted around the mass. In addition to the splenic mass, adjacent lymph nodes or regional seeding is noted. These hypoechoic rounded lesions were undifferentiated.

Liver

The **liver** in this patient presented coarse architecture, increased portal markings and occasional hyperechoic lipogranulomatous nodules. The left medial liver revealed a cystic nodule, measuring 2.64 cm x 1.93 cm. A larger nodular manifestation was part of multiple nodular changes in the liver. Strong concern for metastatic disease. The gallbladder was mildly echogenic yet unremarkable.

Gastrointestinal

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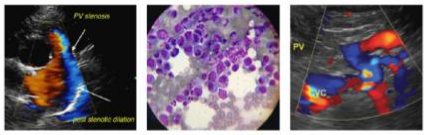

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The **gastrointestinal tract**, per se, was unremarkable, however, the epigastric lymph nodes were enlarged, rounded and hypoechoic. an example measured 1.3 cm x 1.02 cm. This is strongly suggestive for metastatic disease.

Pancreas

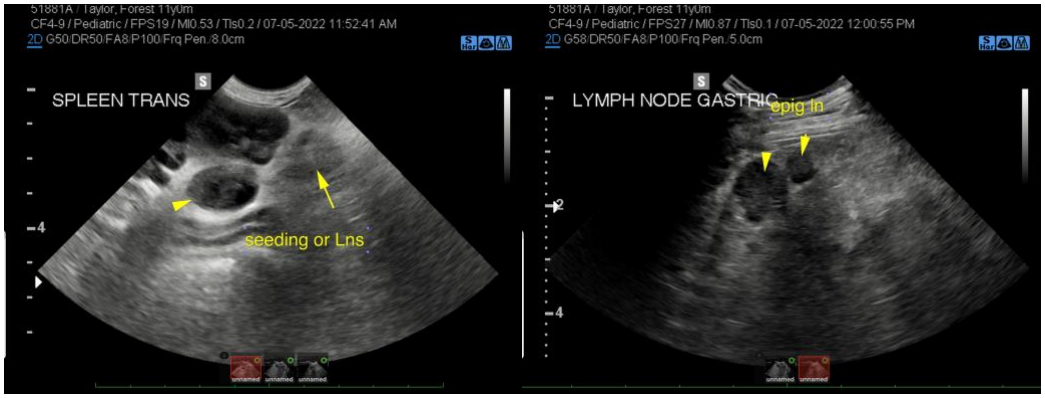
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

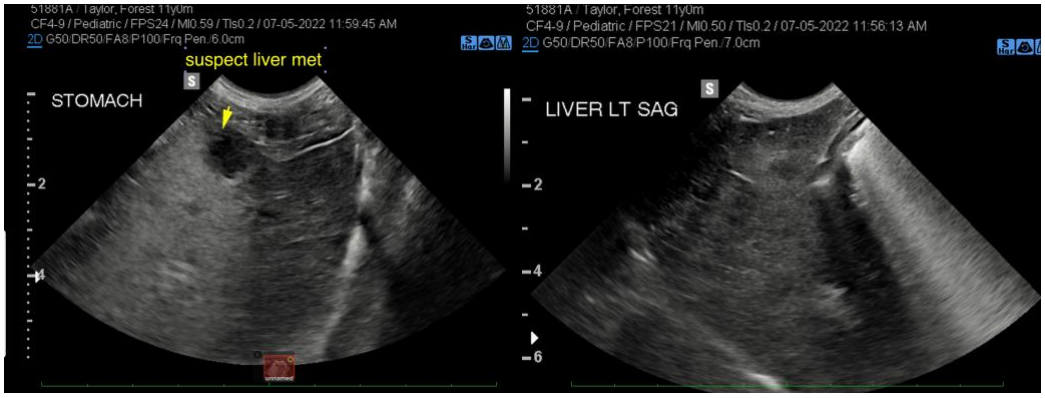
ULTRASONOGRAPHIC FINDINGS

- Large splenic mass + likely multicentric lymph node and hepatic based neoplasia, round cell neoplasia pattern, concurrent protein losing enteropathy is possible.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen, liver and lymph nodes all indicated for staging purposes. If by chance the lymph nodes and liver lesions are benign, then exploratory surgery could be considered, however, clean resection is unlikely. This is a particularly aggressive process, however, may be chemoresponsive.





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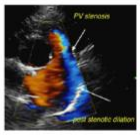
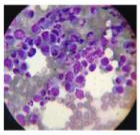
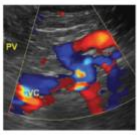

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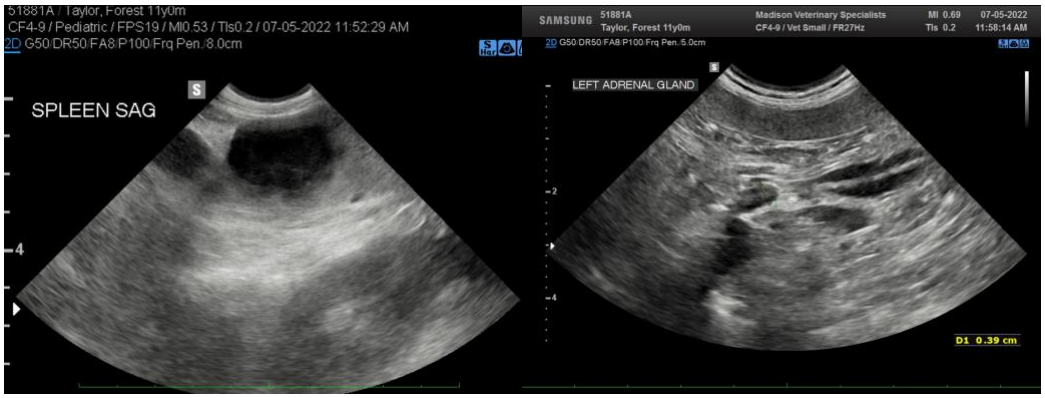

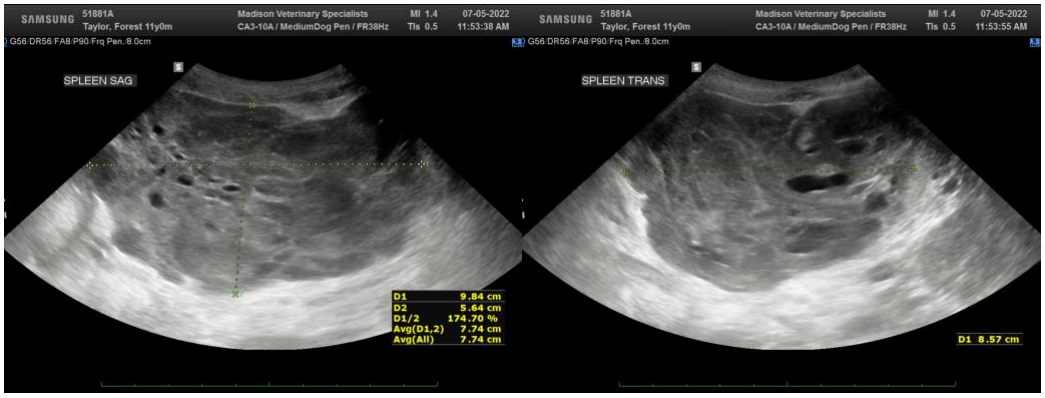

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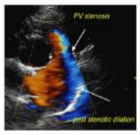
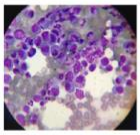
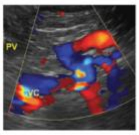

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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