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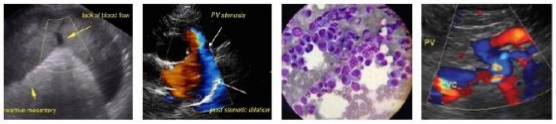


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Belle Dixon

SPECIES

Canine

BREED

Shepherd

SEX

Spayed Female

AGE

11 years

WEIGHT

33.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chedoke AH

REFERRING VET

Dr. Harris

INVOICE

12811

DATE

8/27/21

PRESENTING CLINICAL SIGNS

History: Suspect splenomegaly.

Abnormal PE/Chem/CBC/UA Results: Mildly low lymphs, mildly elevated RBC/HGB rest WNL Mild increase in AMY and hypercalcemia rest WNL U/A pH 6.0, trace protein, everything else NSF. Culture neg. Sp. Grav 1.005

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 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 6.58 cm. The right kidney measured 6.9 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 right adrenal gland measured 2.49 cm x 1.08 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 2.16 cm x 0.59 cm at the caudal pole and 0.87 cm at the cranial pole.

Spleen

The **spleen** presented multifocal heterogeneous parenchymal changes with both hyper- and hypoechoic nodular changes. The hyperechoic nodules are likely lipogranulomatous. Generalized splenic enlargement was noted yet no overt masses. The spleen extended caudally to the urinary bladder.

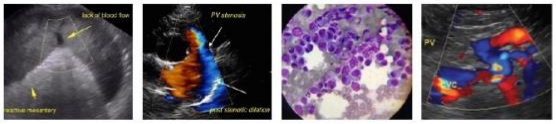
Liver

The **liver** revealed multifocal hypoechoic nodular changes throughout the liver. Mild irregular swelling was noted. The gallbladder and common bile duct were unremarkable.

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



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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 cystic mass was noted in the **pelvic** inlet, measuring approximately 8.0 cm.

Heart

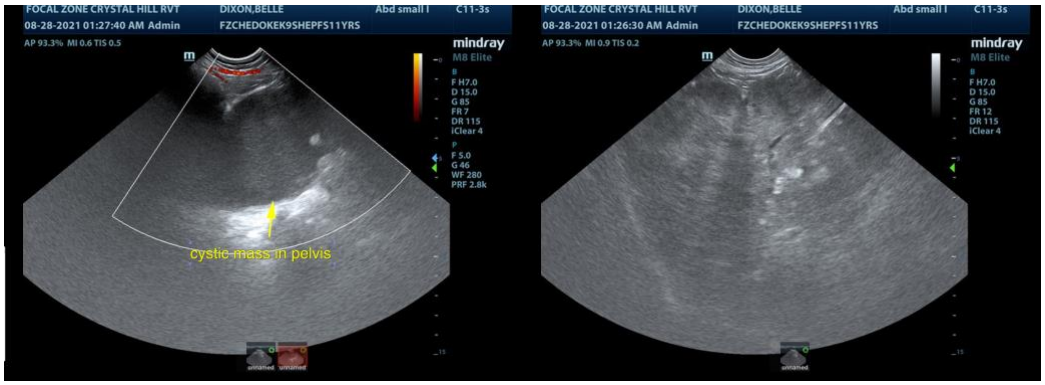
A rapid view of the **heart** revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Cystic pelvic mass
- Undefined splenic nodular changes with splenomegaly
- Undefined hepatic nodular changes
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for hemangiosarcoma or round cell neoplasia. The pelvic mass may be deriving from iliac vasculature or possibly the uterine stump. The exact source is unclear. Screening FNA of the spleen and liver recommended Ultrasound guided drainage and cytology of the pelvic mass could be considered, however, this may be blood filled and there is some risk with such a procedure. CT evaluation would be warranted; however, I am concerned about the underlying cytological pathology in the spleen and liver-I recommend screening these organs first as the next diagnostic step. Prognosis is guarded. Splenic and hepatic hyperplasia possible yet less likely.



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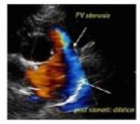

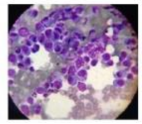

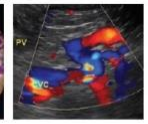

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com