

PATIENT

Winston Williams

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

113 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Rideout

DATE

8/16/23

Invoice
46649

PRESENTING CLINICAL SIGNS

History: Seen at ER on 8/6/23 for acute lethargy Febrile Pale gingiva Current Medications Doxycycline 300 mg q12 hours Radiographic Findings No imaging done at ER I think I'm seeing a splenic mass on US, but need a real ultrasonographer. Possible mass seen on VD xray as well. Primary Question/Differential to Be Answered in This Exam Given dog's age, breed, C/S and no travel hx, I am concerned that thrombocytopenia is paraneoplastic. I did a rough US and think I am seeing a mass coming off the spleen. But, I need a real ultrasound done! Thank you!!!
Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia Anemia - normal reticulocytes at that time 4DX run Positive for Anaplasma, rest normal

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 residual prostate measured 1.5 cm.

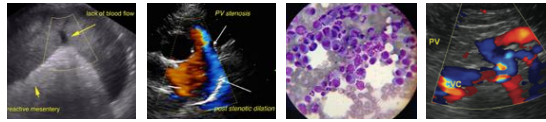
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.67 cm. The left kidney measured 7.95 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 3.59 x 0.53 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 3.59 x 0.48 cm at the caudal pole and 0.87 cm at the cranial pole.

Spleen

The **spleen** in this patient revealed a 7.0 x 6.0 cm expansive, hypoechoic, undifferentiated mass that appeared to be deriving from the cranial pole of the spleen with enhanced, surrounding mesentery. Minor heterogenous and irregular parenchymal changes were noted throughout the spleen, yet a focal mass is the most concerning.



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Liver

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The **liver** revealed a multi-focal, heterogenous parenchymal changes with an overt, 4.37 cm mass in the left cranial liver with disrupted architecture. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

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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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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.

Heart

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Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

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ULTRASONOGRAPHIC FINDINGS

Splenic and hepatic masses with ill-defined, nodular changes in both organs.

IMAGING PERFORMED BY

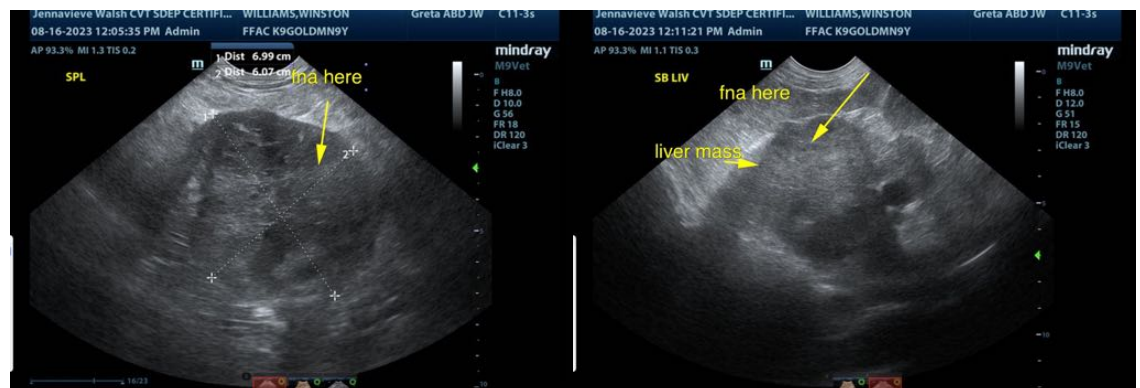
Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pathology is non-resectable. FNA of the spleen and liver is recommended primarily of the masses, but also the general parenchyma with oncology consultation. Multi-centric sarcoma is suspected.

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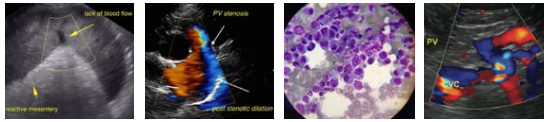
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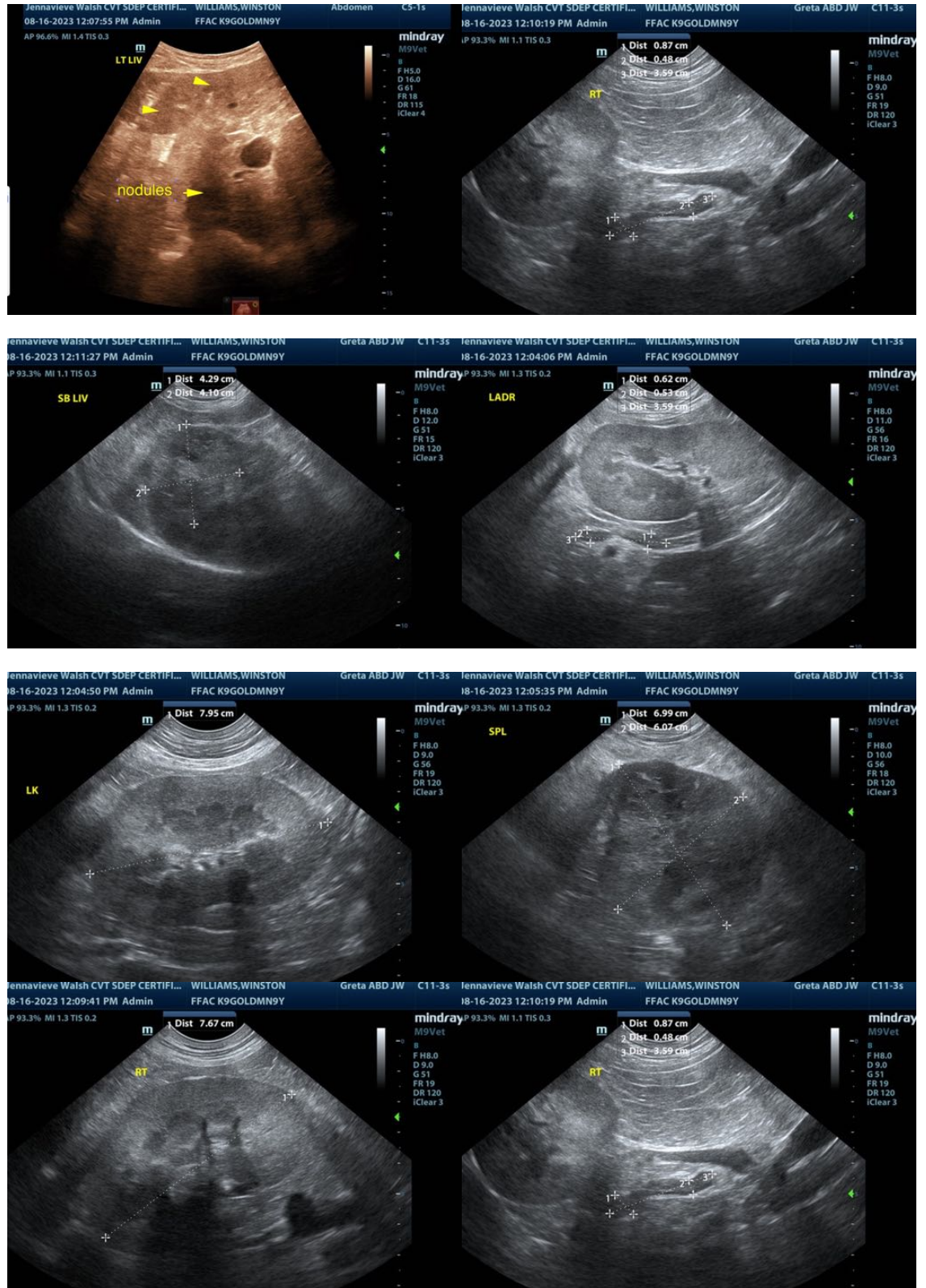
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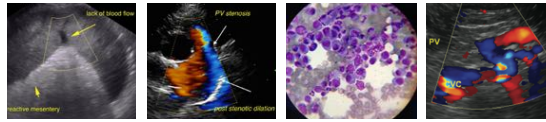
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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CEO of SonoPath.com

info@SonoPath.com

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