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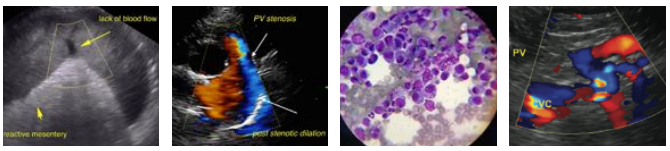


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Betsy Fagersten

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed female

AGE
14 years

WEIGHT
61.1 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden, RVT

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Bihlear

INVOICE
32349

DATE
8/17/22

PRESENTING CLINICAL SIGNS

History: acute collapse at home this morning, otherwise nsf; PE nsf
Abnormal PE/Chem/CBC/UA Results: RBC 4.96, Hgb 10.9, HCT 31% confirmed via PCV, ALKP 204

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 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 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 7.05 cm. The right kidney measured 7.67 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 2.96 x 1.77 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 2.1 x 0.63 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

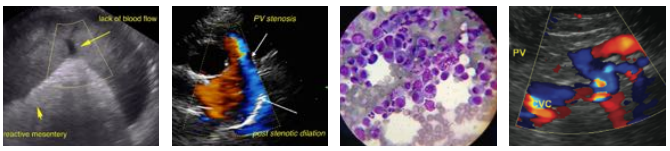
The **spleen** is expansive with mixed hypoechoic 7.5 cm mass with micronodular swollen, irregular changes noted throughout the spleen. Reactive mesentery was noted around the parenchymal splenic mass. A separate splenic mass was noted at the cranial pole with subcapsular expansion and hematoma.

Liver

The **liver** revealed heterogenous, hypoechoic nodular changes. The nodular changes were fairly subtle and may be a normal variant for this age patient. A separate splenic mass was noted at the cranial pole with subcapsular expansion and hematoma. 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.



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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

Slight free fluid was noted in the abdomen. Some omental nodular changes were noted. This may represent local spread.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or atrium. No pericardial effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Multiple splenic masses, concerning hepatic nodules. Nodular hyperplasia versus micrometastasis.

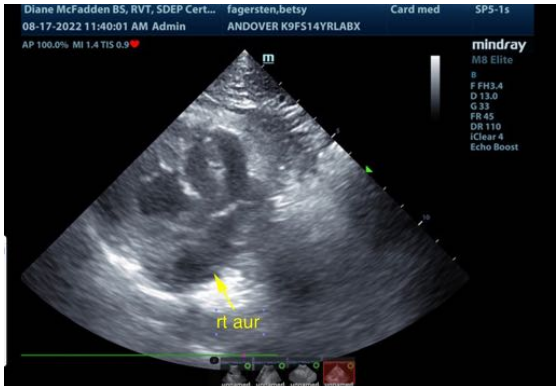
Slight free fluid.

Age related renal changes.

Bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for sarcoma. Micronodular hepatic changes may be a normal variant, age related changes versus micrometastasis cannot be differentiated. Possible omental spread with localized free fluid. Three view chest radiographs are warranted in this patient and if free of evident pathology then exploratory surgery is indicated with inspection and biopsy of the liver at the time of splenectomy. Full urinary work-up is warranted as concurrent UTI may be an issue. The prognosis is extremely guarded. Given the multiple masses neoplasia is likely. Full urinary work-up is warranted as concurrent UTI may be an issue. The collapse is likely owing to mass rupture or leakage with hemorrhage, most of which has likely been resorbed at this point.



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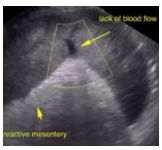
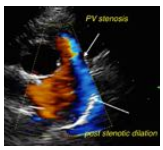
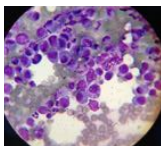
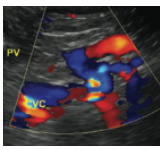

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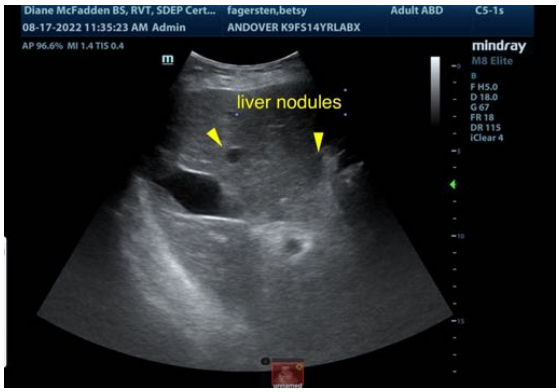

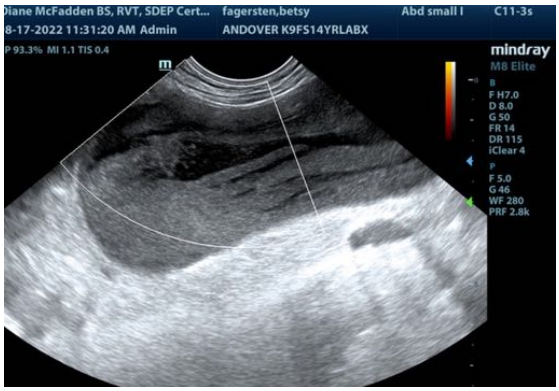

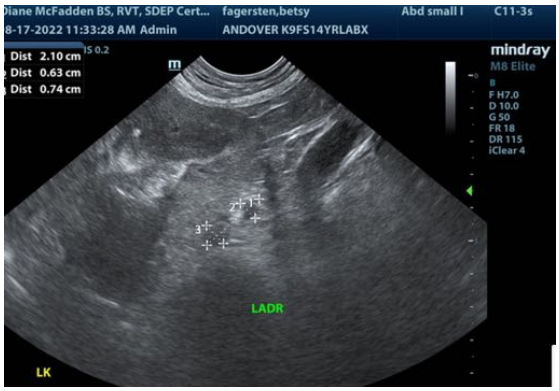

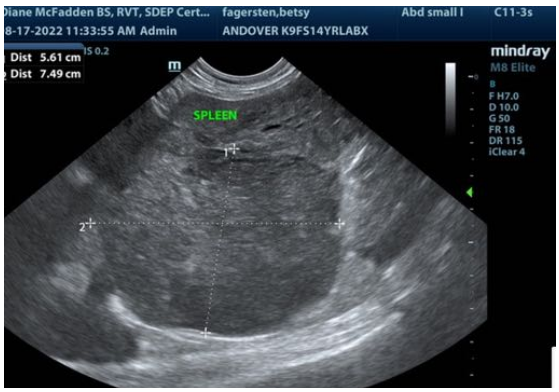

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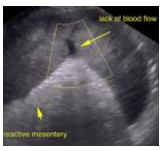
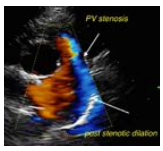
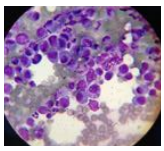
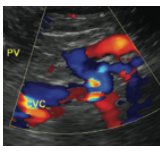

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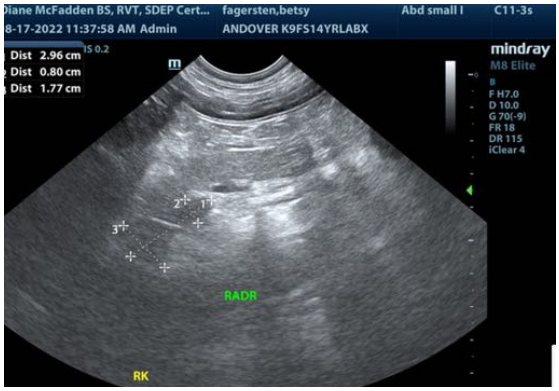

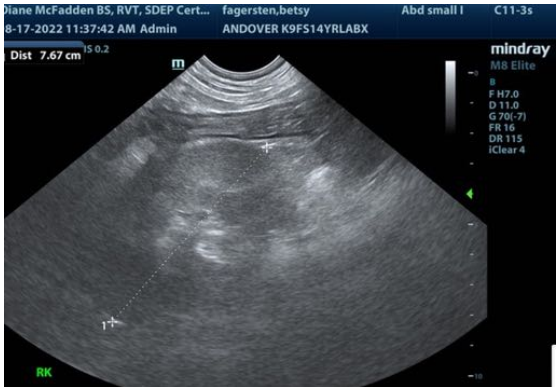

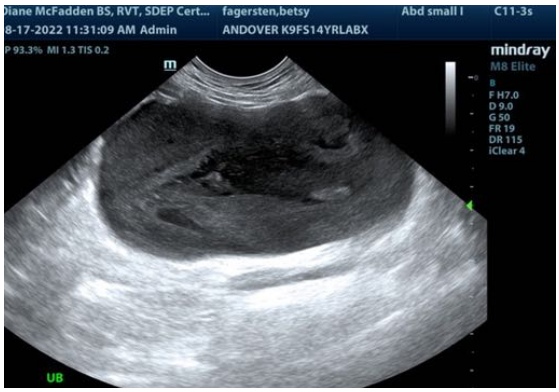

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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