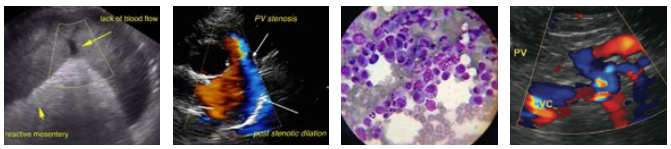
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tyche Tarlach

SPECIES
Canine

BREED
Pitbull Mix

SEX
Spayed female

AGE
10 years

WEIGHT
58.4 lbs

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
M Kermendy CVT

HOSPITAL NAME
Wauwautosa VC

REFERRING VET
Dr. Haynes

INVOICE
42945

DATE
2/23/23

PRESENTING CLINICAL SIGNS

History: Patient presented today for 24 hours of vomiting and hematocheza. No known foreign body or toxin ingestion. Most recent meal was 12+ hours ago. PE findings=WNL. Abdominal radiographs revealed multiple splenic nodules visible. Thoracic radiograph was WNL. Screening for additional organ involvement. Possible determination if splenic nodules are more likely to be benign (EMH) or malignant (hemangiosarcoma, histiocytic sarcoma).
Abnormal PE/Chem/CBC/UA Results: CBC-mild lymphopenia Chem-elevated lipase Abnormal CPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder revealed a moderate volume of anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.0 cm. There is normal echogenicity with a mild decrease of corticomedullary distinction. Scant pyelectasia was noted. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.12 cm. There is normal echogenicity with a mild decrease of corticomedullary distinction. Scant pyelectasia was noted. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at (cranial pole 0.41, caudal pole 0.57). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

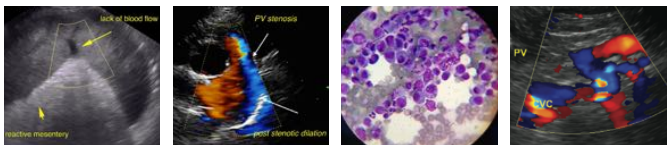
The region of the right adrenal gland is unremarkable.

Spleen

The spleen has a numerable hyperechoic nodule/plaques consistent with myelolipomas. The splenic echotexture in between these nodules is homogenous with parenchyma hyperechoic to the liver and renal cortical parenchyma. At the tail of the spleen there are two splenic masses that are immediately adjacent to one another and bulge the contour. The first mass measures approximately 2.75 x 2.5 cm and is well-defined with a mottled echotexture with hyperechoic portions. The second mass is much more indistinct and there is drop out artifact/mild shadowing of the deeper portion of this mass that precludes an accurate measurement, but roughly measures 3.5 cm x 3.4 cm. This mass is very homogenous and moderately hyperechoic.

Liver

The liver is subjectively small in size and difficult to evaluate on this sonographic examination. The portions of the liver that were evaluated had normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of



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inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The colon measured at the upper limits of normal at 0.29 cm and is diffusely filled with echogenic liquid/incompletely formed feces, but the layering looked normal. There was no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Two splenic masses at the tail of the spleen.
2. Mild colitis and significant diarrhea.

Secondary Findings

1. Microhepatia.
2. Chronic degenerative renal changes.
3. Myelolipomas of the spleen.

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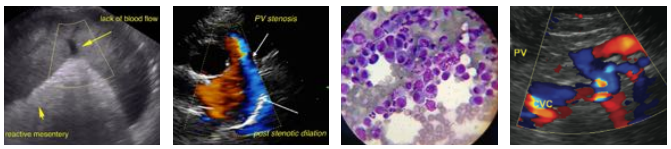

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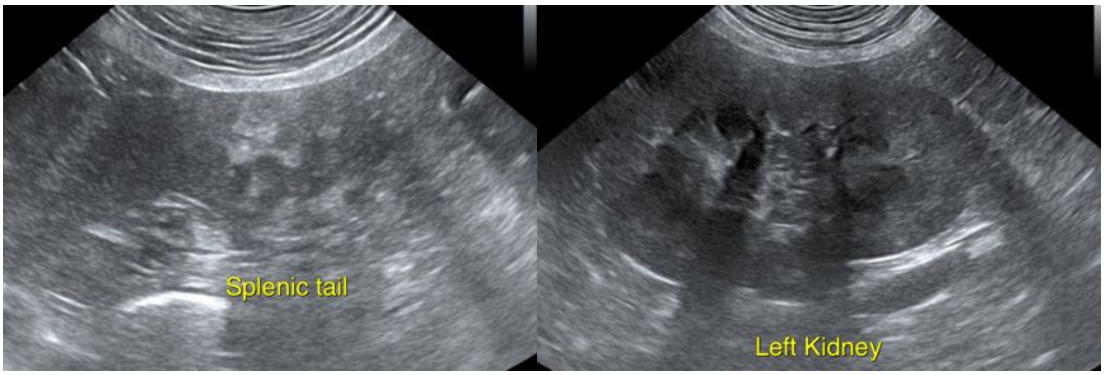
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

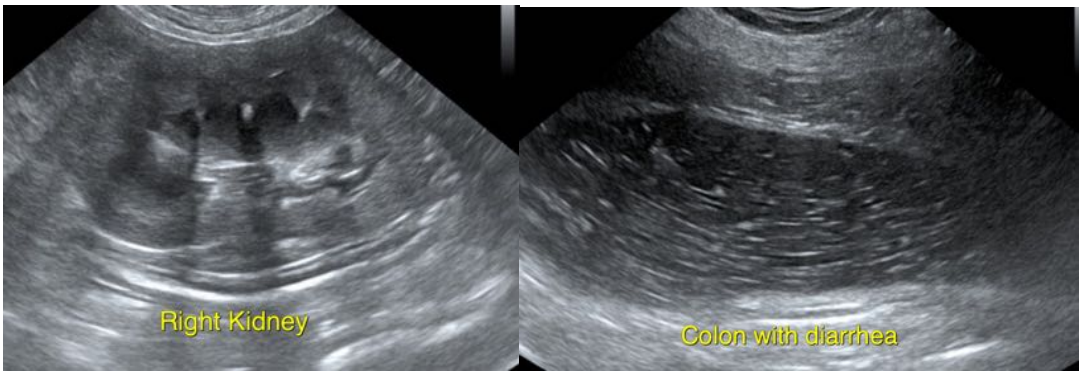
Two view abdominal radiographs are provided and revealed the liver is small and there is evidence of gastroenteritis and colitis. The splenic margin is irregular with two more distinct, round splenic masses at the tail of the spleen. There are numerable benign myelolipomas/benign fatty tumors (throughout the head and body of the spleen). The two masses at the tail of the spleen looked consistent with myelolipomas as well in that the smaller mass has hyperechoic regions and the larger mass is homogenous, hyperechoic and somewhat indistinct. However, because these measure large enough to be considered masses and they deform the splenic contour, a FNA is recommended to rule out malignant neoplasia such as sarcoma or round cell neoplasia. However, these are not sonographically suspected.

The patient's entire colon is full of liquid stool. I recommend to continue to work-up and treat supportively for acute diarrhea with fiber, probiotics, Metronidazole, etc. as long as not contraindicated in this patient.

The patient's liver is small; however, this can be a normal variation. If there are other indications of chronic liver disease or liver dysfunction on lab work then consider bile acid testing to evaluate further.

There is also evidence of degenerative changes to the kidney that may be typical aging changes, but continue to monitor for chronic kidney disease.





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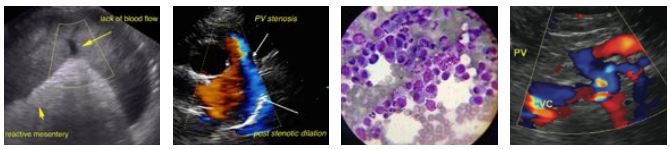

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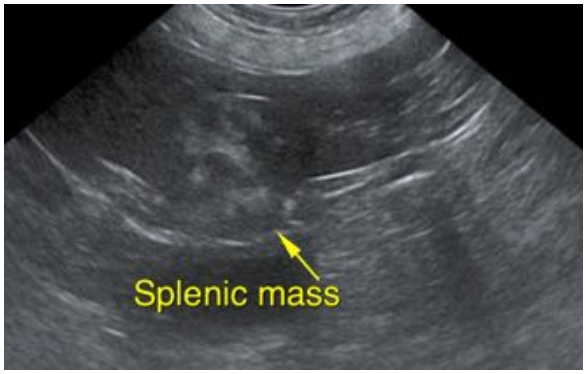

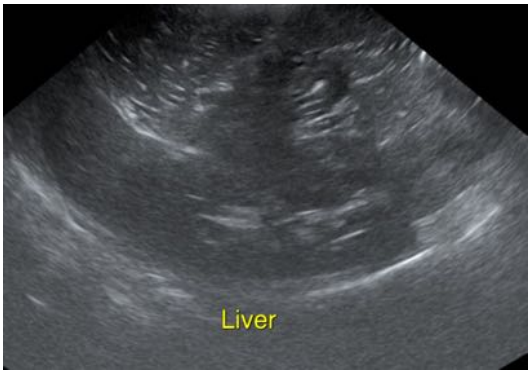

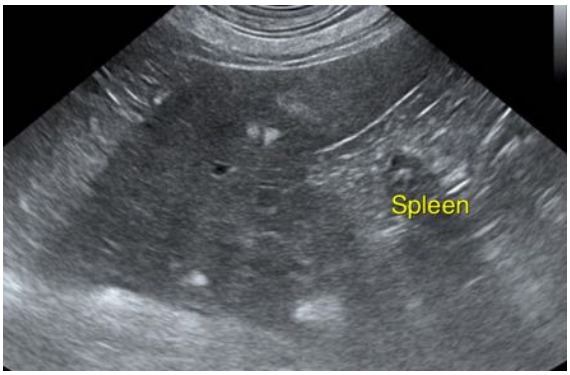

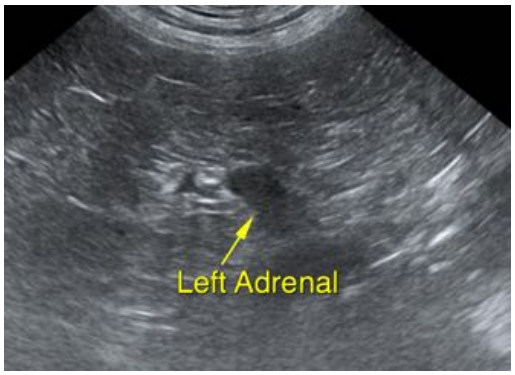

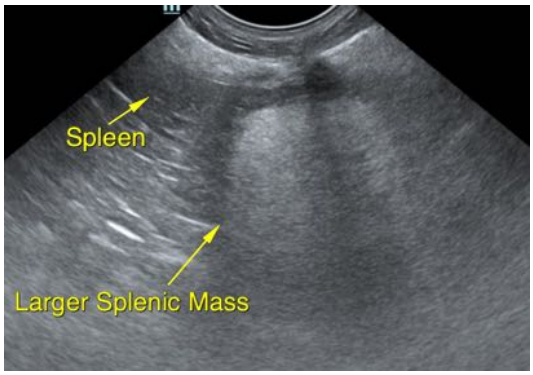

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
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