SonoPath
Clinical Sonography & Telecytology
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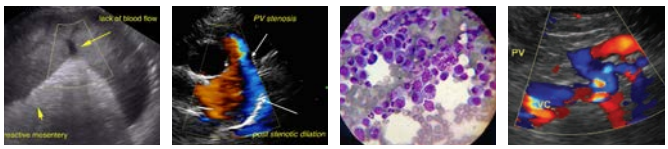


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Joe Wilson

SPECIES
Canine

BREED
Schnauzer X

SEX
Neutered Male

AGE
10 Years 1 Month

WEIGHT
70 Pounds

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Jessica Green

HOSPITAL NAME
Stangelin Vet Clinic

REFERRING VET
Dr. Nathaniel Stanglein

INVOICE
42364

DATE
10/26/22

PRESENTING CLINICAL SIGNS

Patient presented for annual wellness exam, Abdomen very full feeling and severe cranial organomegaly vs mass on palpation. History of polycythemia vera, consider iatrogenic cushings likely, hx Heartworm disease, hx bronchitis, hx allergies. Failure of hair regrowth over hind legs and bade of tail from previous hotspot sites.... Currently on Pred 10mg EOD, benazepril, and hydroyurea

Abnormal PE/Chem/CBC/UA Results: RADS: Severe splenomegaly, probable abdominal mass, hepatomegaly, suspect mass>benign organomegaly, OA. BW: HCT normal, proteinuria, borderline renal values, Amylase Mildly elevated 1634, ALP mildly elevated 180...

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is large and heterogeneous (2.77 cm x 3.14 cm) with a cystic region measuring 1.1 cm in diameter.

The left kidney has a normal shape and size (7.94 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.97 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

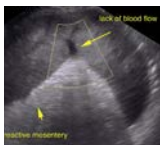
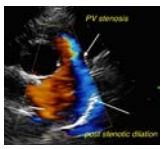
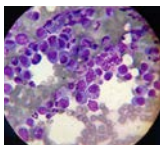
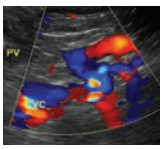
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large and irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large mixed echogenic, mildly cavitated, multilobulated mass effect that appears to be arising from the spleen. This mass measures larger than 13.81 cm x 10.69 cm. There appear to be multiple mass type lesions associated with the spleen. A smaller mixed echogenic, mildly cavitated lesion is measured at 4.2 cm x 4.1 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a somewhat ill-defined hyperechoic nodule visualized within the parenchyma measuring 3.1 cm.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

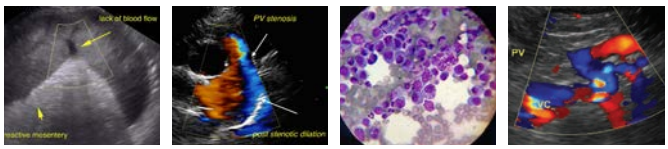
PRIMARY FINDINGS

- Large, mottled, irregular spleen with numerous cavitated mass lesion – Several heterogenous masses with cavitations are present within the splenic parenchyma. These masses distort the splenic capsule. Differentials for the masses include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

- Large, hyperechoic, heterogeneous prostate with a small cystic region – This prostate is most consistent with an intact male prostate. If this pet is neutered, recommend a fine needle aspirate.

- Mildly echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Large, heterogeneous liver with an ill-defined hyperechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This is likely consistent with a steroid hepatopathy. The appearance of the hyperechoic nodule trends towards a benign lesion.



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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with small cortical cysts – The bilateral renal findings are consistent with age-related change.

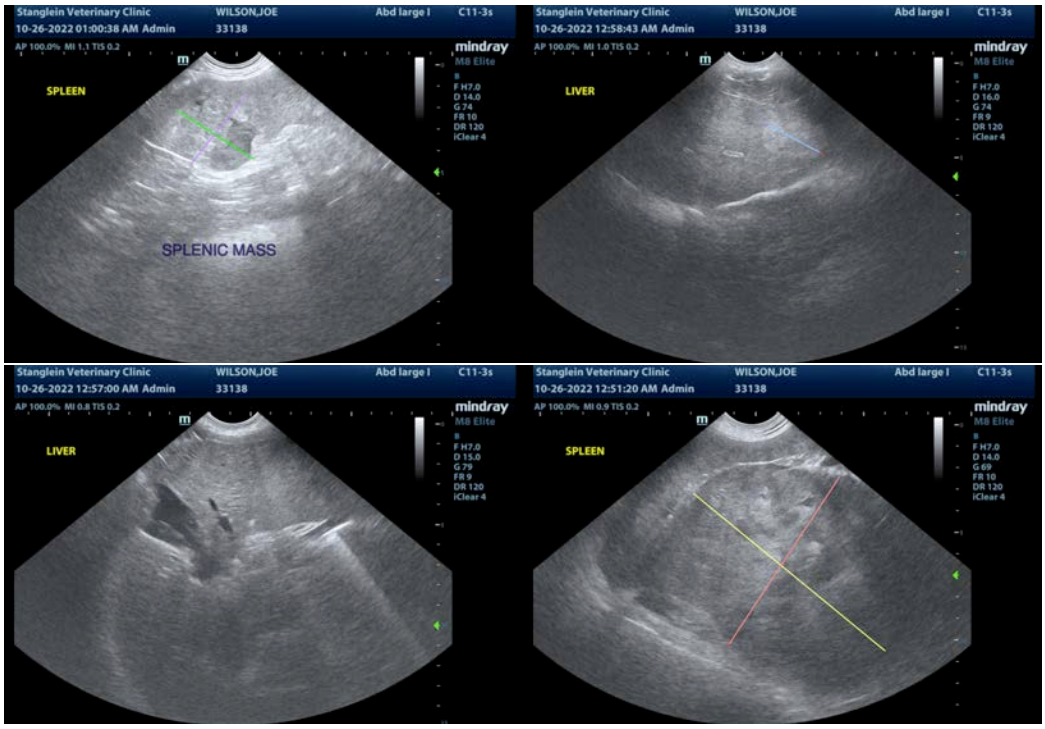
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, mixed echogenic, cavitated splenic mass visualized. There are additional masses observed in the spleen. It is somewhat difficult to differentiate what is an adjacent lobulated portion of the larger mass or a separate mass lesion. Recommend splenectomy and histopathology for both diagnostic and therapeutic purposes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

The prostate is hyperechoic with mixed echogenicity and a small cystic region. If this patient is neutered as stated, this is concerning and could represent a neoplasm, a cryptorchid individual, etc. Consider a fine needle aspirate of the prostate and a urinalysis and culture.

The liver is large and heterogeneous with an ill-defined hyperechoic nodule. The nodule has the appearance of a potentially benign lesion, although continued monitoring is warranted. Consider the possibility of a switch to inhaled steroids, which would have less of a systemic effect and potentially be just as effective, sometimes more effective.



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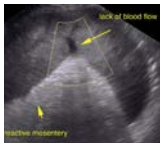
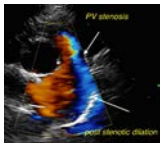
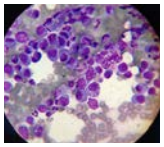
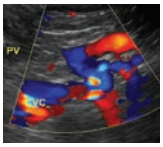

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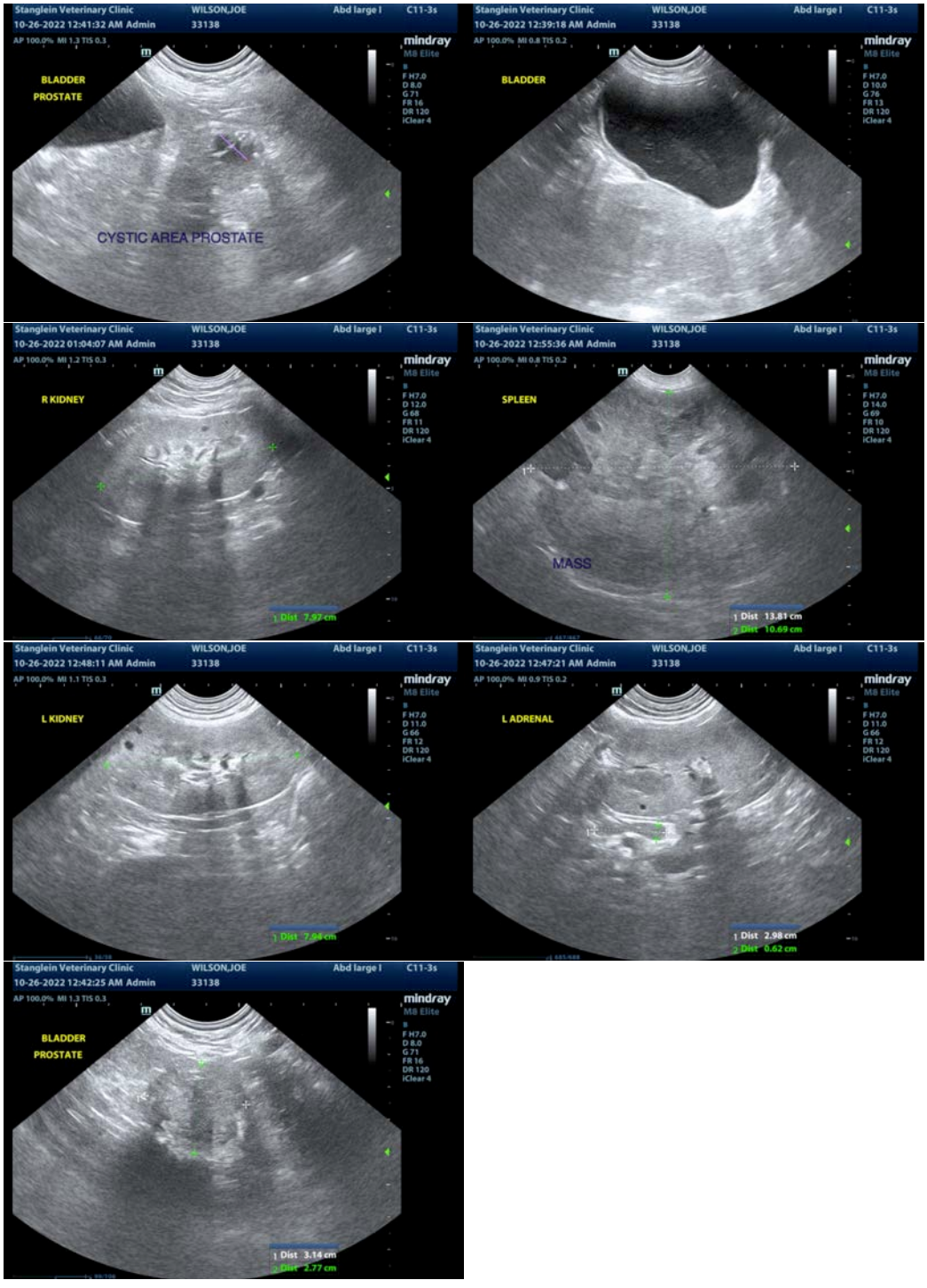

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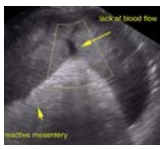
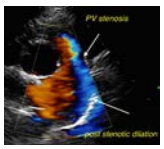
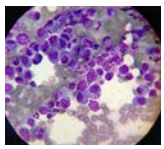
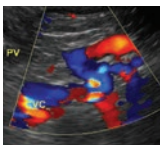

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com