SonoPath
Clinical Sonography & Telecytology
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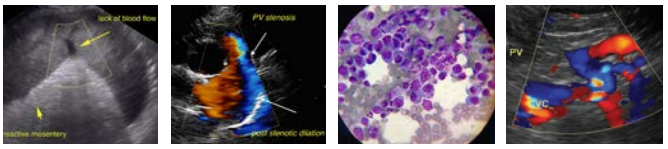


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Winston Seybold

SPECIES

Canine

BREED

Maltese

SEX

Male

AGE

7 Years 9 Months

WEIGHT

5.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

A Murphy CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Jamie Oakes

INVOICE

26779

DATE

10/29/21

PRESENTING CLINICAL SIGNS

Winston was seen at the ER for a UTI where hematuria was found. Blood work revealed an anemia, so abdominal radiographs were taken and revealed an abdominal mass. He is currently on Clavamox to treat UTI
Abnormal PE/Chem/CBC/UA Results: Hematuria, RBC 4.21 (5.5-8.5), Hct 26.67 (37-55), Pct 7 (165-500)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The prostate is large in size (1.49 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.32 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.

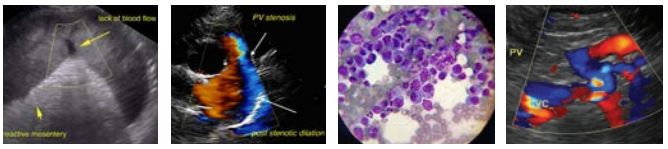
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. It is irregular, heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous large mass effects in the spleen. There is a large irregular mass effect in the head of the spleen, measuring 3.1 cm x 1.79 cm. A smaller, more caudal mixed echogenic mass effect measuring 1.92 cm x 1.95 cm is noted as well as a large expansile mass arising from the tail of the spleen in the caudal abdomen, measuring 4.32 cm x 4.15 cm.

Liver

The liver is normal in size, yet irregular. 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 large expansile, solid, mixed echogenic mass effect within the hepatic parenchyma measuring 4.31 cm x 4.18 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 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. Duodenum wall measured 0.36 cm. Jejunum wall measured 0.33 cm. 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 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

A scant amount of abdominal effusion was present. No 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

- Heterogeneous spleen with multiple mixed echogenic mass effects – These masses distort the splenic capsule. Differentials include neoplasia (hemangiosarcoma, hemangioma, lymphoma, histiocytic sarcoma), hematoma, abscess, other. A neoplastic process is favored.
- Heterogeneous liver with large irregular mixed echogenic mass effect – This could be consistent with a primary hepatic mass or less likely a metastatic lesion. Consider fine needle aspirate.
- Scant amount of abdominal effusion

SECONDARY FINDINGS

- Large, mildly heterogeneous prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous mass effects on the spleen, and a large mass involving the liver. Options moving forward include fine needle aspirate of liver and splenic masses with 3-view thoracic radiographs, or you could consider an abdominal CT scan to further evaluate the masses and the likelihood for metastatic lesions. This would also help to determine the feasibility of trying to remove the hepatic mass. Given the anemia, there is a scant bit of free abdominal fluid. Differentials would be hemorrhage or an anemia

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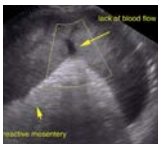
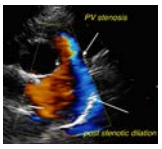
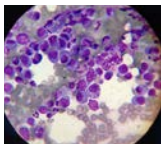
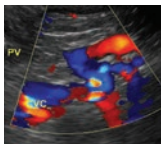

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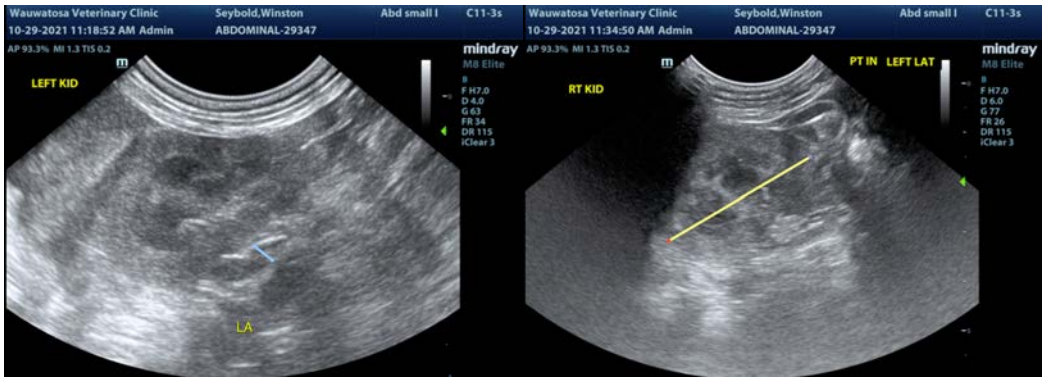

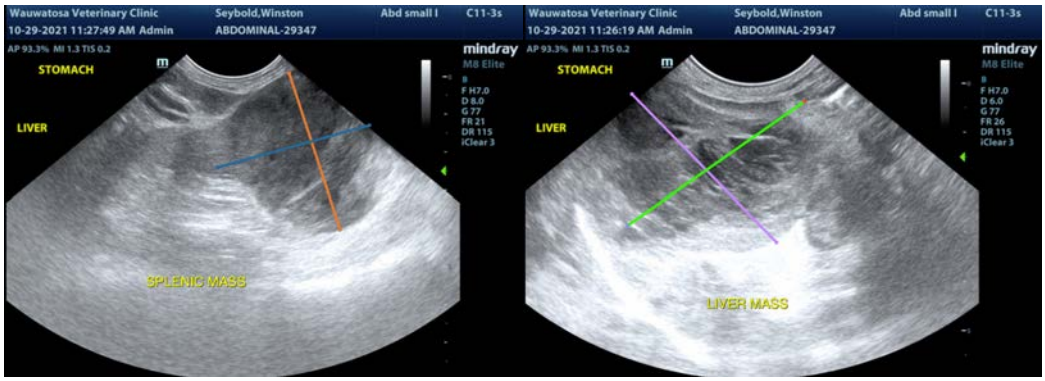

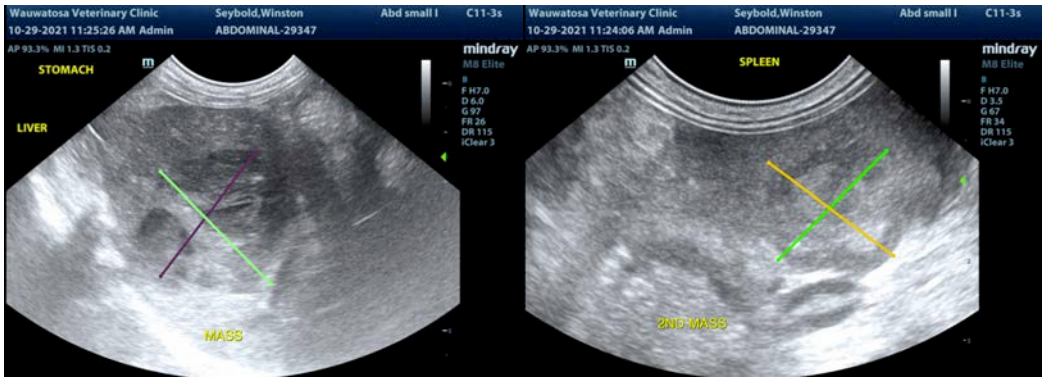

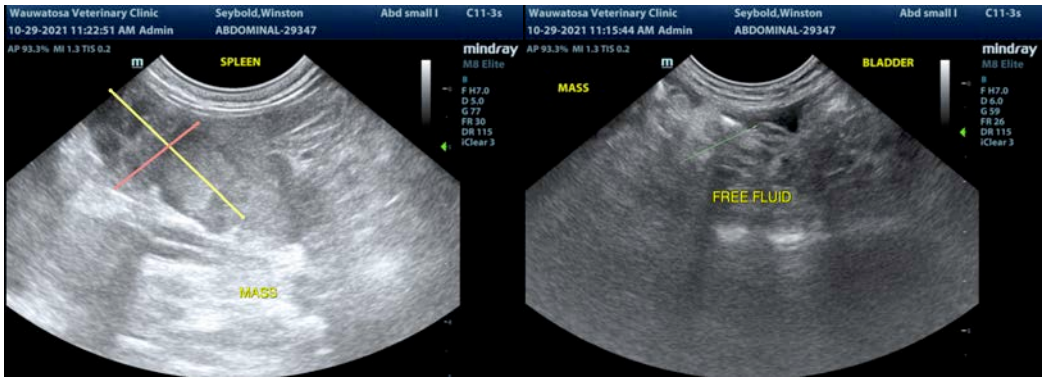

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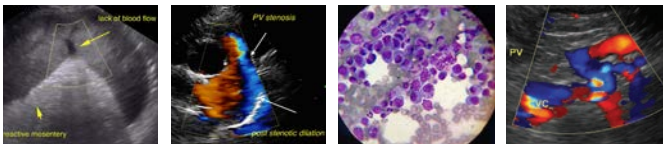

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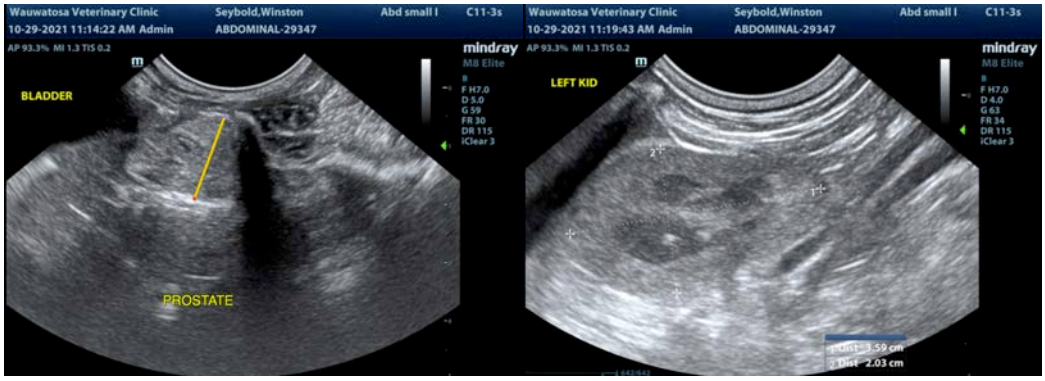

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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