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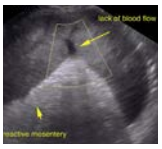
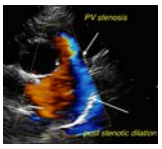
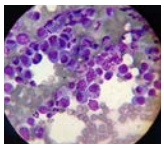
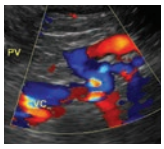

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1-800-838-4268 info@sonopath.com

PATIENT
Finley Martin

SPECIES
Canine

BREED
Goldendoodle

SEX
Neutered Male

AGE
10 Years

WEIGHT
40 Pounds

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho-Ho-Kus VH

REFERRING VET
Dr. Eisenberg

INVOICE
26070

DATE
10/6/21

PRESENTING CLINICAL SIGNS

Progressive lethargy for one week
Abnormal PE/Chem/CBC/UA Results: CBC- borderline low hct 39%, low hemoglobin 20.4 elevated WBC 32K with left shift, borderline high retic, coombs negative

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 normal in size (0.88 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.8 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 was not clearly visualized.

Adrenal Glands

The left adrenal gland was not clearly visualized. The right adrenal gland is not clearly visualized.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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. Jejunum wall measured 0.43 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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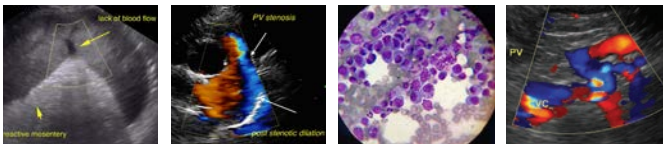

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized 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

There is a small to moderate amount of free fluid in the abdomen. No significant lymphadenopathy. The omentum is generally of increased echogenicity.

Other

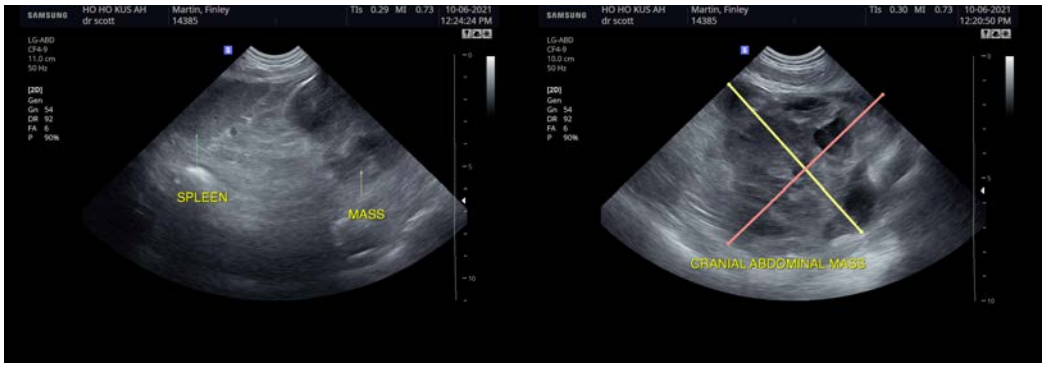
There is a large, multilobulated, mixed echogenic mass measuring 8.75 cm x 8.0 cm in the left cranial abdomen. The mass appears to be cranial to and possibly touching the left kidney, and caudomedial to the spleen. The origin of the miss is uncertain. Consider left adrenal, spleen, or less likely pancreas.

ULTRASONOGRAPHIC FINDINGS

- Large, multilobulated, irregular cranial abdominal mass – This mass is large and appears visible in the left cranial abdomen, cranial to the left kidney and caudomedial to the spleen. No attachment is visualized. It could be left adrenal, attached to the spleen, less likely pancreas or right kidney (right kidney seems very unlikely).
- Free abdominal fluid – This could be reactive lymph node or evidence of hemorrhage. Consider sampling to differentiate.
- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, multilobulated mass that appears cranial to the left kidney. The origin of this mass is uncertain. I would most strongly suspect left adrenal or spleen, although it could be a free abdominal mass as well. Additionally, there is free fluid, which could be associated with inflammation from the mass effect or hemorrhage. Options moving forward include advanced imaging (CT scan) to better plan for surgery, or exploratory surgery with possibility of having to remove an adrenal tumor. Recommend 3-view thoracic radiographs, blood pressure, and clotting times.



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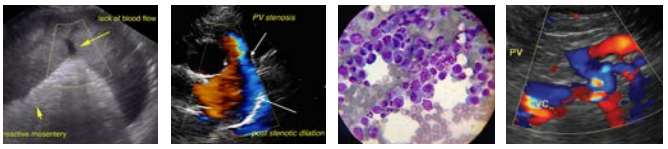

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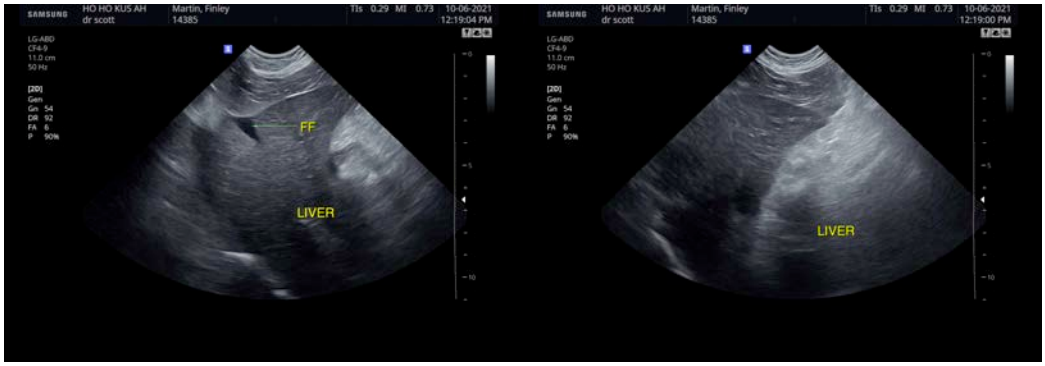

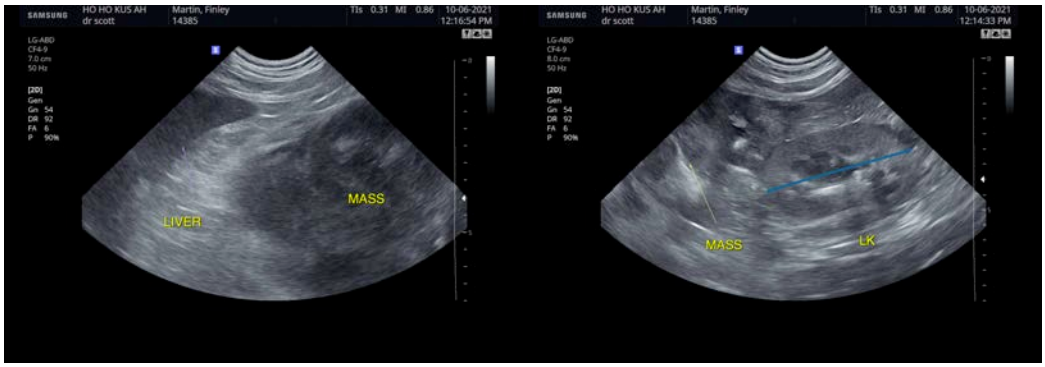

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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