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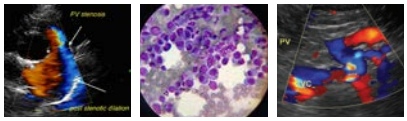

SonoPath
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DATE

11/4/22

PATIENT

Coco Schneider

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

12/14/09

WEIGHT

48.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Pleasantville AH of Fallston

REFERRING VET

Dr. Gounaris

INVOICE

42558

PRESENTING CLINICAL SIGNS

Presented 11/3 for annual examination, owner reports Coco seems depressed, poor appetite, overall ADR for a while now and has lost ~7-8lbs. Abdominal mass palpated on exam. RADs show mass effect central abdomen, NSF in thorax, PCV 29%.

Current Medications: None.
Lab Results: PCV 29%.
Radiographs: mass effect central abdomen, no obvious mets on thoracic RADs
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

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 left kidney has a normal shape and size (6.7 cm). Overall echogenicity is normal with adequate 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 (6.17 cm). Overall echogenicity is normal with adequate 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 normal/borderline large measuring 0.83 cm at the cranial pole, 0.97 cm at the caudal pole, and 3.54 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a hyperechoic nodule in the cranial pole measuring 0.55 cm x 0.52 that does not deform the shape of the adrenal significantly. There is no evidence of vascular invasion visualized.

The right adrenal gland is normal in size measuring 1.02 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, hypoechoic, partially cavitated, mixed echogenic mass effect arising from the spleen measuring 8.5 cm x 7.3 cm.

Liver

The liver is subjectively normal in size, and 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 are numerous ill-defined hypoechoic nodules throughout the hepatic parenchyma. Additionally, there are occasional nodules that appear to deform the hepatic margins.

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 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 scant amount of free abdominal fluid. No lymphadenopathy noted. The omentum is hyperechoic around the splenic mass.

Other

A brief view of the heart was submitted, revealing a small amount of pericardial effusion and a large mass effect at the heart base, measuring up to 9.0 cm in its largest measurement.

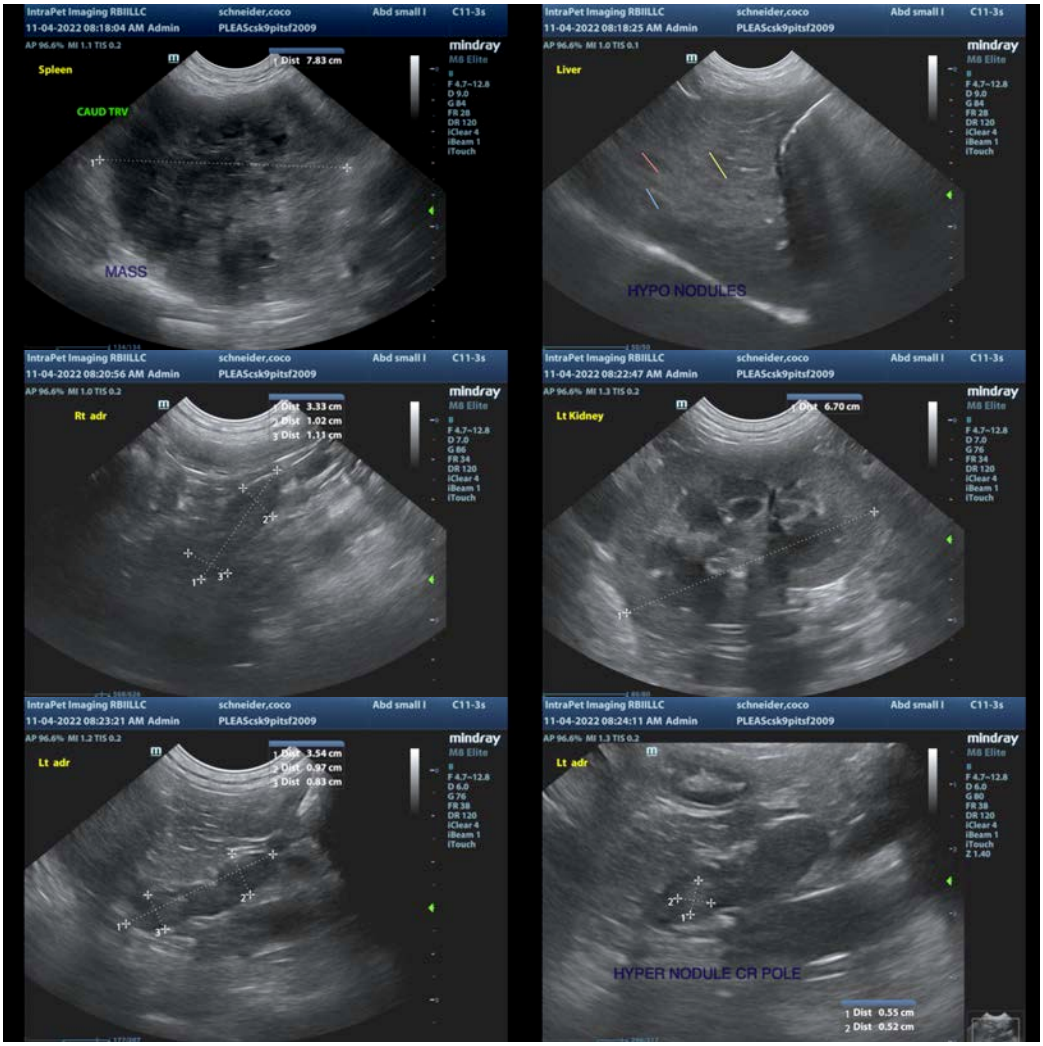
ULTRASONOGRAPHIC FINDINGS

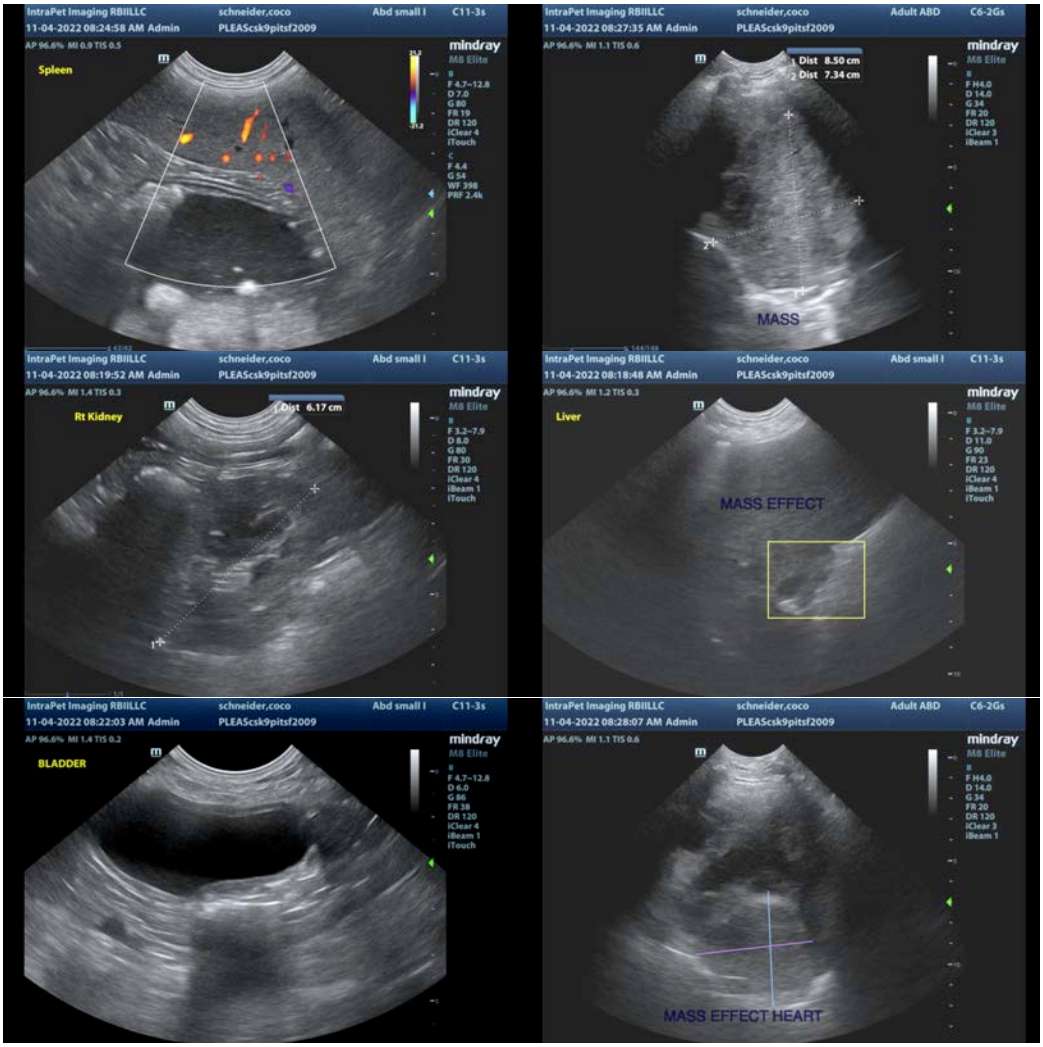
- Hyperechoic nodule at the cranial pole of the left adrenal gland – Differentials include a benign lesion (hyperplasia, adenoma, other), or a neoplastic lesion (carcinoma, pheochromocytoma, etc.).
- Large, mixed echogenic, partially cavitated splenic mass –mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Heterogeneous, nodular liver – 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. While many of these nodules have a somewhat benign appearance, there are others that deform the margins of the liver and appear somewhat cavitated with concern for metastatic lesions.
- Scant free abdominal fluid
- Small volume pericardial effusion and suspect mass effect at the heart base – There is a concern for a heart base mass (hemangiosarcoma, chemodectoma, other). Recommend cardiac ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cavitated splenic mass present. Treatment of choice is a splenectomy for both diagnostic and therapeutic purposes. Additionally, there is a small hyperechoic nodule on the cranial pole of the left adrenal. This could represent a benign lesion or a neoplastic lesion, and it could be secretory or non-secretory. Given the other significant findings reported, I would consider a blood pressure evaluation and continued monitoring.

There is concern for a heart base mass and pericardial effusion. Additionally, there are some suspicious appearing nodules on the liver. These findings are very discouraging. Recommend 3-view thoracic radiographs and a cardiac ultrasound to confirm the above findings, as long-term prognosis is very poor.





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.

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