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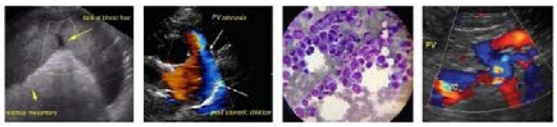

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Polly Stapleford

SPECIES

Canine

BREED

JRT

SEX

Spayed Female

AGE

9 Years

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Aldershot AH

REFERRING VET

Dr. Wallace

INVOICE

43102

DATE

12/1/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: slowing down with regards to mobility and appetite decrease over the past 6 months; palpable liver margins; thickening in cranial abdomen; Current Medications Gabapentin 100mg BID

Abnormal PE/Chem/CBC/UA Results: CBC - anemia present 33%, hypochromic, normocytic. WBC count - neutrophilia - inflammation/infection, stress induced. Platelet count - clumped - adequate Chem - mild low glucose - delayed serum separation vs real? Albumin - low 21 - r/o inflammation/infection/neoplasia, PLE vs PLN, Globulin high 56 - inflammation/neoplasia Decrease ALT, Increased ALKP 1.1 X increase - inflammation, neoplasia, early HAC, DJD/dental disease etc... Urinalysis - SG 1.032, Protein 2+, bilirubin 1+ - concern with r/o PLN vs PLE - rec UPCR but may be elevated due to other inflammatory concerns, consider repeat urine dipstick prior to UPCR or investigate abdominal issues first and then address for possible PLN if AUS is relatively normal.

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 (6.0 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 (6.08 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 is normal in size measuring 0.37 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 right adrenal gland is normal in size measuring 0.58 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 very large mixed echogenic, hypoechoic, slightly cavitated mass effect arising from the caudal third of the spleen, measuring >8.6 cm x 7.3 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. No focal nodules or cystic lesions are observed.

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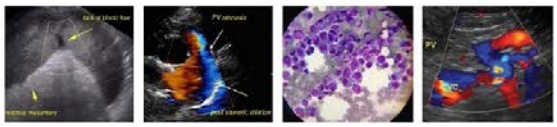

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The stomach wall appears mildly thickened at 0.59 cm. 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 measures 0.50 cm. Jejunum wall measures 0.32 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

There is scant free abdominal fluid. No lymphadenopathy. The omentum is diffusely hyperechoic, particularly around the splenic mass.

ULTRASONOGRAPHIC FINDINGS

- Large, mixed echogenic, mildly cavitated splenic mass – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Large, heterogeneous 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.
- Scant free abdominal fluid with significant inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large, mixed echogenic, partially cavitated mass effect is visualized associated with the spleen in today's study. There is a small amount of free abdominal and inflammation in the abdomen. This could be secondary to irritation due to the large mass lesion or could be due to previous hemorrhage. No evidence of overt metastasis is observed. Recommend splenectomy for both diagnostic and therapeutic purposes, provided 3-view thoracic radiographs appear normal.

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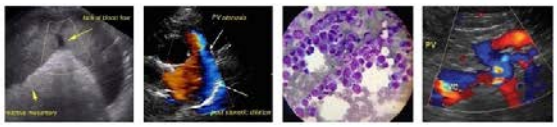

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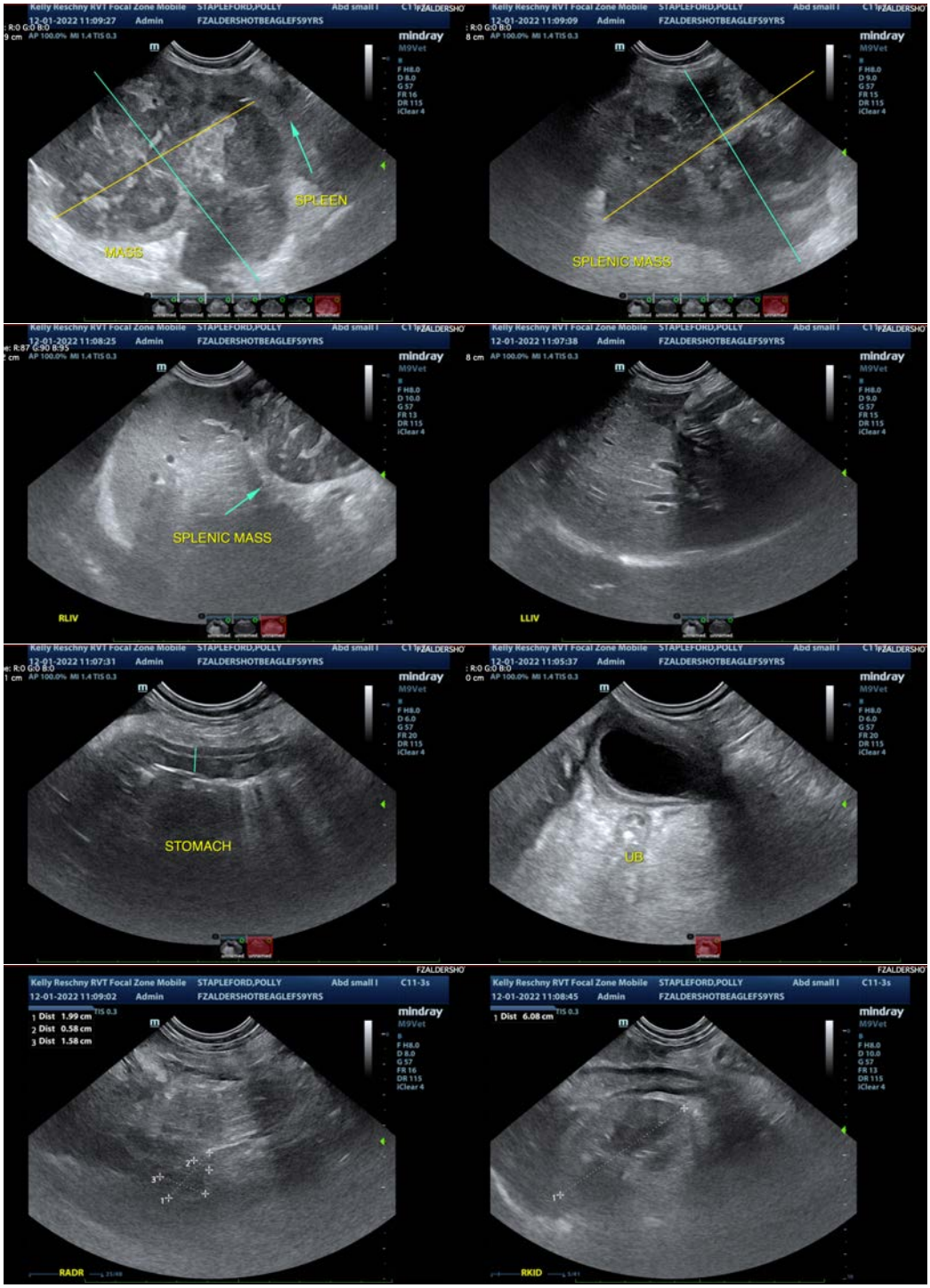

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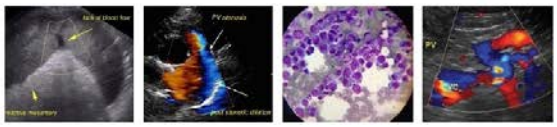

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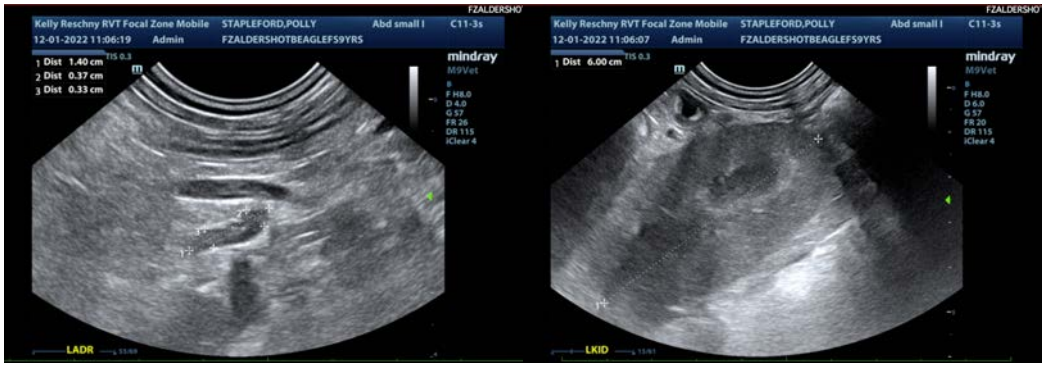

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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