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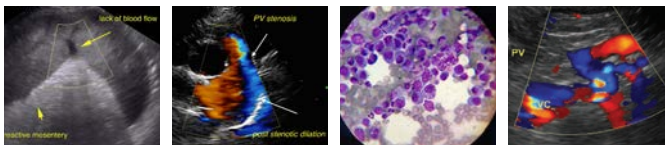


PATIENT

Dewey Bear Lapp

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

9 Years 5 Months

WEIGHT

50.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Daniel Hoffman

INVOICE

43460

DATE

12/14/22

PRESENTING CLINICAL SIGNS

P has a history of waxing and waning appetite, as well as occasional loose stools and vomiting; the owner also perceives the patient to be in pain (suspect this may be secondary to hip dysplasia and osteoarthritis); a large abdominal mass was discovered on rads on 12/9/22, on gabapentin/tramadol/diazepam PRN

Abnormal PE/Chem/CBC/UA Results: 12/6/22 mild anemia (HCT 30.6%) but the CBC and chemistry were otherwise unremarkable. 12/9/22 PCV = 33% TS 7.0g/dL... Rads: 12/9/22 a large midabdominal mass was noted (observed best on lateral Left projection)- suspected to be splenic in origin.

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 not clearly seen.

The left kidney has a normal shape and size (6.84 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 (6.89 cm) with a cortical cyst measuring 1.05 cm x 0.69 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 borderline large and irregular in shape, measuring 0.51 cm at the cranial pole, 0.61 cm at the caudal pole, and 2.94 cm in length. It is observed in its normal position cranial to the left renal artery. It appears relatively normal in size and contour, but there is a hypoechoic rounded structure visualized lateral to the caudal pole of the left adrenal measuring 1.25 cm 1.84 cm. This could represent a mass extension from the caudal pole of the left adrenal gland or an enlarged lymph node.

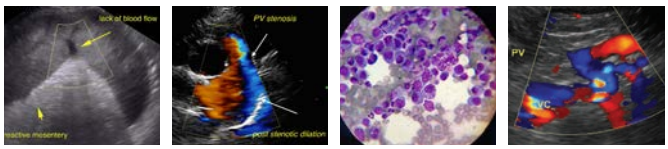
The right adrenal gland is normal in size measuring 0.80 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect. There are numerous hypoechoic ovoid structures in the region of the right adrenal, which I suspect are regional lymph nodes.

Spleen

The spleen is severely enlarged and mottled with rounded margins. The blood flow through the hilus and splenic parenchyma appears normal. There is a cavitated, somewhat moth eaten, hypoechoic region towards the cranial aspect of the spleen, measuring larger than 3.8 cm x 2.1 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. No focal nodules or cystic lesions are observed.



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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

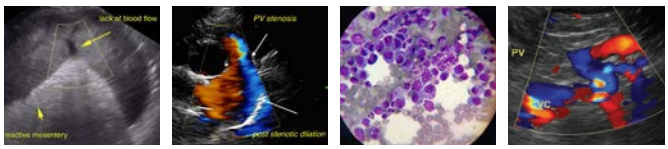
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent lymph nodes visualized in the abdomen. There is a mesenteric lymph node visualized measuring 0.92 cm in diameter. There are hypoechoic, ovoid structures in the region of the trifurcation, visualized in the region of both kidneys. Two such lesions near the right kidney measure at 1.39 cm x 2.46 cm and 2.0 cm x 0.87 cm. The omentum is hyperechoic around the spleen.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mottled spleen with a hypoechoic cavitated lesion – The general splenic parenchyma and size is very abnormal as well as a focal lesion. Primary differential would be neoplasia (round cell neoplasia, histiocytic sarcoma, hemangiosarcoma, etc.), although benign differentials are possible.
- 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.
- Hypoechoic, ovoid structures visualized in the region of both adrenal glands. I suspect these are regional enlarged lymph nodes, but an extension off of the adrenal gland is possible (particularly on the left). The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is severely enlarged, rounded, and mottled in echotexture. Additionally, there are hypoechoic areas with some motheaten parenchyma, most consistent with cavitated lesions. Findings are concerning for neoplastic change, although benign differentials are possible. Consider a fine needle



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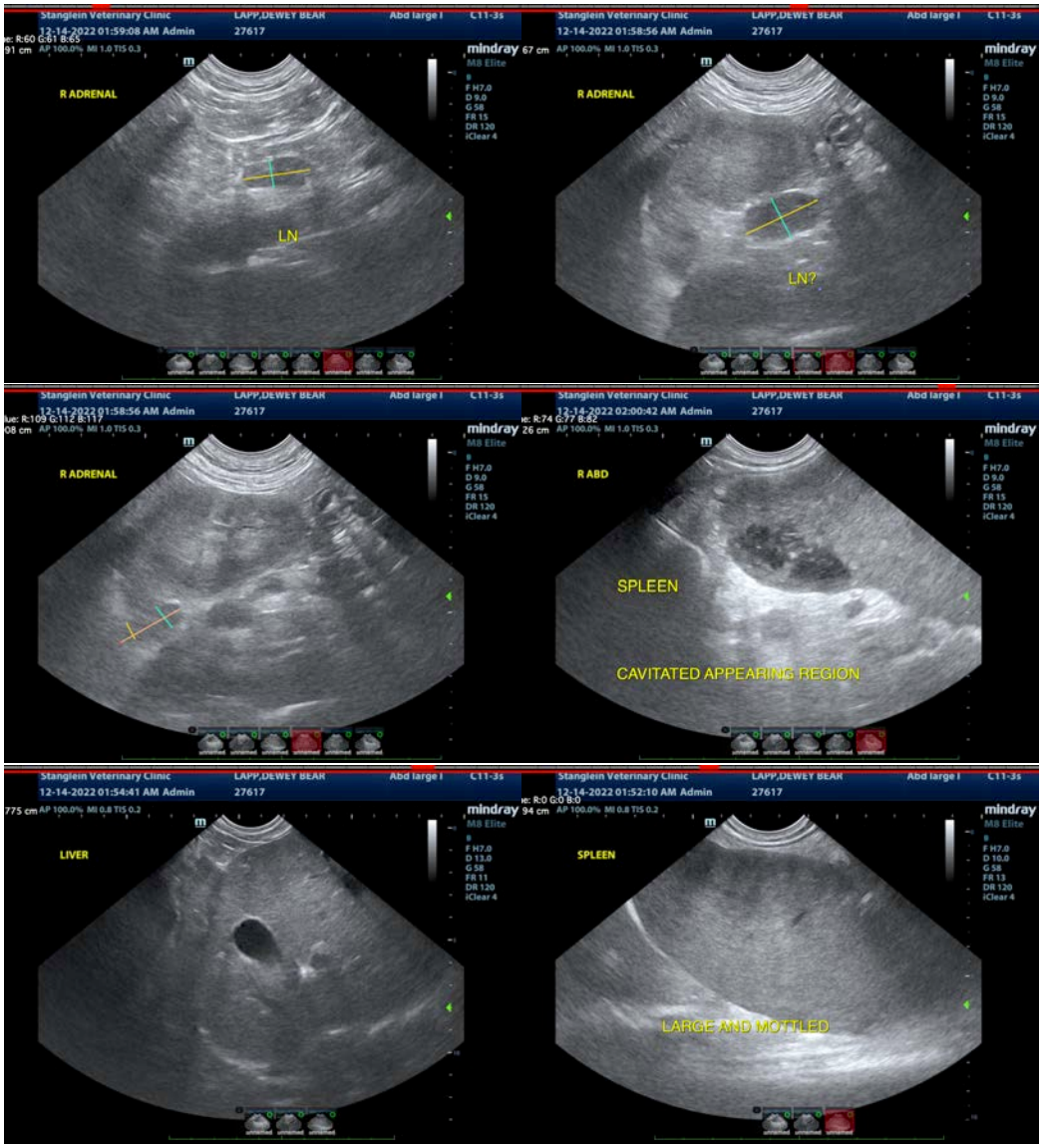
aspirate of the spleen, looking for possible round cell neoplasia. Alternately, a splenectomy with histopathology could be considered, as there is some risk for rupture due to the thin walled nature of the cavitated lesion.

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

In the region of both adrenal glands, there are hypoechoic ovoid structures that I suspect are enlarged lymph nodes, but I cannot definitively rule out the possibility of irregularity to the adrenals, particularly the left adrenal. Recommend a blood pressure evaluation, and if surgery is pursued, visual inspection of these areas and possible lymph node biopsies.



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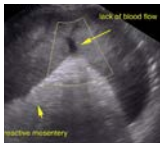
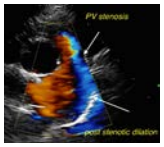
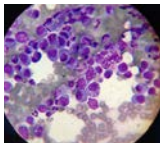
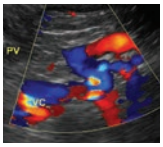

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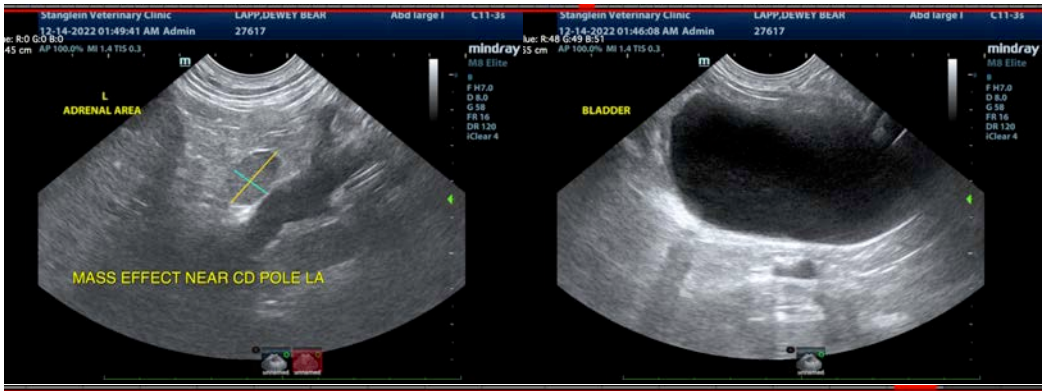

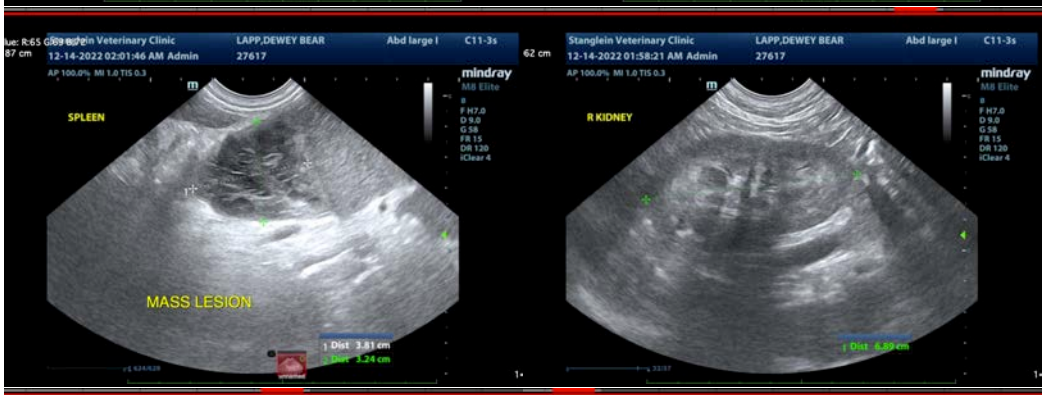

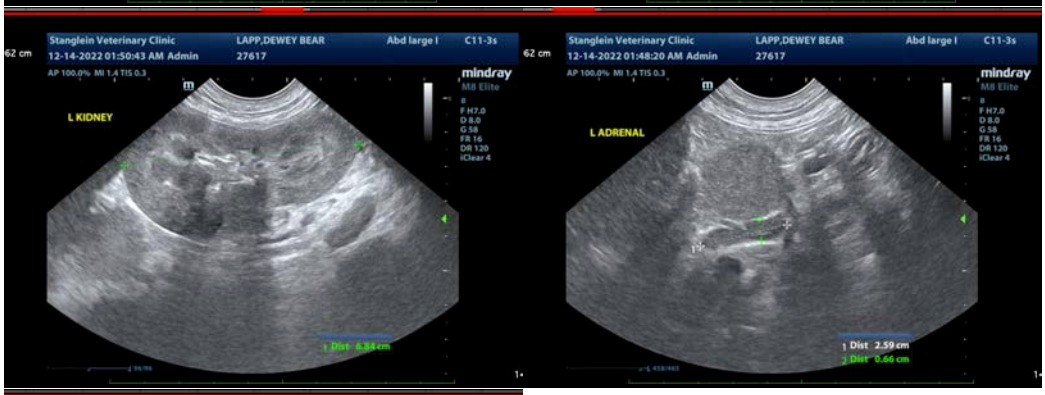

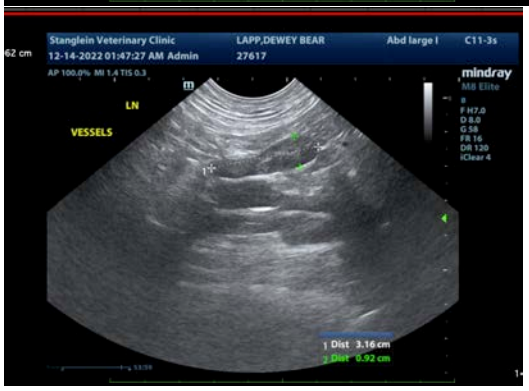

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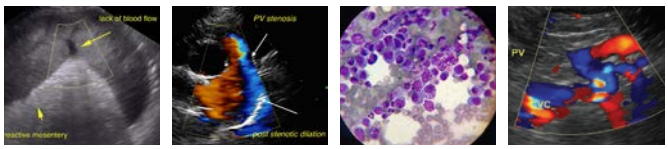

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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