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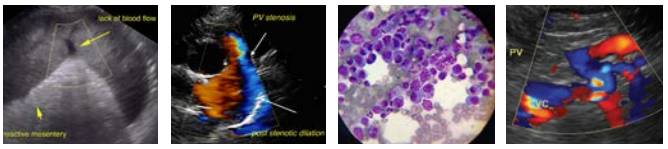

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1-800-838-4268 info@sonopath.com

PATIENT
Mabel Brannan

SPECIES
Canine

BREED
Beagle X

SEX
Spayed Female

AGE
10 Years

WEIGHT
23 Pounds

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

IMAGING PERFORMED BY
M. Kermendy CVT

HOSPITAL NAME
Wauwatosa Vet

REFERRING VET
Dr. Elaine Binor

INVOICE
33342

DATE
12/8/21

PRESENTING CLINICAL SIGNS

History of lethargy for the past week. Pet went to another clinic and was diagnosed with an abdominal mass. Blood work indicated anemia, lymphocytosis, and neutrophilia. Imaging of the abdomen to further characterize the mass and determine if there are signs of metastasis. Chest radiographs also performed and sent to a radiologist to check for metastasis.
Abnormal PE/Chem/CBC/UA Results: neutrophils=19.82 (3-12) lymphocytosis=6.09(1.0-4.8) HCT=25.86(37-55) chemistry-small panel was WNL blood work done 12-6-21

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 (4.4 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 (4.4 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 0.47 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. 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. There is a large, hypoechoic, irregular mass effect towards the tip of the spleen measuring 6.13 cm x 5.0 cm. This mass disrupts the splenic capsule and is surrounded by hyperechoic mesentery. Additionally, there is a 2nd hypoechoic mass towards the cranial third of the spleen measuring 2.05 cm x 1.63 cm. This mass is ore regular, but disrupts the splenic capsule.

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 hyperechoic nodules throughout the hepatic parenchyma, varying in size from 1.5-2.5 cm.

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 mild to moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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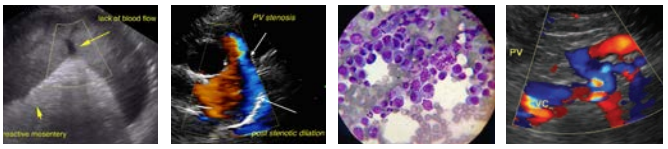

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Gastrointestinal

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or 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

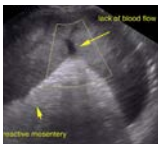
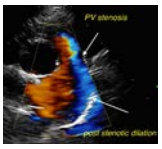
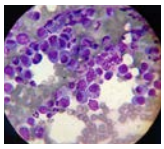
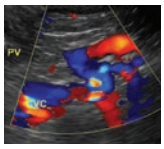
- Two large, irregular, hypoechoic splenic masses – Solid, mixed echogenic masses are present within the splenic parenchyma. The masses distort the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.
- Heterogeneous liver with ill-defined hyperechoic nodules – 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.
- Mild/moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

SECONDARY FINDINGS

- Suspect pleural effusion – Recommend 3-view thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two concerning hypoechoic mass lesions visualized on the splenic capsule. Both of these masses are hypoechoic. One is irregular and is surrounded by inflamed mesentery. There is high concern for neoplasia with these lesions. Recommend splenectomy if thoracic radiographs appear clear.

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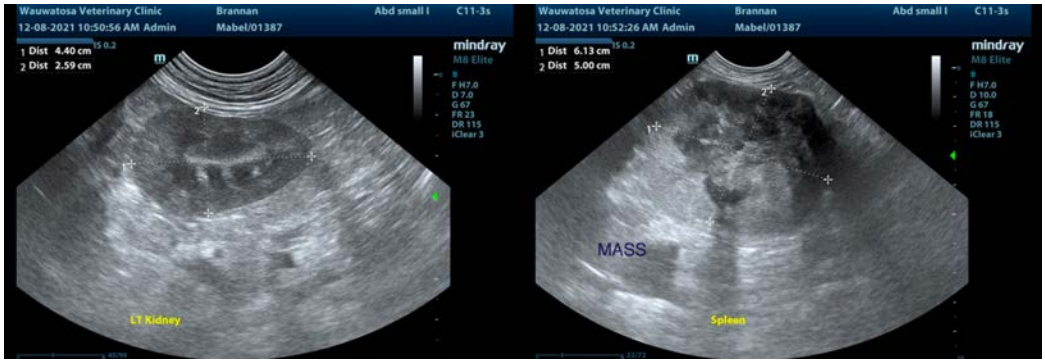
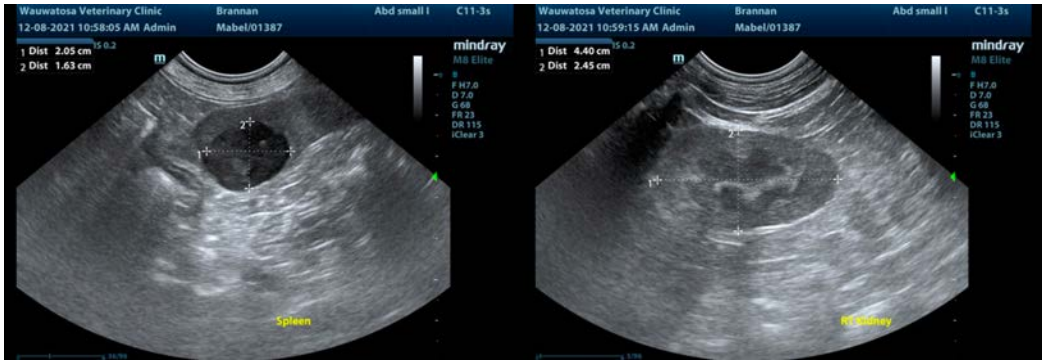
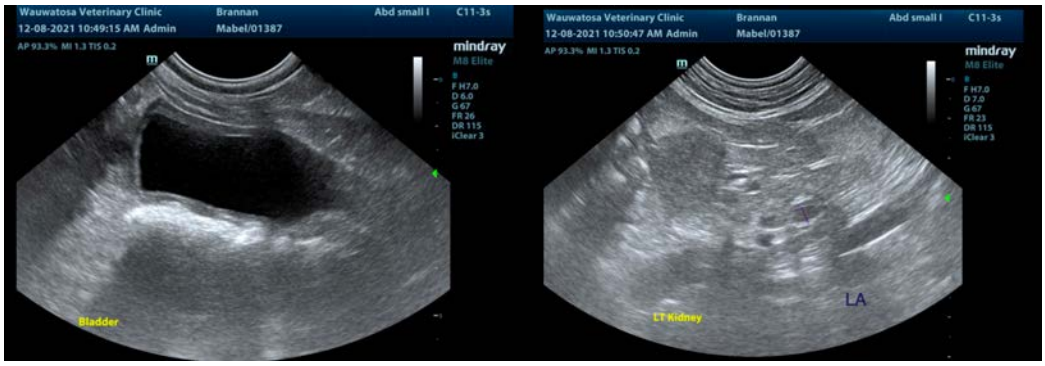
Additionally, the liver is heavily mottled and there are some ill-defined hyperechoic nodules. Recommend liver biopsy at the time of surgery.

In some views of the diaphragm there is concern for pleural effusion. Recommend 3-view thoracic radiographs. If effusion is present, then recommend sampling and further evaluation prior to splenectomy.







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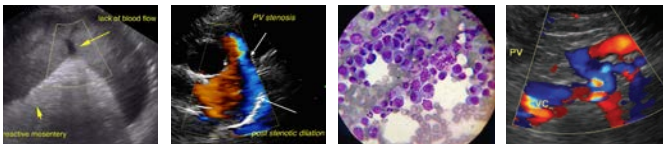

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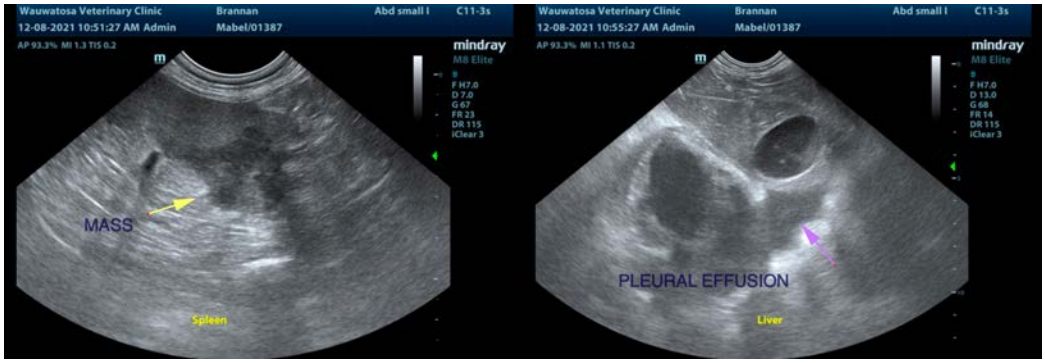

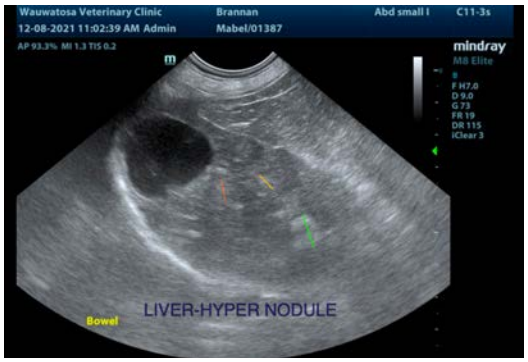

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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