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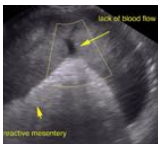
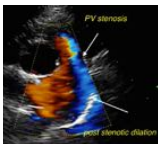
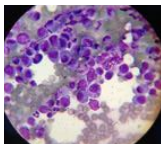
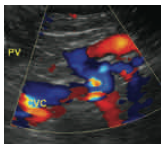

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sammie Rescue

SPECIES

Canine

BREED

Miniature Pinscher Mix

SEX

Neutered male

AGE

14 years

WEIGHT

13.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Norman

INVOICE

96070

DATE

2/15/22

PRESENTING CLINICAL SIGNS

Patient present for decreased appetite and groaning/not being able to get comfortable. x 4 days. Full body rads - suspect abdominal mass.
Abnormal PE/Chem/CBC/UA Results: PCV = 38. Chem/CBC Pending.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.3 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.

Right kidney cannot be clearly visualized although there is the hint of a structure which could be the right kidney measuring 5.0 cm and appears somewhat hydronephrotic.

Adrenal Glands

Unable to visualize the adrenal glands as they are obscured by mass effect.

Spleen

The spleen is subjectively large 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 very large cranial abdominal multi-faceted, expansile cranial abdominal mass. At least a portion of this mass effect appears to be arising off the spleen with a hypoechoic, irregular mass measuring 4.8 x 6.2 cm. This mass is adjacent to additional mass like material that is multi-loculated and cystic/cavitated measuring at least 5.8 x 5.9 cm. In the cranial abdomen there is a very large cystic lesion with echogenic fluid within it. Some of these areas could represent lymph node tissue, but cannot be distinguished from the primary mass effect.

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. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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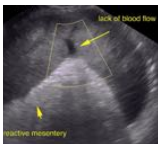
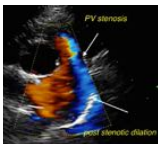
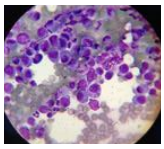
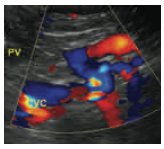

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Gastrointestinal

Unable to distinguish the stomach amidst the mass lesions in the cranial abdomen.

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

Pancreas is unable to be clearly visualized amidst the abnormal tissue.

Free Abdomen

There are no distinctly abnormal abdominal lymph nodes visualized, but the cranial abdomen consists of numerous intertwining cystic/cavitated and solid mass effects. The omentum is of increased echogenicity generally.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, multi-lobulated partially cystic/cavitated cranial abdominal mass effect. At least a part of this mass effect appears to be originating from the spleen. It is unclear if this is one large expansile mass effect or multiple mass effects.
- Possible, partially hydronephrotic right kidney? This structure cannot be clearly identified as right kidney, but is suspicious.

SECONDARY FINDINGS:

- Heterogenous 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial abdomen is very abnormal and consisting largely of multiple, cavitated/cystic mass effects. There is a large volume of echogenic fluid contained in a structure and many of the normal abdominal structures are either unidentifiable or obscured by the mass effect. It appears that at a portion of this mass effect is originating from the spleen.

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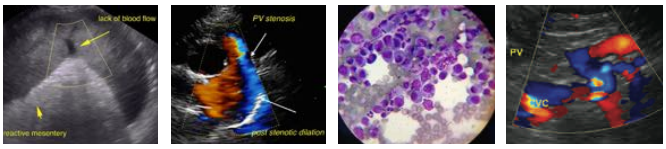

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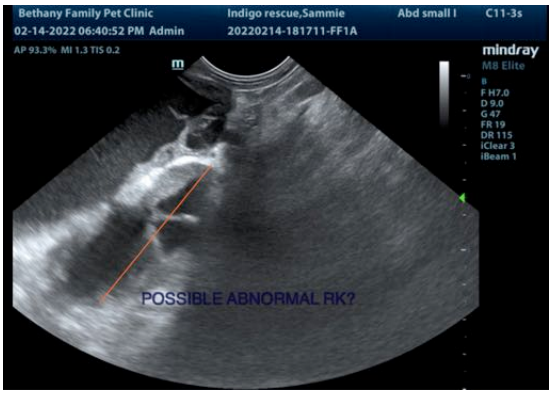
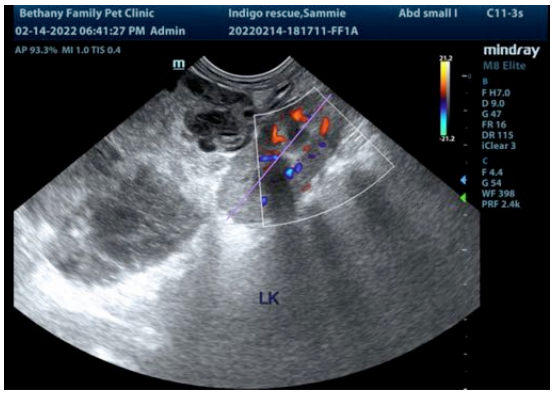
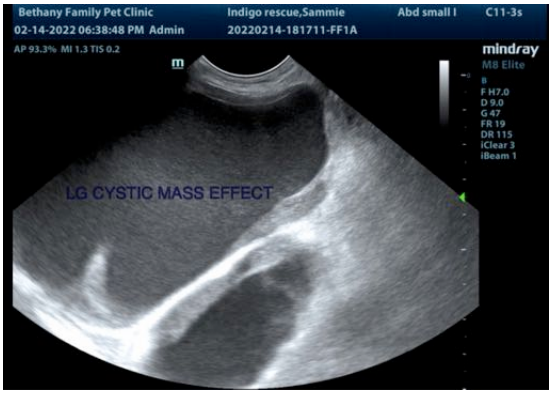
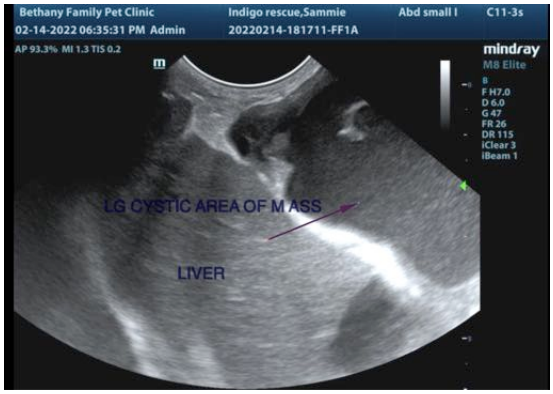
- Recommend three view thoracic radiographs.
- Consider a FNA of solitary mass effect.
- Ideally a CT scan might be able to get a more global view of this mass effect to try to determine what structures are involved and plan for surgery. If a CT is not an option then consider referral to a veterinary surgeon for exploratory.

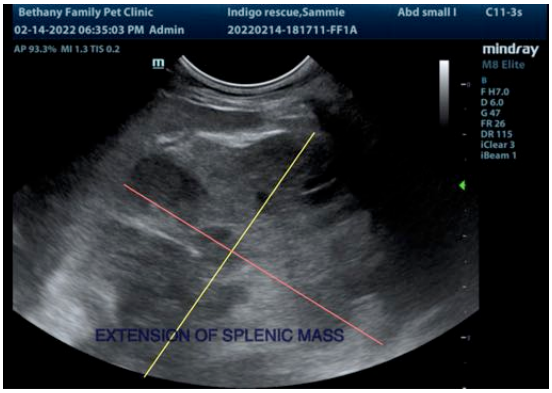
Unfortunately the prognosis is guarded due to the extent of this mass lesion and the concern that is originating from the spleen, but not enough information is known to make a true prognosis.

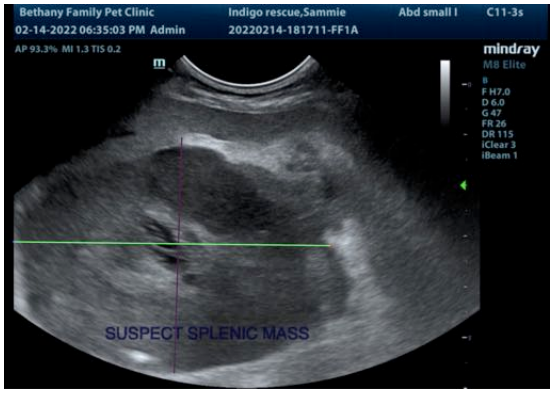












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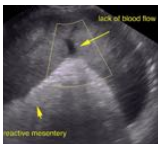
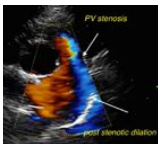
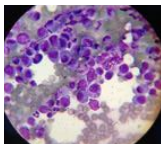
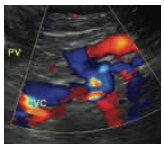

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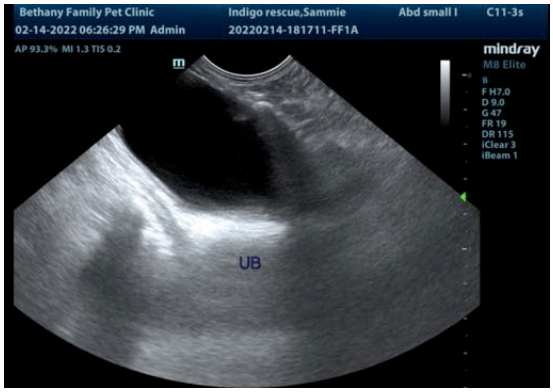

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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