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Clinical Sonography & Telecytology
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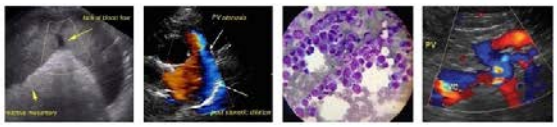


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Zoey Gasbarini

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

66.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

Dr. Gokhale

INVOICE

44963

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Lethargic for one week, eating less than usual. Has been on Ubavet vitamin/mineral supplement and Gabapentin 300mg.

Abnormal PE/Chem/CBC/UA Results: BW done Jan 30/23 Mild thrombocytopenia, RBCs 4.7(5.1-8.5)HCT 0.31(0.33-0.56)Mild neutrophilia and basophilia, cPL 145.9(0-125). Rads sent to Sonopath for telemed as well on Jan 30/23 invoice 56449

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 (7.51 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 (5.93 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 0.69 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.

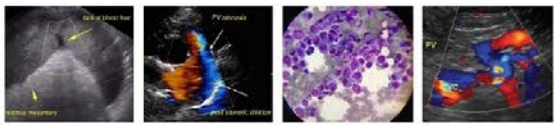
The right adrenal gland is unable to be visualized without deeper sedation.

Spleen

The spleen is large. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenic mass effect towards the head of the spleen measuring 3.41 cm x 3.34 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous irregular hypoechoic, expansile nodules visualized throughout the hepatic parenchyma. Some of these have a somewhat cystic/cavitated appearance. Examples of these nodules measure 1.59 cm, 2.38 cm, and 0.86 cm in diameter. Additionally, there is a larger, irregular, hyperechoic mixed echogenic mass effect visualized in the right caudal aspect of the liver measuring 8.34 cm x 6.41 cm. These lesions deviate the hepatic margins.



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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. Duodenum wall measures 0.69. Jejunum wall measures 0.60 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 a small amount of free abdominal fluid. No lymphadenopathy. The omentum is generally hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen with mixed echogenic mass – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Heterogeneous, irregular liver with too numerous to count hypoechoic nodules and a hyperechoic mass effect – The hypoechoic nodules are concerning, as they appear expansile and deviate the hepatic margins. Additionally, some are cavitated, increasing concern for possible metastatic lesions. The hyperechoic nodule could represent a similar lesion or a concurrent mass effect (benign or neoplastic).
- Small volume free abdominal fluid – Recommend sampling, as this could represent hemorrhage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mixed echogenic splenic mass visualized. This could represent a benign or neoplastic lesion, but concern for possible neoplastic lesion increases when considering the numerous hypoechoic nodules visualized within the liver, many of which deviate the hepatic margins, and some appear somewhat cavitated.

Additionally, there is a larger hyperechoic mass in the caudodorsal region. Recommend a fine needle aspirate of the splenic mass lesion and some of the nodules in the left ventral aspect of the liver. Additionally, recommend 3-view thoracic radiographs. If findings are not supportive of metastasis, then consider splenectomy with histology and biopsies. Additionally consider sampling of the free abdominal fluid to try and determine if this is consistent with a hemoabdomen.

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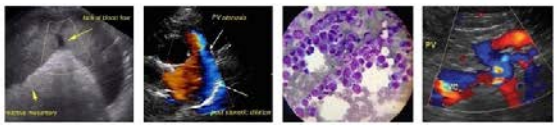

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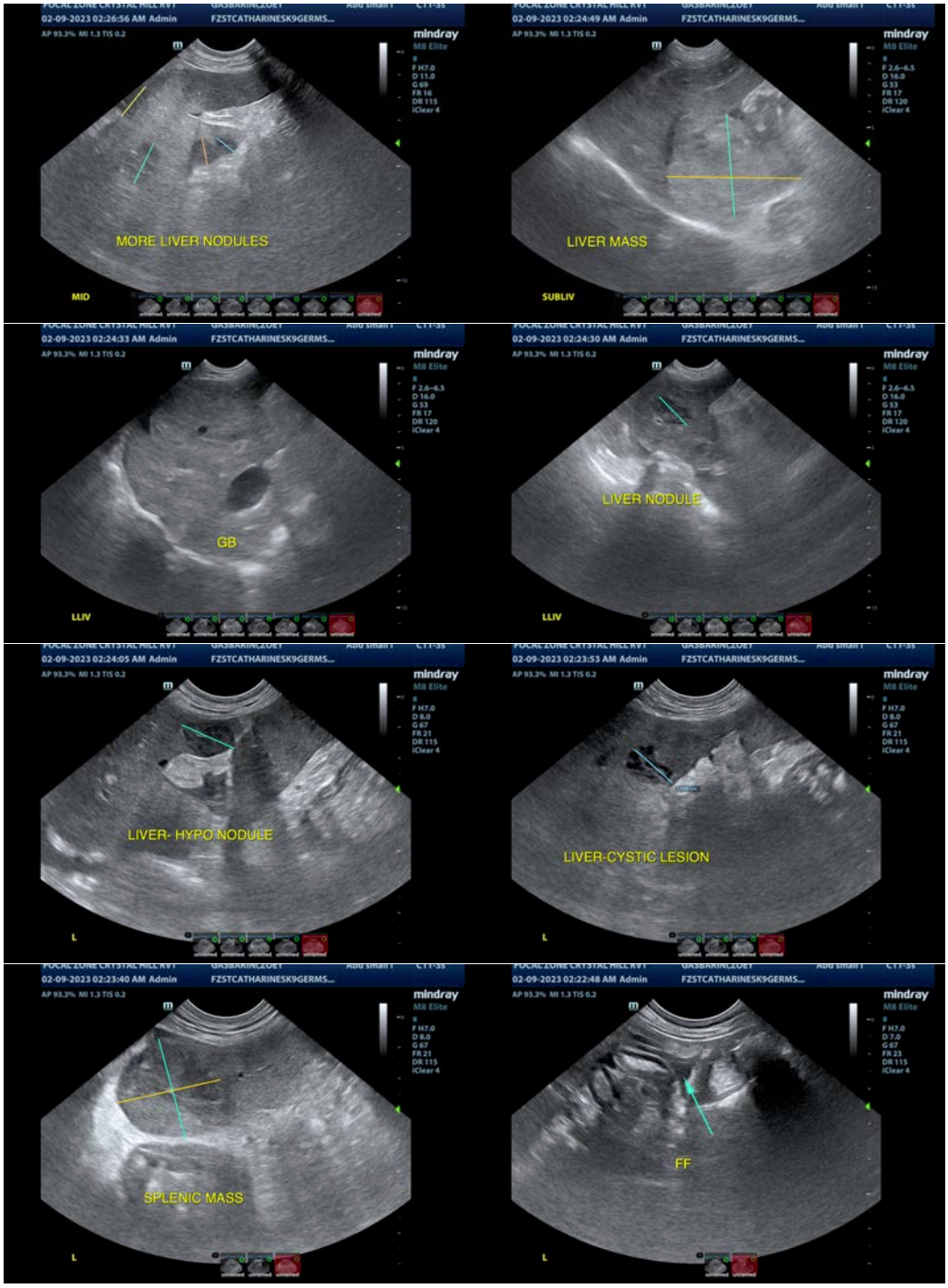

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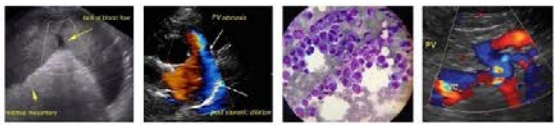

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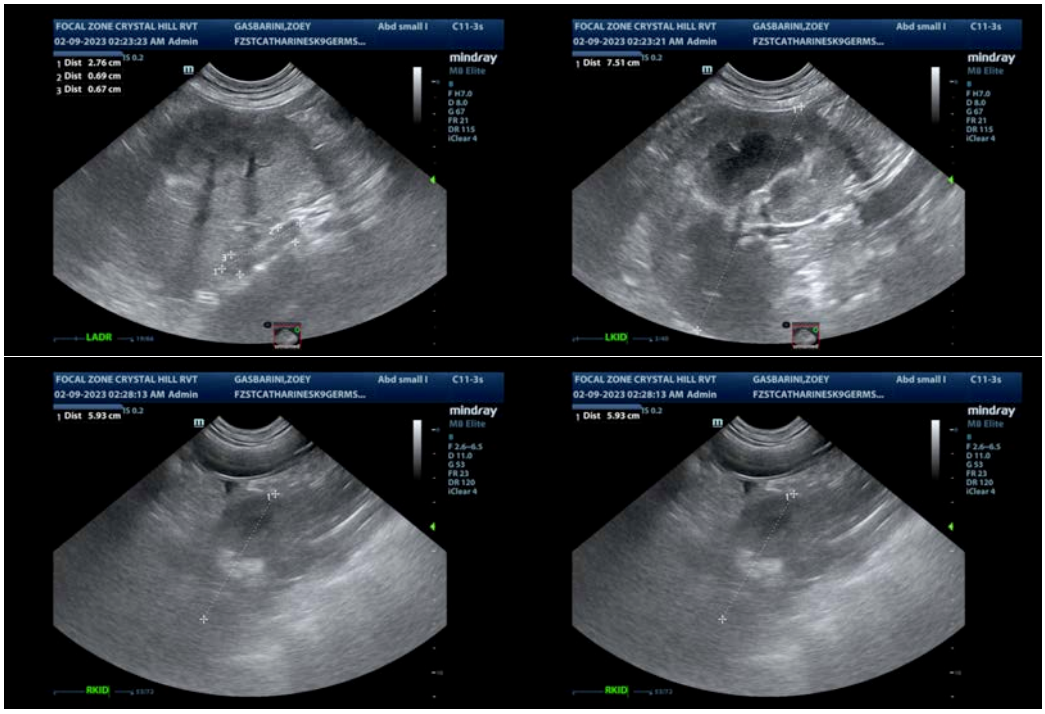

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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