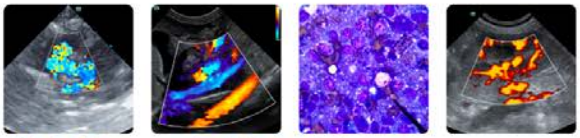

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Louise Ward

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Sturgill

INVOICE

73384

DATE

3/4/26

PRESENTING CLINICAL SIGNS

P initially presented in October 25 for mild weight loss and decreased appetite. Bloodwork showed severe anemia HCT 16%. P had blood transfusion. Splenic mass id'd on US, FNA- EMH. Chest rads no metastatic dz. NuQ test for HSA <22.7 WNL low cancer risk. Splenectomy and histopath declined. Was started on Pred and Cyclosporine. Consult with internist- concern for PIMA, added in Mycophenolate. Groaning at night isolating from other dogs, concern for pain. Rec reassess splenic mass

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 (7.59 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 (7.36 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 “flat”, measuring 0.33 cm at the cranial pole and 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 prominent in the cranial pole and flat/normal in the caudal pole, measuring 1.03 cm at the cranial pole and 0.44 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. The previous exam reported a hyperechoic nodule in the cranial pole. The cranial pole appears somewhat prominent/large and mottled, though a discrete nodule is not clearly visualized.

Spleen

The spleen is large and irregular in shape, measuring 1.37 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity, solid, irregular mass effect visualized in the mid abdomen cranial to the left kidney, measuring 4.54 cm x 5.55 cm, which appears associated with the spleen. Additionally, there is a small, hypoechoic nodule in the parenchyma measuring 0.54 cm. (previous ultrasound reported mass as >5cm)

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. There is a poorly defined, mixed echogenicity nodule visualized in the parenchyma measuring 1.87 cm x 2.57 cm.

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The gall bladder lumen is moderately distended. The wall of the gall bladder appears slightly hyperechoic and prominent. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a large amount of fluid and shadowing ingesta. 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 to moderate fluid and ingesta. 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 0.42 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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, 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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Borderline “flat” adrenal glands with a prominent/slightly irregular cranial pole of the right adrenal gland – Flat adrenals could be secondary to current steroid use. Continued monitoring of the cranial pole of the right adrenal gland is recommended.

- Large, mixed echogenicity, solid splenic 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..)

- Large, heterogeneous liver with a mixed echogenicity nodule – Findings are most consistent with a vacuolar/steroid hepatopathy. Other hepatopathies are possible. The nodule visualized has a somewhat benign appearance, but an early neoplastic lesion cannot be ruled out. If a safe window for sampling is available, consider a fine needle aspirate or continued monitoring with ultrasound.

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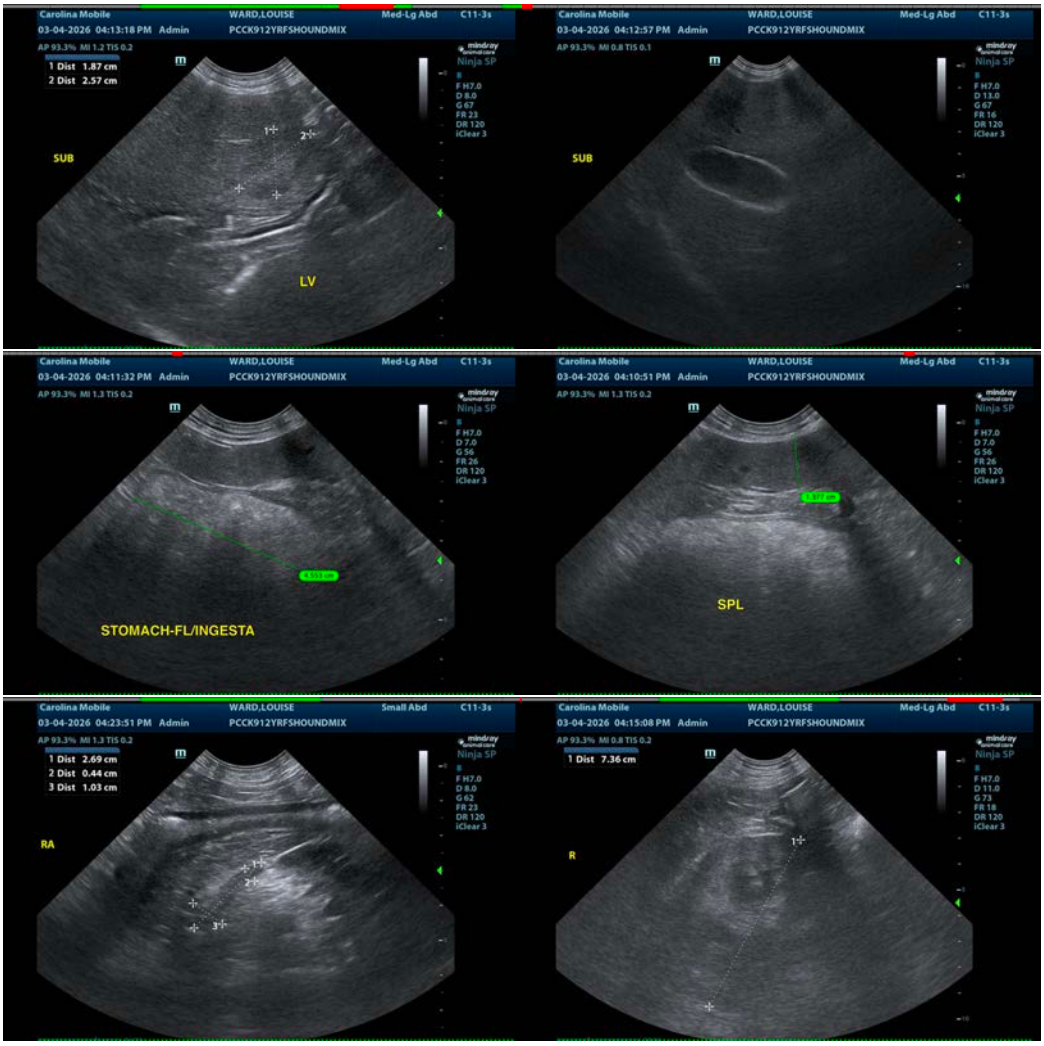
- Fluid/ingesta distended stomach and small intestine – Findings are most consistent with a post-prandial patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, solid mass effect visualized associated with the spleen. Based on presentation, this could represent a benign or neoplastic lesion. The cytology reported favors a benign lesion, although this cannot be 100% confirmed cytologically.

There is no evidence of definitive/widespread metastatic disease (although small mets cannot always be seen). There are occasional ill-defined nodules visualized in the liver, which is heterogeneous likely secondary to current steroid use.

The cranial pole of the right adrenal is somewhat prominent. Previous reports identified a hyperechoic nodule in the cranial pole. It appears somewhat mottled and irregular, but a definitive nodule is not identified. Recommend continued monitoring (recheck in 3 months).



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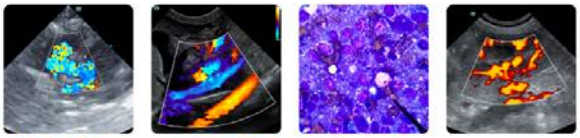

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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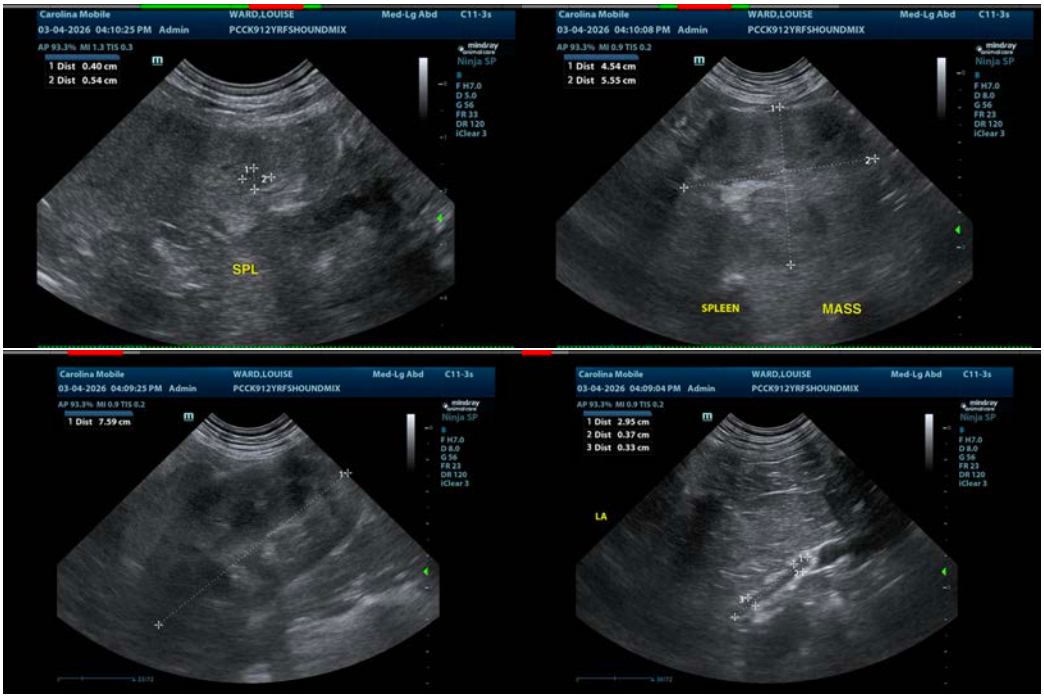

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com