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Clinical Sonography & Telecytology
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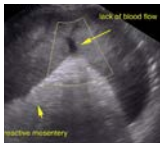
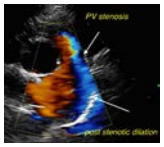
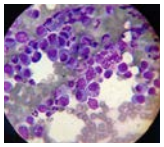
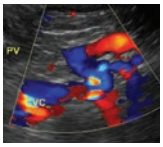





SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Drake Curry

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

55 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

47285

DATE

5/10/23

PRESENTING CLINICAL SIGNS

Last night he was off on energy, appetite, and began to get an enlarged belly. He peed in the room as well. Has historically had foreign body obstructions. On Thyro tabs and Gabapentin.

Abnormal PE/Chem/CBC/UA Results: PE: Pale, muddy, tacky gums with prolonged CRT. Pendulous, painful abdomen with fluid on quick scan. Weak pulses, weak rear limbs, grade II dental disease, and generalized muscle atrophy. No labs performed.

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 normal in size (1.29 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.71 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 (7.63 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 0.60 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.

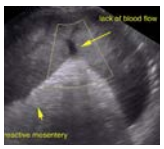
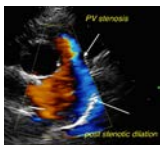
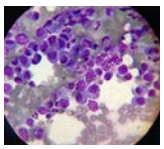
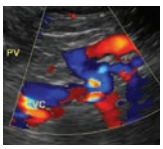
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a slightly hyperechoic mixed echogenic nodule visualized in the caudal portion of the spleen measuring 1.75 cm x 1.75 cm, which deviates the splenic capsule.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid/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 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 0.64 cm. Jejunum wall measures 0.42 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 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

There is a large volume of free abdominal fluid. No lymphadenopathy. The omentum is generally of normal echogenicity.

Other

A brief view of the heart was submitted, revealing a large mass effect in the region of the right atrium and ventricle, measuring 6.02 cm x 4.04 cm. No evidence of pericardial effusion visualized.

PRIMARY FINDINGS

- Mixed echogenic hyperechoic mass effect visualized in the spleen – There is a non-cavitated, mixed echogenicity hyperechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large volume free abdominal fluid – This likely represents ascites. A hemoabdomen cannot be ruled out. Recommend sampling to further evaluate.
- Mass effect visualized in the right atrium/ventricle – Findings are highly concerning for a neoplastic process (hemangiosarcoma). Other differentials are possible (clot, granuloma, etc.).

SECONDARY FINDINGS

- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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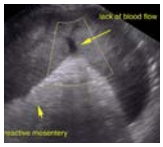
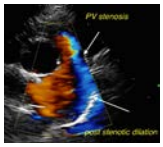
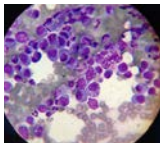
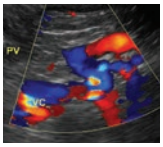

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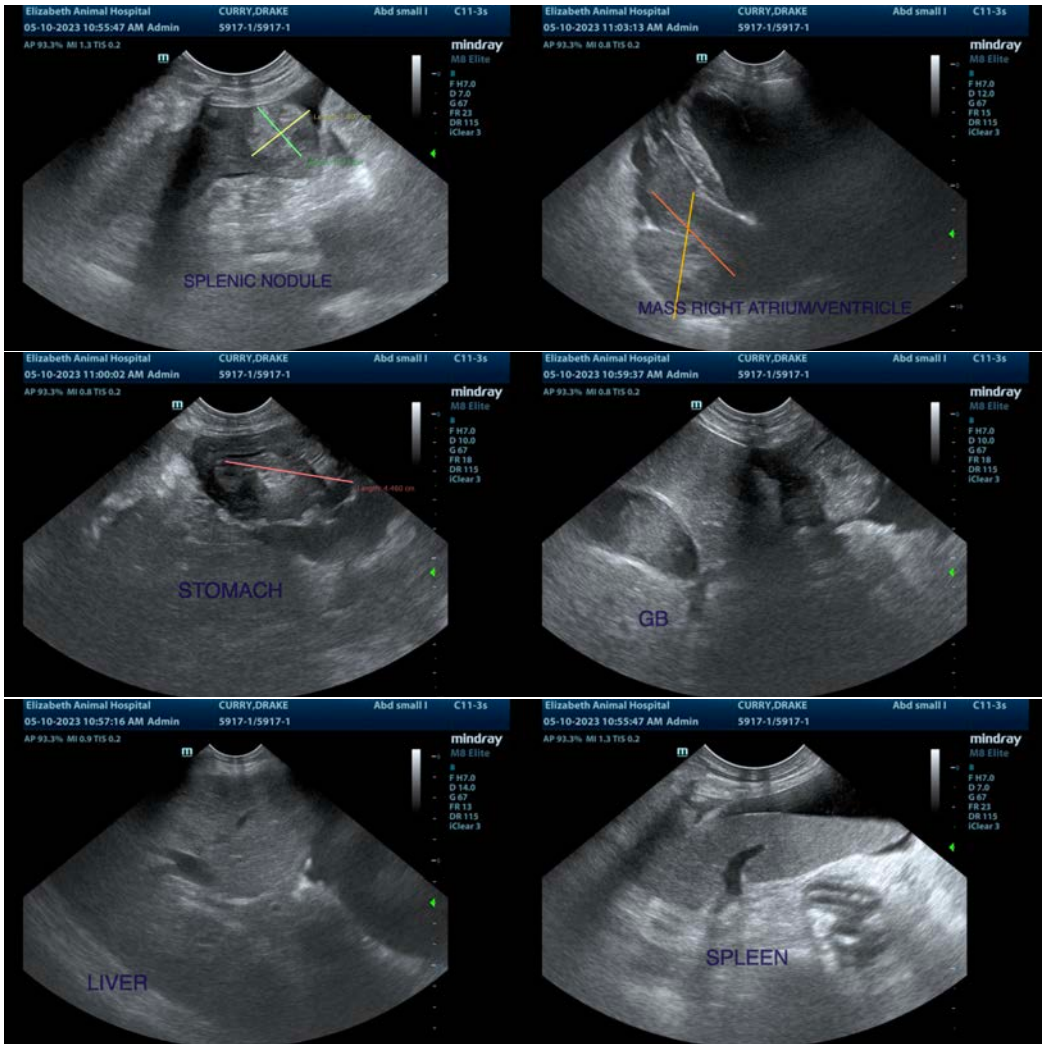
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most of the changes observed in the abdomen are relatively minor. There is a small lesion observed on the spleen. This could represent a benign or neoplastic process. A fine needle aspirate would need to be considered. There is a large amount of fluid present. This could represent ascites secondary to the right atrioventricular lesion visualized (symptoms consistent with right-sided heart failure), or less likely this could represent a hemoabdomen. Consider sampling.

The lesion observed in the heart is concerning for a neoplastic process. Consider a full cardiac ultrasound (with doppler on the mass effect to try and differentiate a clot from mass) and 3-view thoracic radiographs. Consultation with a veterinary oncologist could be considered to discuss possible further treatment options/palliative care. If the abdominal distention is uncomfortable, an abdominocentesis could be considered.



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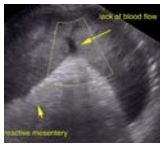
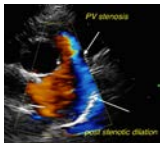
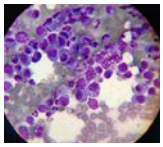
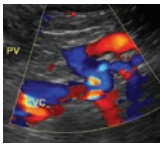

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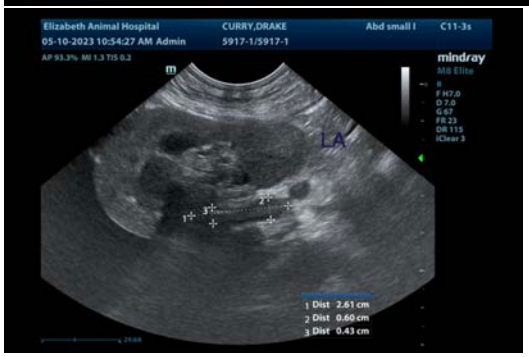

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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