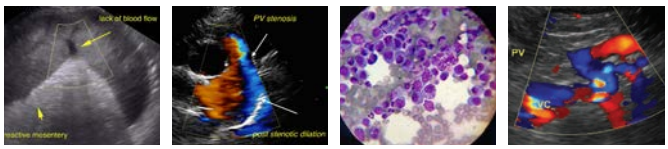
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
E.T. Ackerbauer

SPECIES
Canine

BREED
Brittany Spaniel

SEX
Intact Male

AGE
14 Years

WEIGHT
41 Pounds

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

IMAGING PERFORMED BY
Dr. Kara Wallisch

HOSPITAL NAME
Sondel Family VC

REFERRING VET
Dr. Kara Wallisch

INVOICE
47096

DATE
5/3/23

PRESENTING CLINICAL SIGNS

Has been slowing down/ADR/not eating well. Rads at rDVM showed enlarged spleen/possible cranial abdominal mass. Referred for AUS.

Abnormal PE/Chem/CBC/UA Results: 4/29/23- CBC: WBC 15.9k, PLT 655k Chem: ALT 167, ALP 230 PT and PTT wnl Rads attached

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 large, irregular, hyperechoic, and heterogeneous, measuring 4.63 cm x 4.61 cm, with small cystic regions of the parenchyma.

The left kidney has a normal shape and size (6.43 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 (5.95 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 0.43 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 normal in size measuring 0.46 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. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

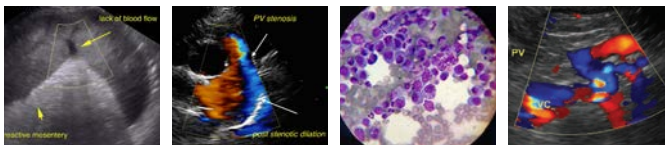
The spleen is large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, irregular, hypoechoic mass effect arising from the cranial portion of the spleen, measuring >4.74 cm x 4.19 cm.

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. A focal hyperechoic nodule is visualized within the parenchyma measuring 0.91 cm x 1.8 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 moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

E.T. Ackerbauer

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Intact Male

AGE

14 Years

WEIGHT

41 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kara Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Kara Wallisch

INVOICE

47096

DATE

5/3/23

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 0.40 cm. Jejunum wall measures 0.33 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

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.

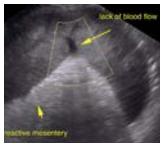
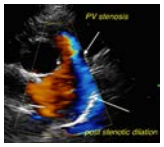
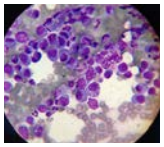
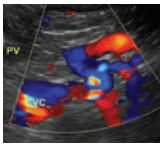
ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, irregular, heterogeneous prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis. Neoplasia is thought unlikely but cannot be ruled out.
- Large, mixed echogenic, hypoechoic 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..)
- Heterogeneous liver with hyperechoic nodule – 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. The appearance of the hyperechoic nodule trends towards a benign process.
- Moderate 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect visualized associated with the spleen. Areas of this lesion are hypoechoic, creating concern that this is a lesion that could cavitate and rupture. Consider splenectomy for both diagnostic and therapeutic purposes. Additionally, consider neutering at that time to help potentially resolve the prostatic disease visualized. Additionally, recommend a urinalysis and culture and reevaluation of the prostate approximately two months after neutering.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

E.T. Ackerbauer

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Intact Male

AGE

14 Years

WEIGHT

41 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kara Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Kara Wallisch

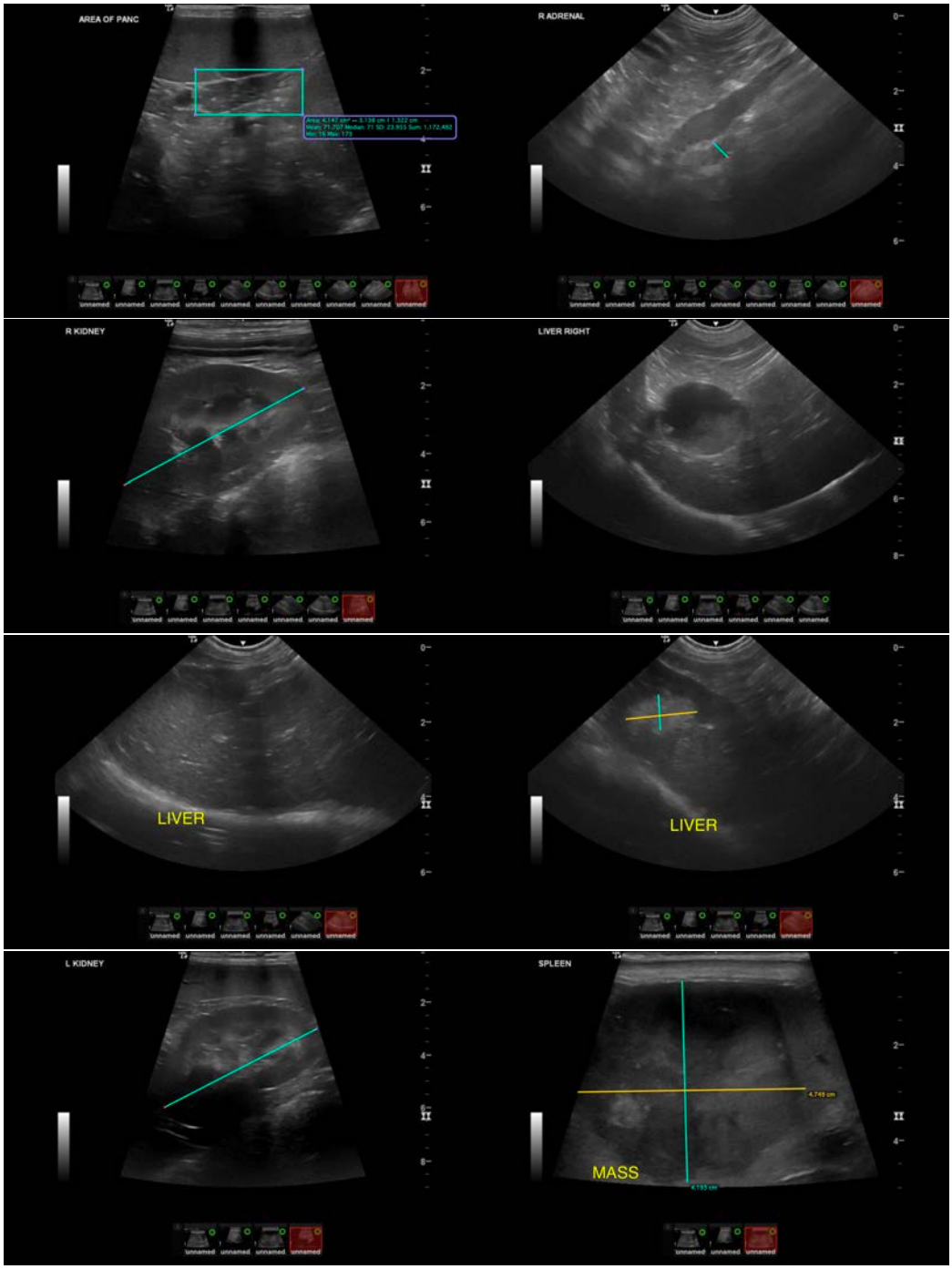
INVOICE

47096

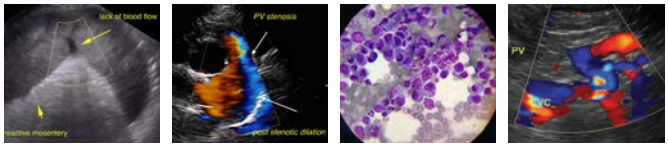
DATE

5/3/23

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

E.T. Ackerbauer

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Intact Male

AGE

14 Years

WEIGHT

41 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kara Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

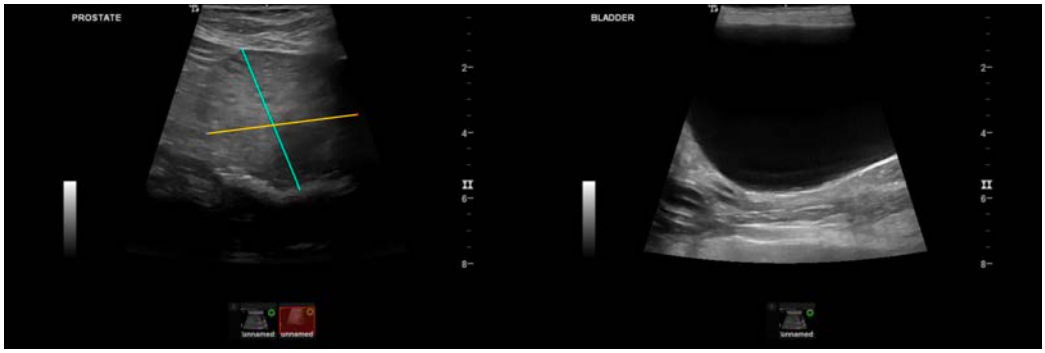
Dr. Kara Wallisch

INVOICE

47096

DATE

5/3/23



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