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Clinical Sonography & Telecytology
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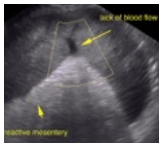
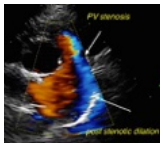
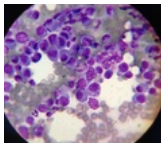
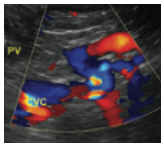





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Regan Pulgar

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

14

WEIGHT

29.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Jose Pla

INVOICE

10278

DATE

6/27/2023

PRESENTING CLINICAL SIGNS

Anemia 32% Chronic GI sign diarrhea

Abnormal PE/Chem/CBC/UA Results: Anemia 32%

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 (6.55 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 (6.3 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 0.51 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 0.53 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 subjectively large in size and irregular. 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 large mass effect which is suspected to be of splenic origin described under “other”.

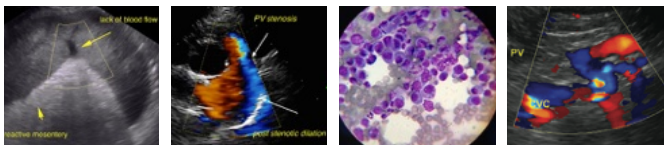
Liver

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. No focal nodules or cystic lesions are observed.

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 moderate stomach 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



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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. The jejunum measured as normal (0.22 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

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 mid cranial abdomen there is a large hypoechoic heterogenous mass effect measuring greater than 7.75 cm x 5.15 cm. This appears associated with tissue which has a hypoechoic nodule measuring 1.93 cm in diameter. This is most consistent with a mass effect arising from the spleen, but hepatic origin cannot be definitively ruled out.

PRIMARY FINDINGS

- Large, heterogenous hypoechoic mid cranial abdominal mass. The appearance of this lesion is most consistent with a splenic mass lesion. Although, a hepatic origin cannot be definitively ruled out. Primary differentials for large solid splenic mass would include neoplasia (hemangiosarcoma, histiocytic sarcoma, lymphoma, other) or benign neoplastic or benign (hematoma, regenerative nodule, other.)

- Large, mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large 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.

- 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.

- Moderate shadowing material visualized within the gastric lumen. Findings are most consistent with non-fasted patient. If the patient was fasted consider the possibility of ingested foreign material, delayed gastric emptying, etc.

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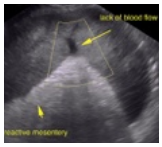
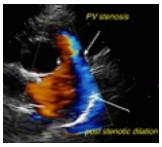
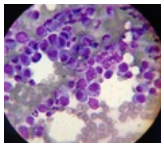
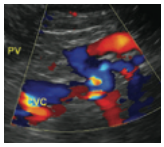

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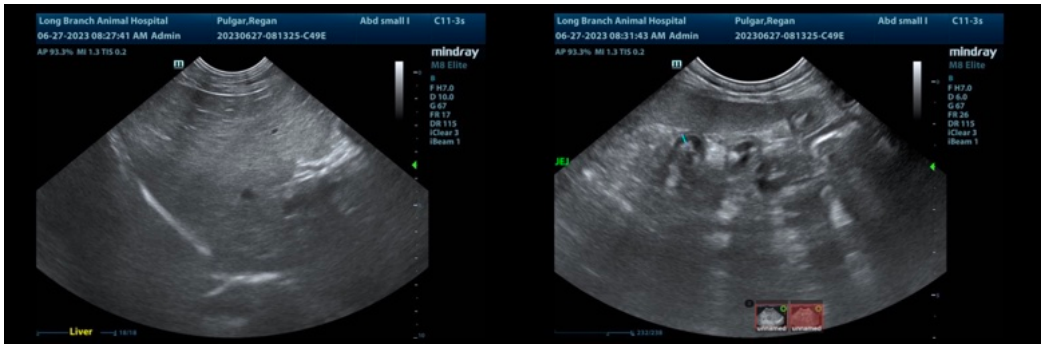
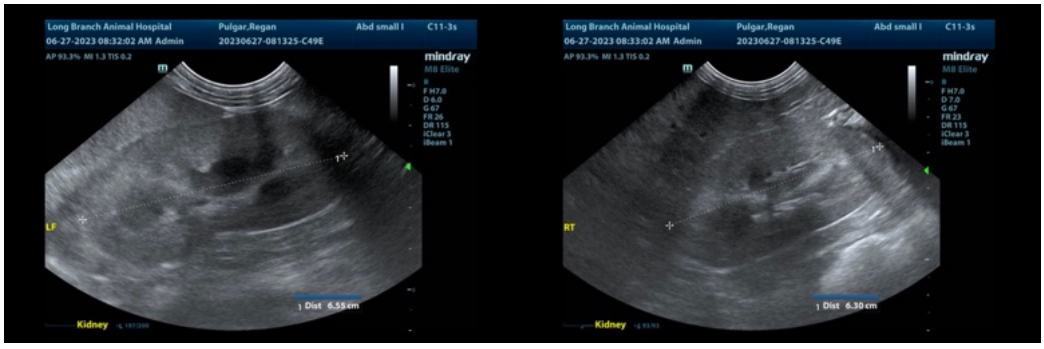
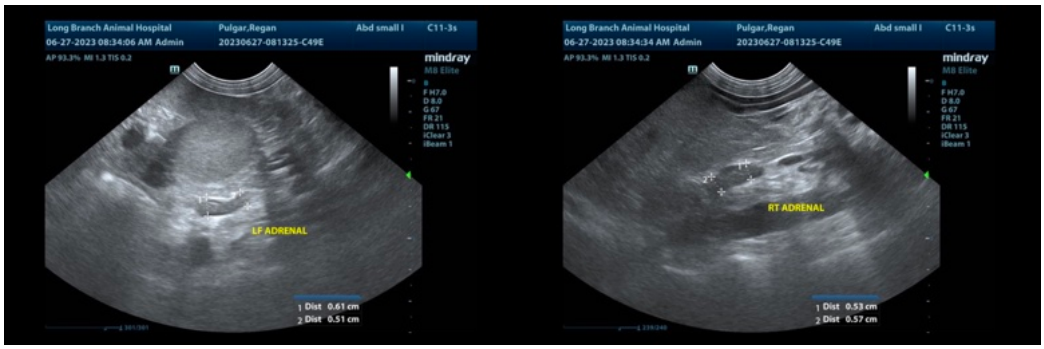
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large heterogenous hypoechoic cranial/mid-abdominal mass lesion which appears to be rising from a section of tissue, with a hypoechoic nodule, most consistent with splenic tissue as it lies caudal to the stomach. Although, a direct connection with the remainder of the “normal” spleen is not clearly visualized, less likely this could be an atypical liver lobe. Options moving forward would include a fine needle aspirate of the mass effect for cytologic evaluation, and/or a contrast CT scan for surgical planning and to confirm the origin of the mass lesion or exploratory surgery with the capability of handling the unlikely event of a liver lobectomy, etc.

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







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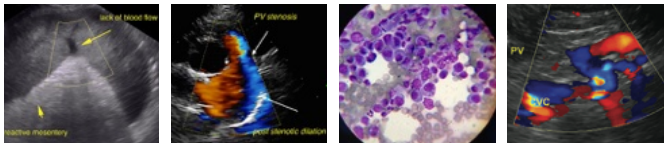

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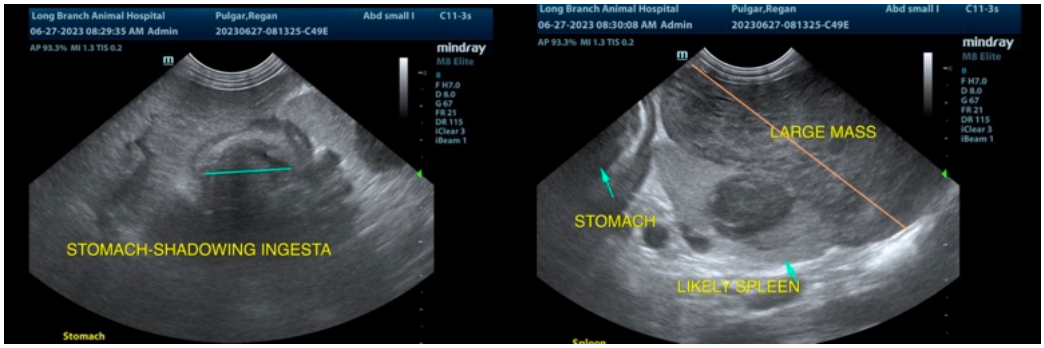

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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