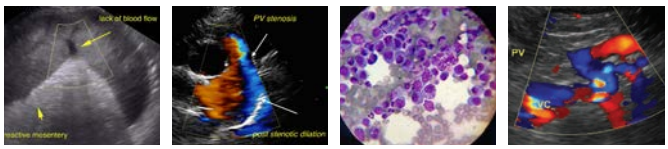
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Buffy Edelman

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Jamie DeSpirito

INVOICE

39933

DATE

7/28/22

PRESENTING CLINICAL SIGNS

Patient presents due to large firm mass on right lateral neck - met check, questionable hepatomegaly. Abnormal PE/Chem/CBC/UA Results: HCT 29.7, HGB 9.3, high retics. PLTs 93 (appears moderately decreased), AST 85.

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 (6.37 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.94 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.46 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 0.59 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.

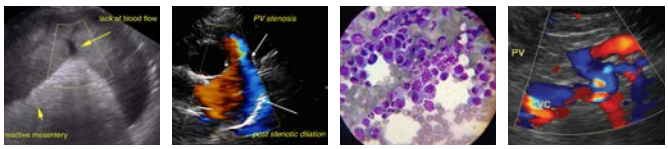
Spleen

The spleen is large, irregular and heterogeneous. blood flow through the hilus and splenic parenchyma appears normal. There are numerous ill-defined hypoechoic nodules visualized within the spleen. There is a well demarcated, hypoechoic, almost cavitated appearing nodule that disrupts the splenic capsule visualized measuring 1.12 cm x 1.49 cm. Additionally, there is a smaller, well circumscribed, hypoechoic lesion measuring 0.38 cm x 0.58 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. There are numerous ill-defined nodules visualized within the hepatic parenchyma, most of which could be consistent with nodular regeneration, etc. The larger mixed echogenic, poorly defined lesion is visualized measuring 3.63 cm x 3.42 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



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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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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. There is a prominent, hypoechoic structure most consistent with an enlarged lymph node, measuring 0.94 cm in width near the urinary bladder. Additionally, there is a small, hypoechoic, round structure with a hyperechoic perimeter measuring 0.63 cm medial to the left kidney (possibly mineralized fat, lymph node?).

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, nodular spleen with suspected cavitated nodule – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The discrete nodule is concerning for an underlying neoplastic process.

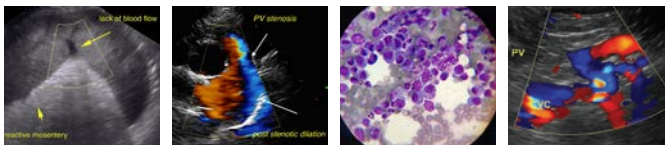
- Heterogeneous liver with ill-defined nodules and a larger, poorly defined, mixed echogenic lesion – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The general appearance of most of these nodules trends towards a more benign lesion, but given the splenic findings, recommend a fine needle aspirate.

- Suspected enlarged lymph node in the region of the urinary bladder – recommend fine needle aspirate.

- Small, rounded, discrete, hypoechoic structure medial to the left kidney – recommend continued monitoring. This subjectively appears somewhat benign/possibly calcified fat, lymph node, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic findings are concerning. It is overall mottled with ill-defined nodules, but some of the nodules are becoming more discrete, and one nodule in particular is in the periphery of the spleen, disrupting the capsule, and appears somewhat cavitated. Recommend a fine needle aspirate of the



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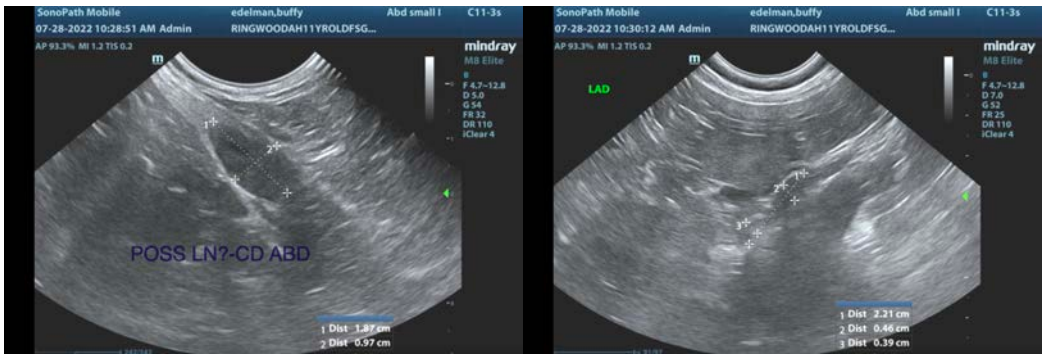
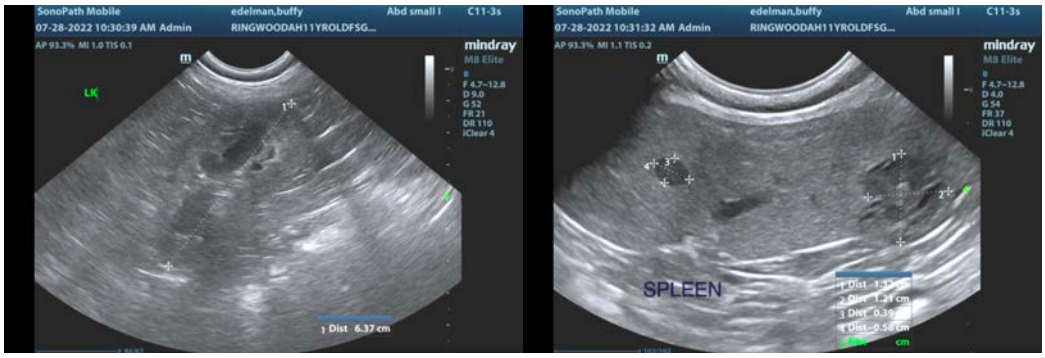
spleen.

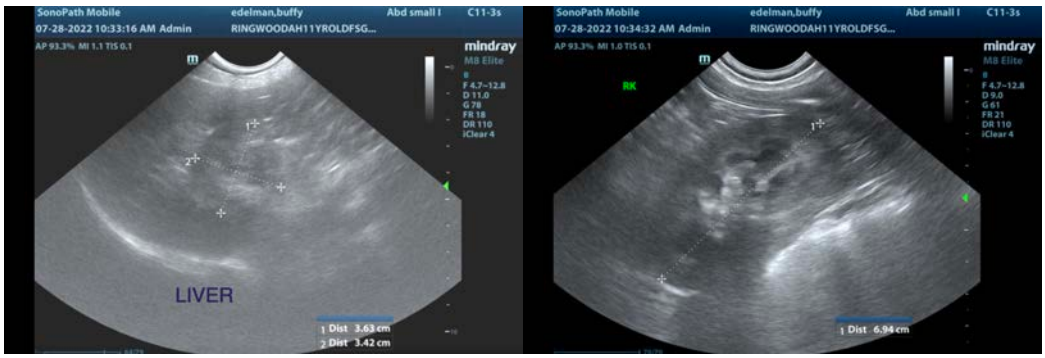
Additionally, the liver is heterogeneous with ill-defined nodules. Recommend a fine needle aspirate of the liver and 3-view thoracic radiographs.

There is a hypoechoic structure visualized near the urinary bladder. Consider a fine needle aspirate of this lesion as well as a fine needle aspirate of the neck mass to try and determine the nature of the lesion and the likelihood for metastatic abdominal lesions.

The small ovoid structure medial to the left kidney has a somewhat benign appearance, but recommended continued monitoring for possible progression of the lesion.







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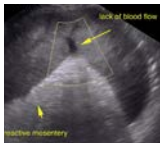
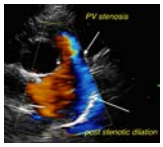
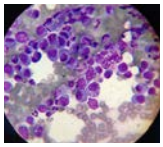
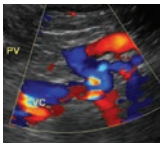

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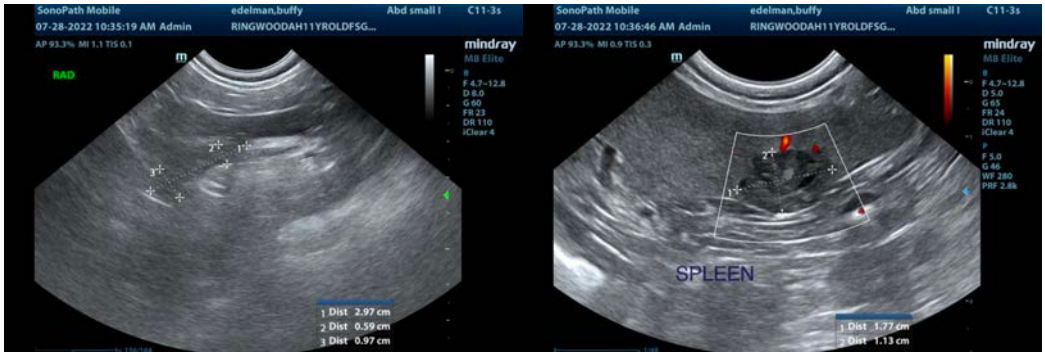

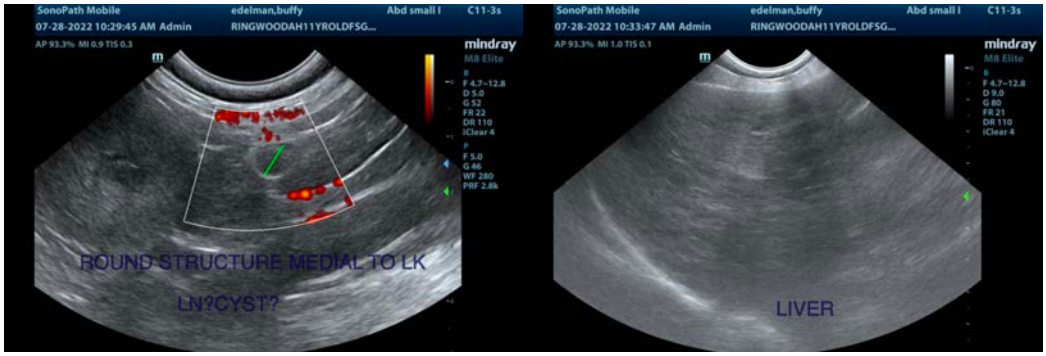

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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