

PATIENT PRESENTING CLINICAL SIGNS

Tucker Sims
P arrived for a routine dental and cyst and lipoma removal. Ventricular arrhythmia noted on ECG. Brief ultrasound concerning for splenic mass. T-fast neg, no obvious tamponade or mass noted. RAD report:
CONCLUSIONS: 1. A mass in the body of the spleen is concerning for neoplasia such as hemangiosarcoma. 2. No additional intra-abdominal abnormalities are seen. 3. Normal-appearing thorax with no signs of metastasis evident. 4. Overweight patient

SPECIES

Canine

BREED

Treeing Walker
Coonhound

SEX

Neutered Male

AGE

8 Years

WEIGHT

84 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Michelle Caldwell

INVOICE

43845

DATE

7/6/23

Abnormal PE/Chem/CBC/UA Results: (HCT 59%, PLT 243, alb 4.4, CA 11.8 (high normal limit on our machine is 11.8). (QAR, abdomen tense on palpation, no murmur noted.

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 (1.3 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 (7.87 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 (8.05 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 0.84 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 0.69 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 normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenic mass effect visualized measuring 7.43 cm x 8.72 cm near the hilus.

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



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the vasculature and biliary tract appear normal. There is a mixed echogenic, hyperechoic mass effect visualized in the right side of the liver, somewhat near the gallbladder, measuring 4.85 cm x 4.75 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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. The pancreaticoduodenal lymph node is prominent measuring 0.88 cm x 1.05 cm. The omentum is hyperechoic around the splenic mass.

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. An arrhythmia is suspected.

PRIMARY FINDINGS

- Mixed echogenic solid splenic mass lesion – 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 a focal hyperechoic mass effect – Findings could be consistent with a primary hepatic mass lesion, less likely a metastatic lesion.



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- Prominent pancreaticoduodenal lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDINGS

- Prominent, mottled right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

There is a mixed echogenic mass effect visualized on the spleen. This could represent a benign or neoplastic lesion. Typically, a splenectomy would be recommended for both diagnostic and therapeutic purposes. Alternately, you could consider a fine needle aspirate to try and obtain more information.

AGE

8 Years

Additionally, there is a hyperechoic mass effect visualized associated with the liver. This could be associated with the splenic mass, or it could be a separate disease process. Based on the size and the appearance, I would suspect a primary hepatic mass lesion (adenoma, carcinoma, other), but metastasis cannot be ruled out. Based on the images provided, I suspect sampling of this lesion would be challenging. If a window exists, a fine needle aspirate could be considered. Alternately, you could consider a contrast CT scan to obtain more detail, looking for additional evidence of metastatic lesions and to further evaluate the liver mass for possible surgical resection. If the CT scan was encouraging, consultation with a veterinary surgeon regarding possible splenectomy and liver lobectomy could be considered.

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

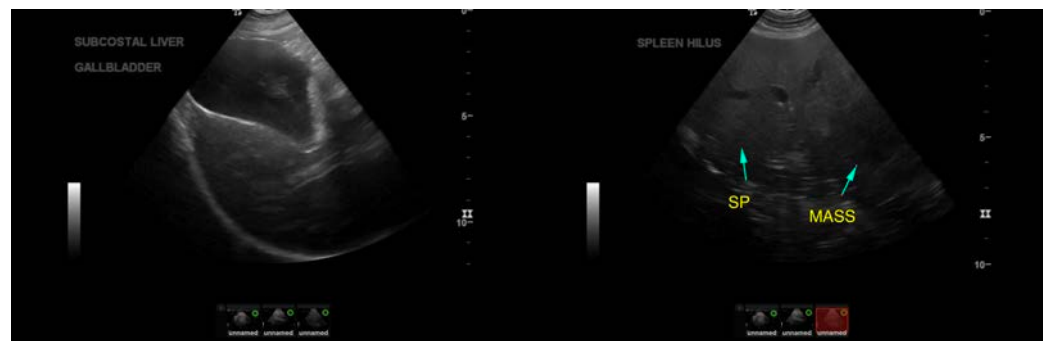
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Recommend a full echocardiogram due to the arrhythmia and neoplastic lesions observed.

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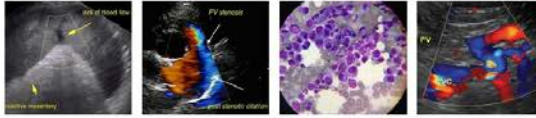
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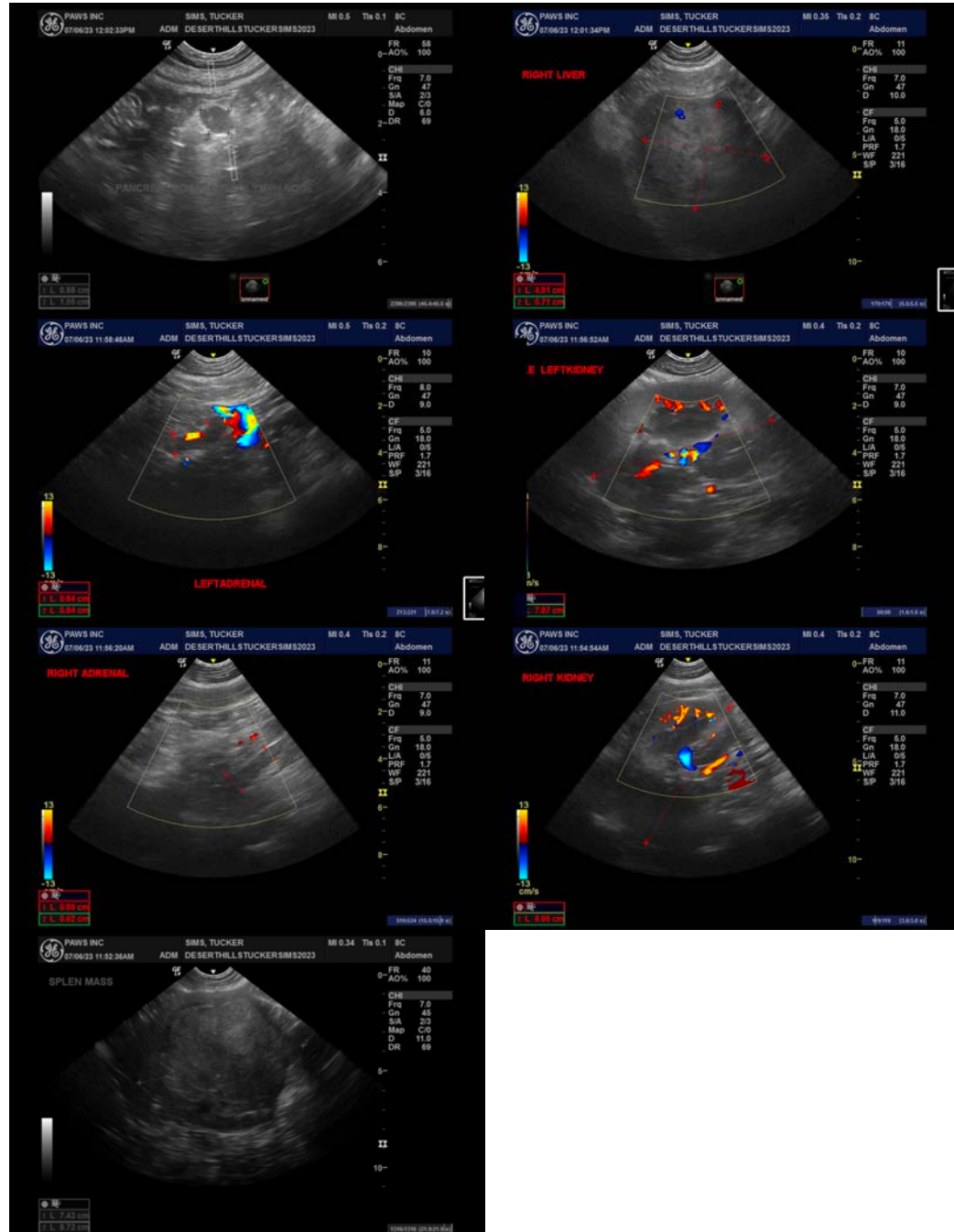
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@sonopath.com