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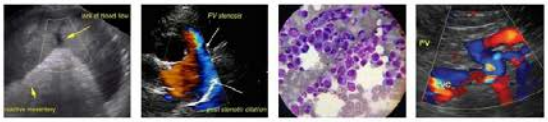


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Panda Haisch

SPECIES

Canine

BREED

Min Pin

SEX

Spayed Female

AGE

12 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Stacy Micjaelis

INVOICE

40745

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Few day hx of lethargy, mild diarrhea, and episodes of appearing uncomfortable and breathing faster Physical exam findings: Dehydration, full in cr abd, but unable to assess for overt organomegaly Abnormal CBC values: HCT 35% w/ mild hypochromic microcytic regenerative anemia (mild regenerative response) Abnormal Chemistry Values: ALP 442, and very mild hyperglobulinemia 4.7

Abnormal PE/Chem/CBC/UA Results: Normal thorax on RADs- Cranial Abdominal mass on RADs-ALP 442

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears of normal thickness and irregularity, but there is a focal hypoechoic irregular polypoid mass effect visualized associated with the bladder wall. It appears to be mid body in the bladder. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are concerning for a transitional cell carcinoma.

The left kidney has a normal shape and size (4.11 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 (4.67 cm) with a 0.39 cm cortical cyst. Overall echogenicity is slightly hyperechoic with poor 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 0.59 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.

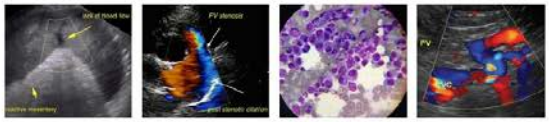
The right adrenal gland is normal in size measuring 0.66 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large in size and irregular. The spleen echotexture is heterogenous and mottled. There is a large hypoechoic mass effect arising from the cranial third of the spleen measuring 4.28 cm x 4.46 cm. Additionally, there is an intraparenchymal hypoechoic nodule measuring 0.52 cm. The blood flow through the hilus and splenic parenchyma appears normal.

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



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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 hyperechoic debris. 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 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

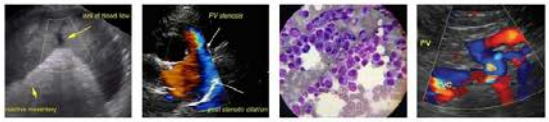
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Irregular polypoid mid body bladder mass – most concerning for a transitional cell carcinoma. Recommend urinalysis and culture.
- Large, irregular, mottled spleen with a large, hypoechoic mass effect – Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.
- Heterogeneous 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),



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infiltrative neoplasia (less likely) or other hepatopathy.

SECODARY FINDINGS

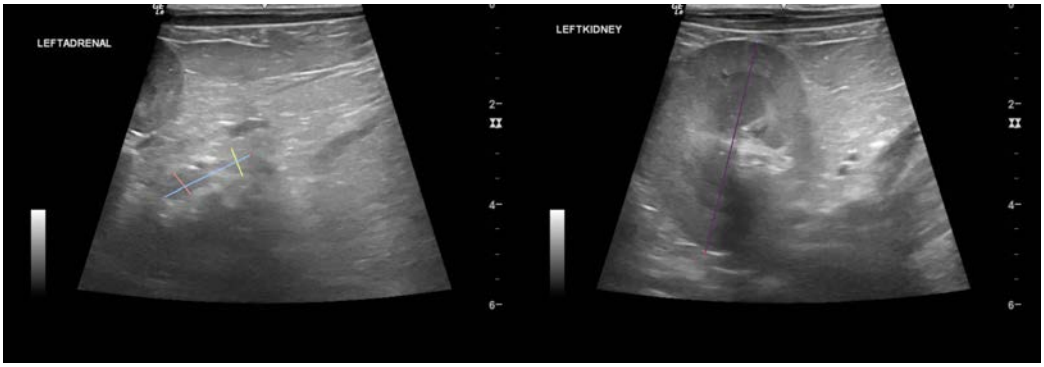
- Decreased corticomedullary distinction in both kidneys with small cortical cysts
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate hyperechoic debris in the gallbladder – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, hypoechoic splenic mass. This could represent a benign or neoplastic lesion. Options moving forward include splenectomy for both diagnostic and therapeutic purposes, or a fine needle aspirate. Unfortunately, the size of this mass lesion is concerning, as it could rupture regardless of if it is benign or neoplastic.

Additionally, there is a mass effect within the urinary bladder. The appearance of this mass lesion is concerning for a possible transitional cell carcinoma. Currently, there appears to be no interference with the trigone region, and no evidence of obstruction. Options for further evaluation/therapy would include a traumatic catheterization with cytology, a urine BRAF test, or even referral to a veterinary surgeon for both splenectomy and biopsy/removal of the urinary bladder mass, provided it is in a good location for removal. I would recommend consultation with a veterinary oncologist prior to considering surgical removal of the bladder mass, as removal would not be curative, but can sometimes be part of a treatment strategy.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement. (I believe thoracic radiographs have already been done)



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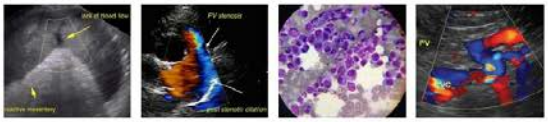

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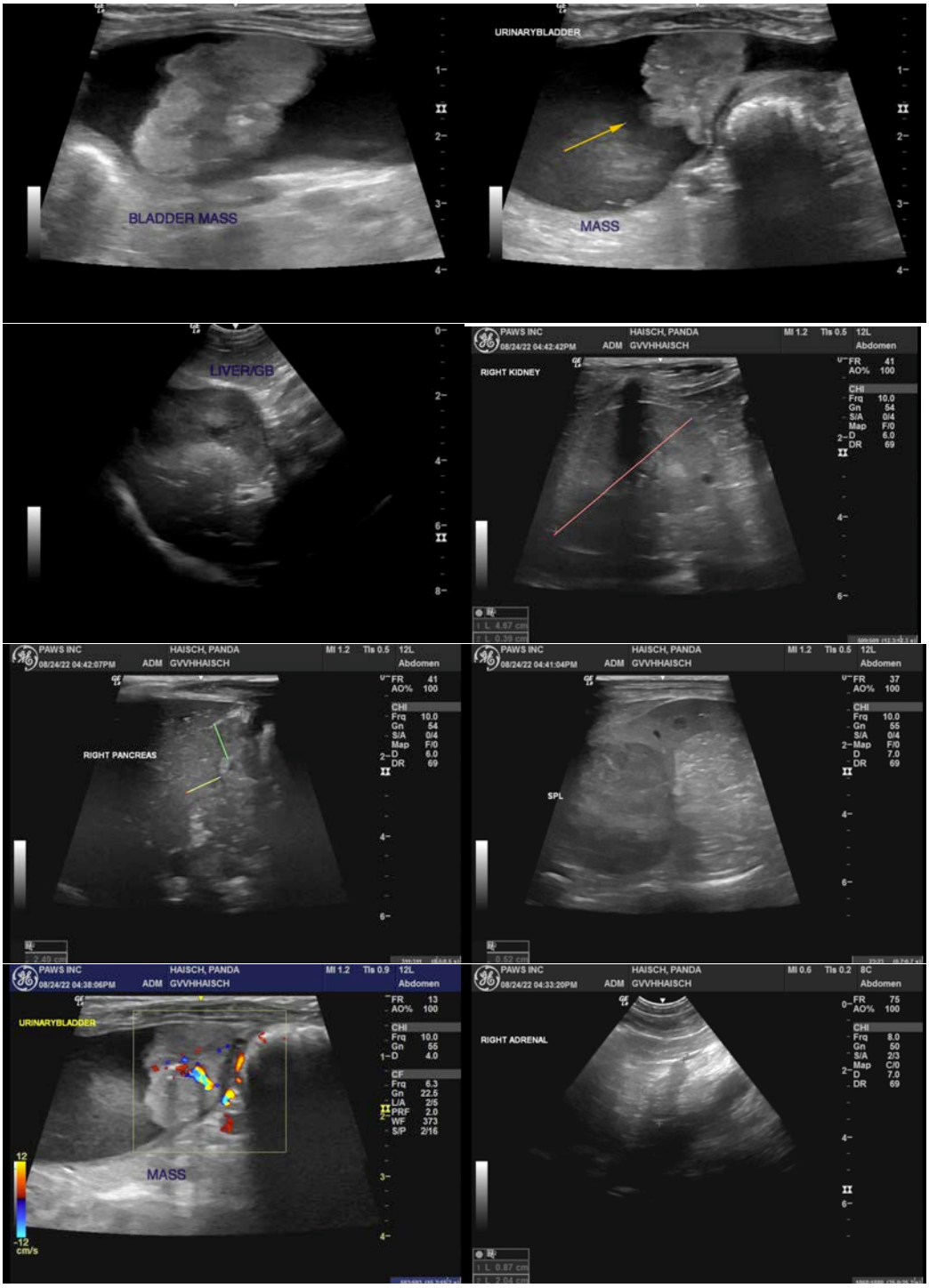

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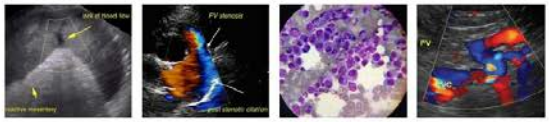

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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