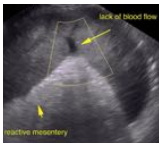
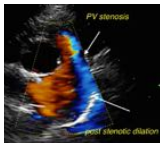
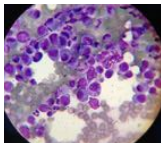
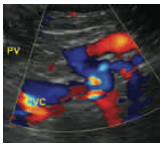

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1-800-838-4268 info@sonopath.com

PATIENT

Cezar Stephenson

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

11 years

WEIGHT

8.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Animal Care Center of Flanders

INVOICE

91804

DATE

9/14/21

PRESENTING CLINICAL SIGNS

History: check liver, tumor hunt, check kidneys.
Abnormal PE/Chem/CBC/UA Results: BUN 39, ALT 135, ALKP 462, Ca++ high 13.8 and 11.9 corrected, Mg++ 3.0, Na 162, Cl- 132, chol 411; USPG 1.027

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 (0.97 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 (7.51 cm). 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 (8.03 cm). 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 large in size measuring 1.0 cm at the cranial pole, 1.4 cm at the caudal pole and 4.07 cm in length. 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.

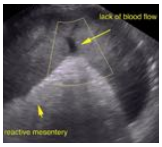
The right adrenal gland is normal in size measuring 0.77 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

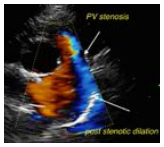
Spleen

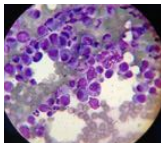
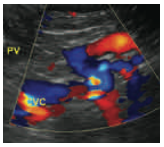
The spleen is subjectively (normal or large) in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 4.88 x 3.38 cm, solid, slightly hypoechoic mass effect towards the middle of the spleen which deviates the splenic capsule.

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 is a somewhat, ill-defined, small, hypoechoic nodule that measured 1.37 x 1.87 cm. The gallbladder lumen is moderately distended. The wall of the





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gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 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

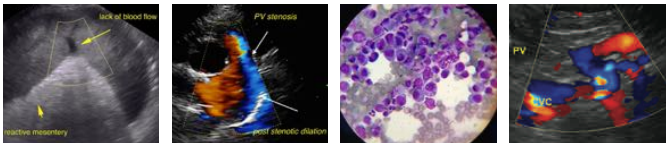
There is no pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mottled spleen with a hypoechoic mass. 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.

- Heterogenous liver with small, hypoechoic 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



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hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Mildly reduced corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

SECONDARY FINDINGS:

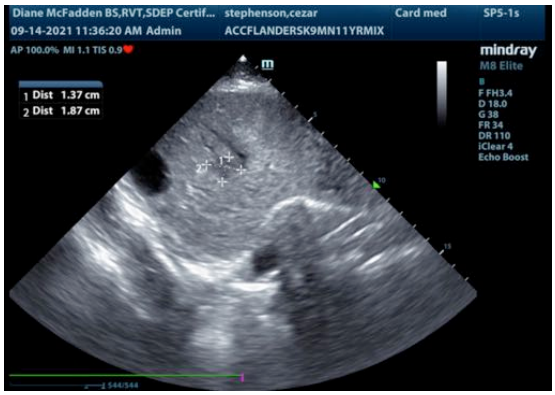
- Slightly enlarged left adrenal gland. The significance of this is currently unclear as the adrenal gland appears relatively normal in shape and echogenicity, but is slightly larger than the right adrenal gland (which is normal in size). I recommend to continue monitoring for any changes.

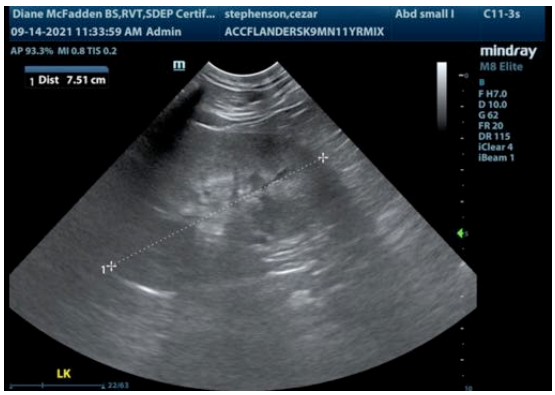
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

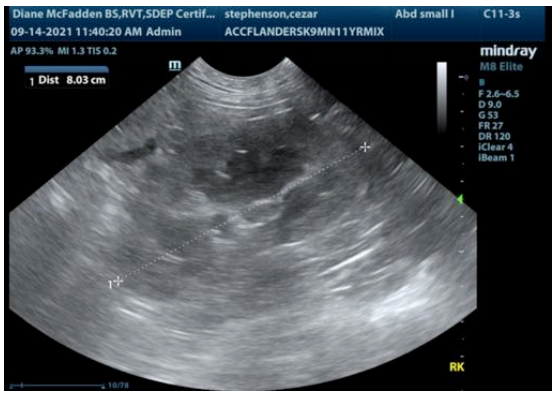
There is a fairly discrete, splenic mass observed. Additionally the parenchyma of the spleen is somewhat mottled. Consider splenectomy for therapeutic and diagnostic purposes. I recommend three view thoracic radiographs and consider hepatic biopsy at the same time.

The significance of the left adrenomegaly is unclear as the adrenal gland appears relatively normal in shape and texture. I recommend to continue monitoring. Consider blood pressure evaluation.

I recommend an ionized calcium, PTH and PTHrP level to further evaluate the hypercalcemia and determine if it is significant and if it can be related to the splenic mass.







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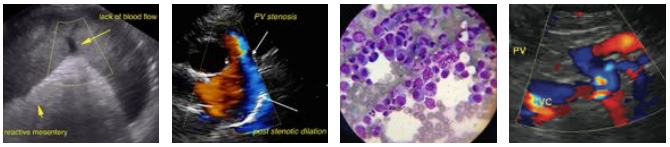

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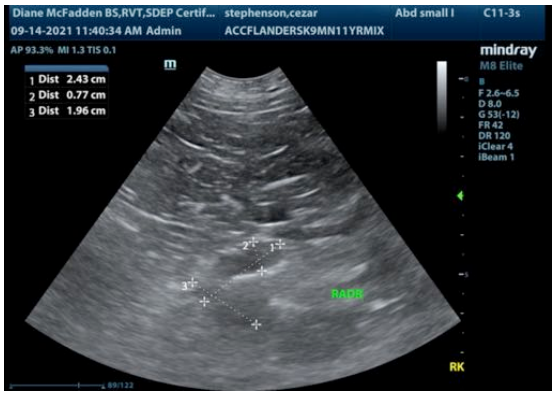

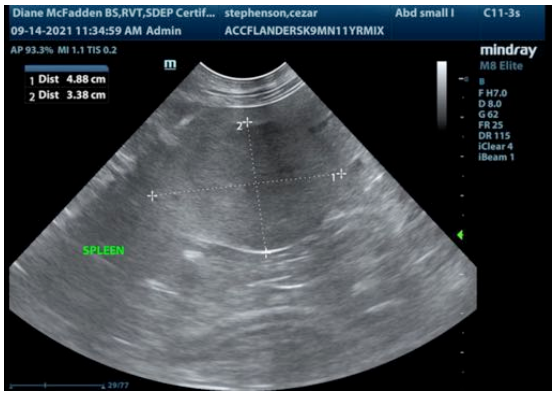

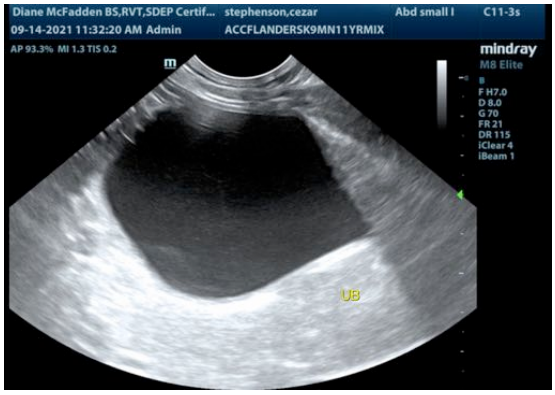

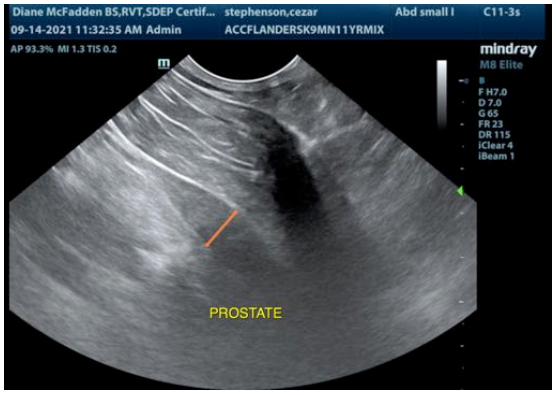

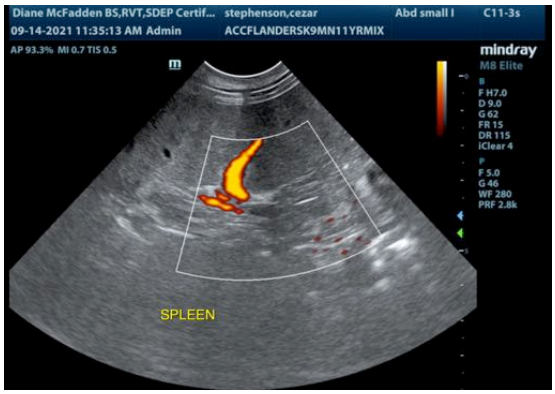

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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