



PATIENT PRESENTING CLINICAL SIGNS

Tinka Lagomarsino

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

12 years

WEIGHT

79 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. Dahlgren

INVOICE

91966

DATE

9/23/21

History: Chief Concern / Provisional Diagnosis: Cancer screen; prior to surgery for suspected Melanoma on R submandibular region - ensuring no metastasis / overlooking health of patient in general. On Pre-Op BW liver values increased significantly. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ALT 232 (18-121) ALKP 985 (5-160) GGT 14 (0-13) Lipase 265 (0-250) TT4 0.7 (1-4.0) MCV 77 (59-76) MCH 26.3 (21.9-26.1) *All other values wnl on comprehensive blood screen In Feb 2021, the results above were within reference range. Current medications (include full name, dosage and frequency): Nat Path Xue Fu Zhu Yu Tang - 1/2 tsp PO BID Adequan 1.5mls SQ monthly Prednisone 10mg - 1 tab on EVEN days and 1/2 tab on ODD days Relevant Radiograph Findings(email radiographs if available): 3 view chest rads performed today for metastasis / cancer check

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic 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 (7.46 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 (7.82 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.

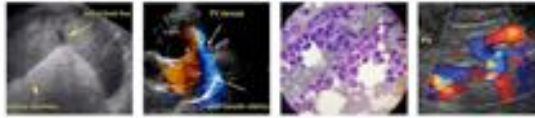
Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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 0.38 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. 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, slightly mixed echogenic, solid splenic mass visualized measuring 6.83 x 7.46 cm.



PATIENT *Liver*

Tinka Lagomarsino

The liver is subjectively large 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. No focal nodules or cystic lesions are observed. 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.

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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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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Loetitia Saint-Jacques, RVT

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.

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Heart

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

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, solid splenic mass. Differentials include neoplasia (hemangiosarcoma), hemangioma, other(hematoma, abscess, other).

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- 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. Current Prednisone therapy may be responsible for the large liver and the elevated liver values reported.

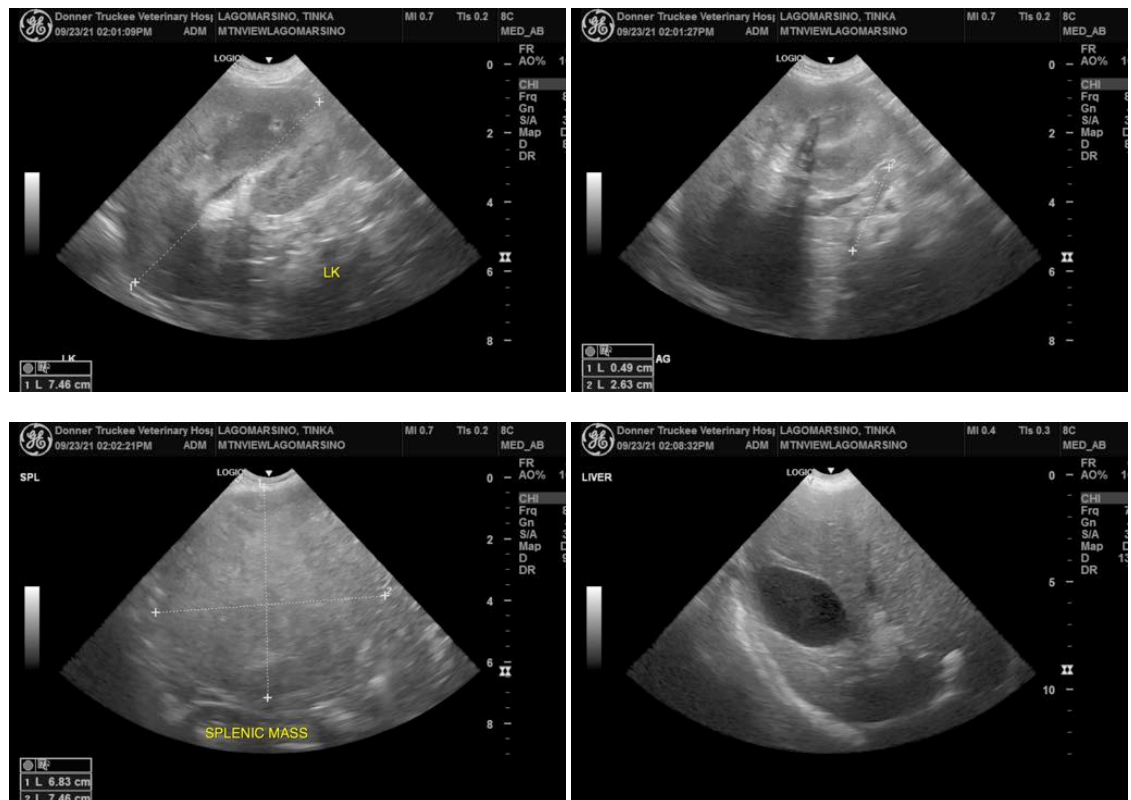
SECONDARY FINDINGS:

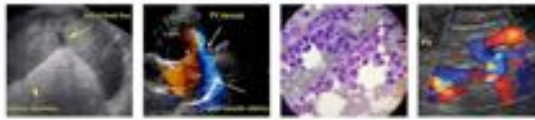
- Mildly echogenic urine. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious evidence of metastasis in the abdomen. The splenic mass is unlikely to represent a metastatic lesion, but could be benign or malignant. I recommend three view thoracic and splenectomy for therapeutic and diagnostic purposes.

I suspect that the liver enzyme elevation and appearance of the liver is due to the chronic prednisone therapy. If this is unlikely to be the case consider FNA of the liver.





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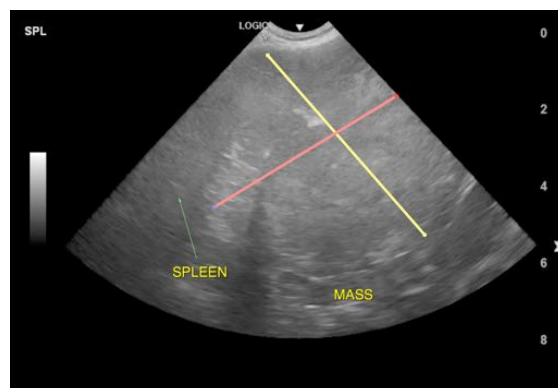
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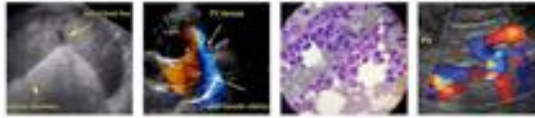
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The information and recommendations provided are based on the images presented by the referring



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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.

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