

**PATIENT**

Beau Skudlarczyk

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

6 Years 3 Months

**WEIGHT**

43.5 kg

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr. Wirth

**INVOICE**

37294

**DATE**

4/29/22

**PRESENTING CLINICAL SIGNS**

Hemophagocytic histiocytic sarcoma with splenectomy performed on 1/8/22. Started CCNU/doxorubicin therapy on 2/17/22. Also treated with prednisone. Recheck bloodwork on 4/22 showed an worsening anemia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

**Prostate**

The prostate is homogenous and measures 1.01 cm, which is within normal limits for a neutered male.

**Kidneys**

The **left** kidney measures 7.40 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, is well preserved. Mild mineralization of the diverticulae and pelvis is observed, without nephroliths or pyelectasia. A normal amount of intrapelvic fat is observed. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 8.25 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, is well preserved. Mild mineralization of the diverticulae and pelvis is observed, without nephroliths or pyelectasia. A normal amount of intrapelvic fat is observed. The surrounding mesentery is not hyperechoic.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.66 cm at the cranial pole and 0.46 cm at the caudal pole. Slightly "flattened", but no abnormalities are noted with the gland's overall echogenicity or echotexture. The slightly flattened shape is attributed to the administration of steroids. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.58 cm at the cranial pole and 0.46 cm at the caudal pole. The gland is diffusely flattened, which is attributed to the administration of prednisone. No abnormalities are noted with the gland's overall echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

Splenectomy performed 1/8/22; diagnosis of hemophagocytic histiocytic sarcoma

**Liver**

Hepatomegaly is evident, as the borders are irregular and rounded. The parenchyma is severely heterogeneous with multiple nodules and masses of variable size. Multiple hypo to severely hypoechoic nodules are observed, including "target lesions", one of which measures, 1.62 cm in diameter x 1.47 cm in length. The integrity of the capsule of the liver is disrupted.

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A heterogeneous mass is observed in the left lobe on the transverse view. It measures 6.51 cm in diameter x 8.51 cm in length.

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The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

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**Gastrointestinal**

A large amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

**SEX**

Neutered Male

The small intestinal wall thickness (0.33 cm), including the duodenum (0.45 cm), is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

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There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

**Pancreas****WEIGHT**

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No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

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**Other****Lymph nodes**

Lymphadenomegaly and complete obliteration of the normal architecture of a mesenteric lymph node is present. It measures 3.16 cm in diameter x 4.64 cm in length. Its appearance is most consistent with infiltrative, lymphoproliferative disease, such as histiocytic sarcoma.

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A hepatic lymph node, which is also markedly enlarged and severely hypoechoic, is observed. It measures 2.55 cm in diameter x 5.14 cm in length.

A second hepatic lymph node, with a more irregular, lobulated shape, is noted. It measures 3.37 cm in diameter x 6.84 cm in length.

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The appearance of the hepatic lymph nodes are also consistent with neoplasia.

The mesentery surrounding the lymph nodes is severely hyperechoic.

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The gastric lymph node is mildly enlarged, and mildly heterogeneous, with small, irregular areas of hyperechogenicity. It is not as hypoechoic as the others, i.e. differential diagnoses include reactive hyperplasia and early infiltrative disease.

**Abdominal effusion** is not visualized.

**INVOICE**

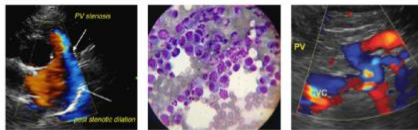
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**ULTRASONOGRAPHIC FINDINGS**

- Previously diagnosed with hemophagocytic histiocytic sarcoma; splenectomy performed 1/8/22.

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- Today's ultrasound shows metastases to the liver and multiple lymph nodes, which is not uncommon with histiocytic sarcoma, despite the administration of chemotherapy.

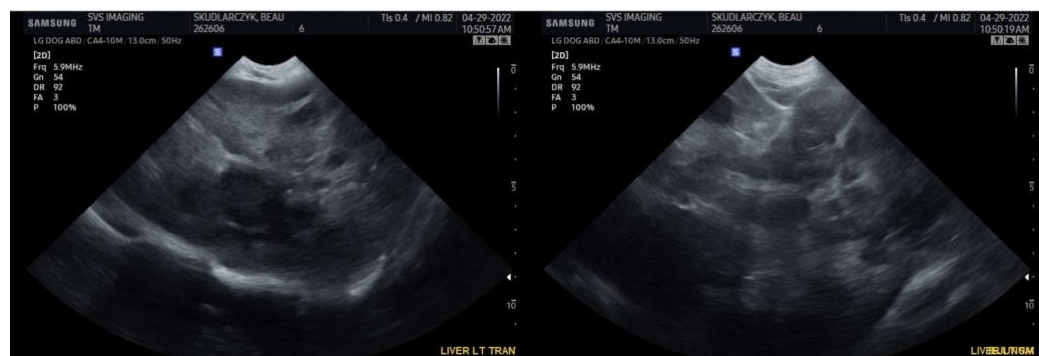
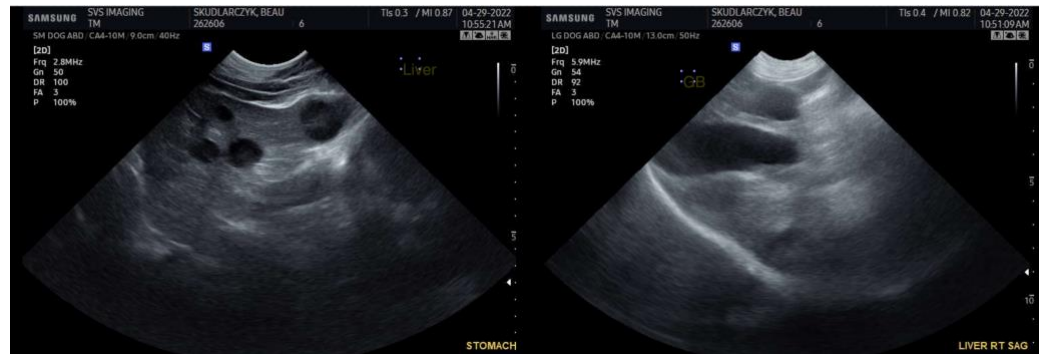
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspiration with cytology of the affected nodes may be performed to confirm metastases.

Referral to an oncologist may be pursued to discuss the possibility of dose adjustment, rescue therapy protocols, as well as alternative therapies.

The administration of analgesics is suggested, for example, gabapentin. However, a slow uptitration of the dose (every few days) is suggested, to avoid sedation.

I am sorry I could not be the bearer of better news for Beau.



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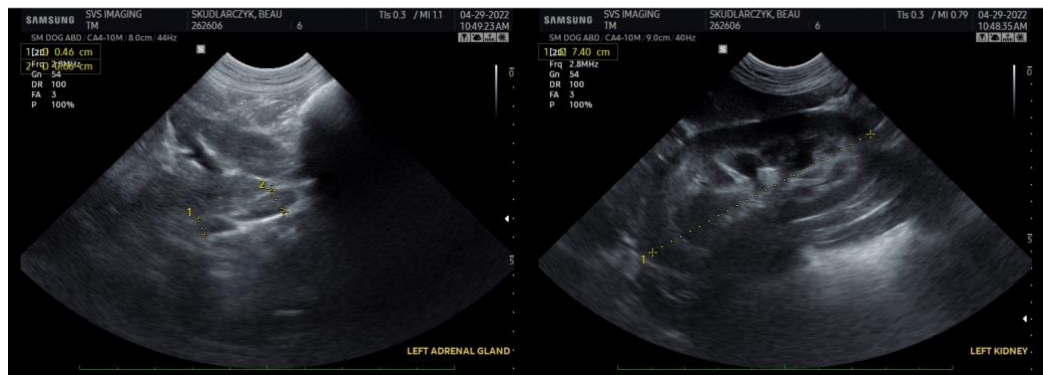
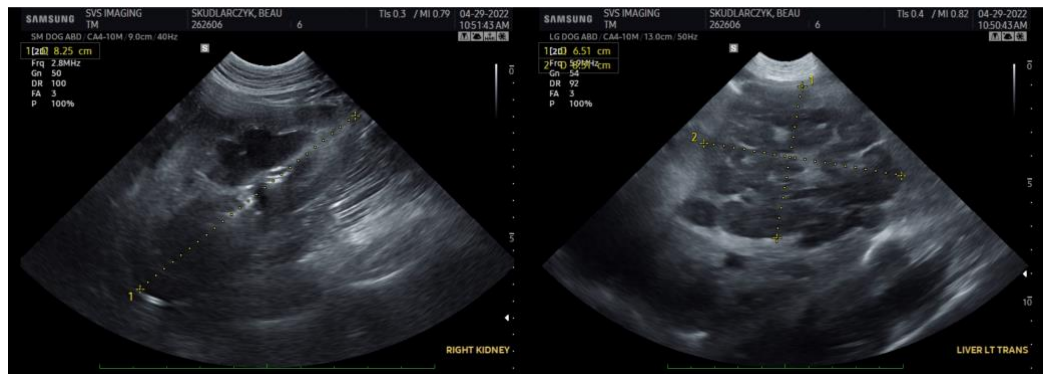
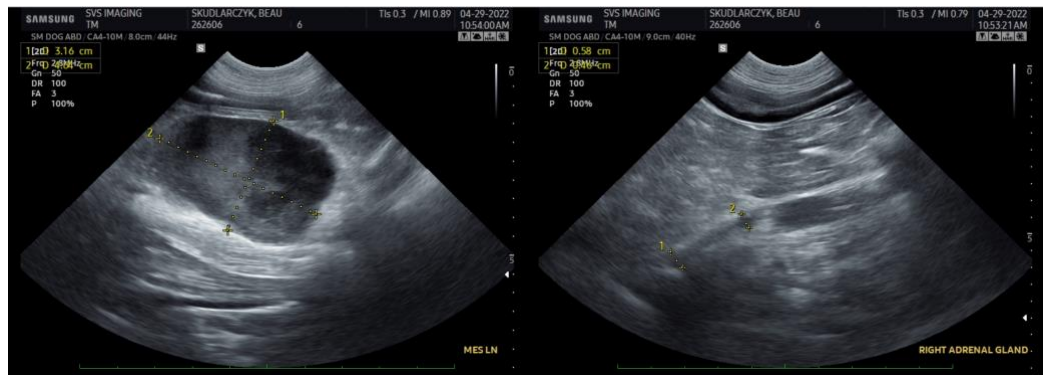
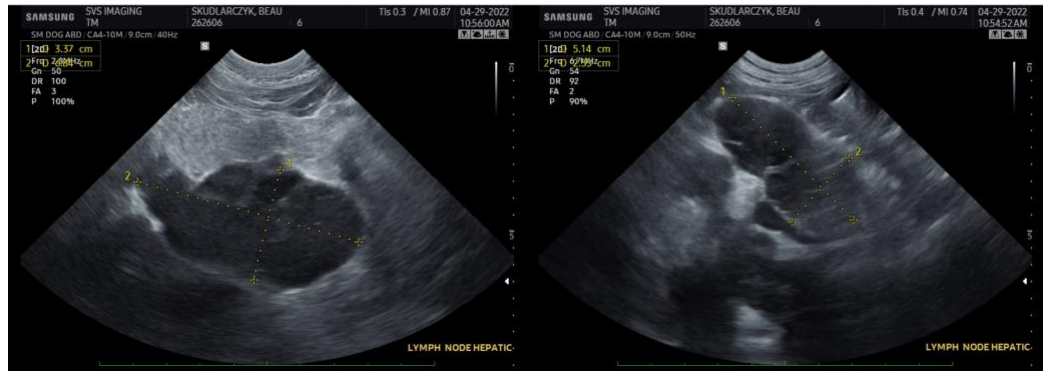
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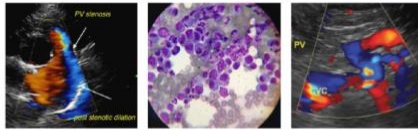
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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