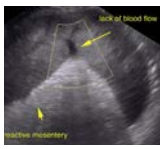
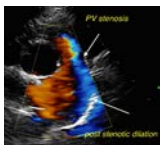
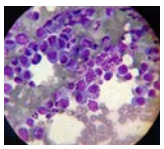
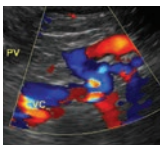
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**
Pitu Ellis

**SPECIES**
Canine

**BREED**
Toy Poodle

**SEX**
Spayed Female

**AGE**
13 Years 1 Month

**WEIGHT**
7.6 Pounds

**INTERPRETED BY**
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**
Dr. Rivera

**HOSPITAL NAME**
DPC Vet Hospital

**REFERRING VET**
Dr. Rivera

**INVOICE**
34280

**DATE**
1/15/22

## PRESENTING CLINICAL SIGNS

PET WAS HERE LAST MONTH FOR ANNUAL, BW SENT OUT AT THAT TIME. Date: 12/10/2021 Reason for Visit: ANNUAL History: P IS A 13YR OLD F/S TOY POODLE PRESENTING TODAY FOR ANNUAL VISIT. O STATES P DOING WELL STILL COUGHS OCC BUT NO WORSE. ALSO O CAN STILL PALPATE SOMETHING FIRM IN BELLY HAS NOT GOTTEN ANY BIGGER. NO OTHER PROBLEMS/CONCERNS.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: Nucl scl ou Oral Cavity: mm pm milld tartar Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: 3-4cm moderately firm mass in area of tail of spleen. (was 1 cm approx 8 months ago) 12/10/21 CBC/CHEM/T4 WNL OTHER THAN PLTS PLTS 76,000 WITH FEW SMALL CLUMPS, ESTIMATE STILL LOW - R/O SECONDARY TO SPLENIC MASS VS ITP FECAL NPS 12/30/21 CBC Plts 94,000...improved from 76,000 - r/o sec to chronic splenic mass

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present.

### *Adrenal Glands*

No overt pathology in the area of the left and right adrenal glands, although not definitively visualized.

### *Spleen*

The spleen revealed moderately sized to expansive, non-homogenously hypoechoic to mixed echogenic mass with associated lateral and medial splenic capsule distortion, yet without evidence of rupture or parenchymal escape. The mass measured approximately 4.4 cm x 4.0 cm. No overt evidence of perisplenic omental reactivity or effusion.

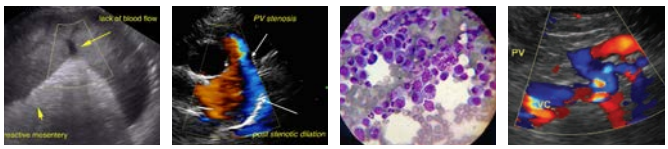
### *Liver*

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended, containing moderate non-dependent yet non-organized, non-mineralized debris along with small pockets of suspected mucus noted between the luminal debris and inner luminal wall. No evidence of gallbladder inflammatory criteria, as well as no evidence of peripheral inflammation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

The pancreas exhibited mildly echogenic to heterogeneous parenchyma with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

### *Free Abdomen*

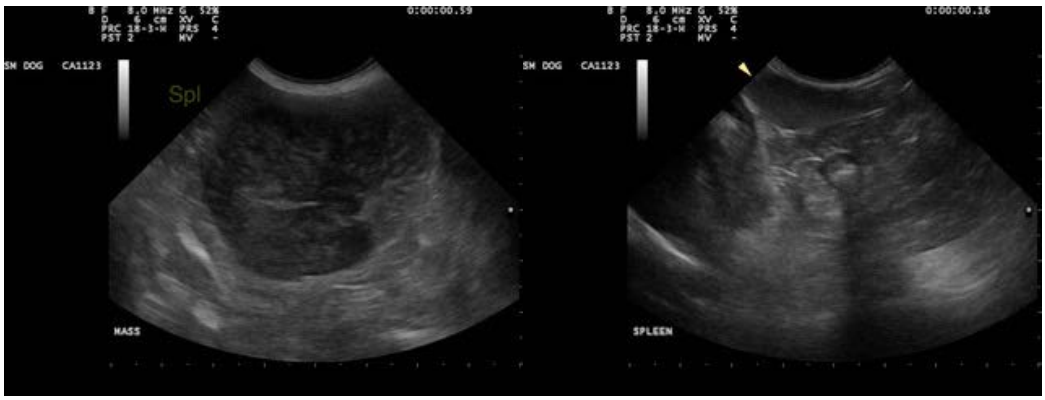
No overt lymphadenopathy or peritoneal effusion was present.

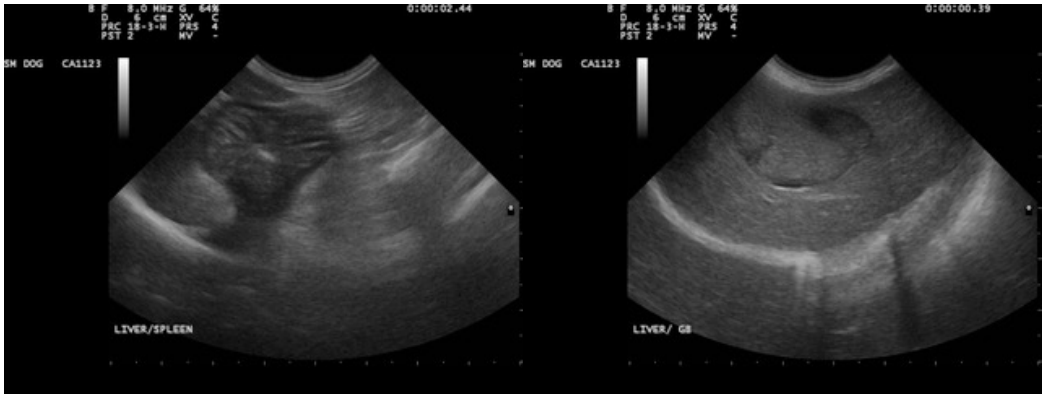
## ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Subjective mild vacuolar hepatopathy pattern
- Moderate gallbladder debris and mucus – potential for very early gallbladder mucocele
- Echogenic pancreas – age related patient variant with potential for chronic pancreatitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Given the progressive nature of the mass based on previous measurements, splenectomy with gross inspection of the liver and potential for manual gallbladder expression is warranted. Alternatively, ultrasound guided FNA of the splenic mass (assuming normal clotting status and using 25-gauge needle) may be considered for screening cytology. Sonographic monitoring would be a more conservative approach.



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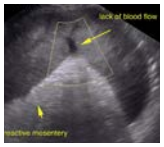
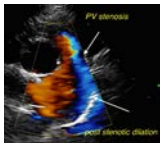
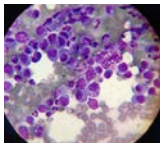
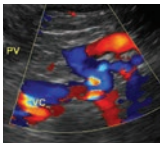

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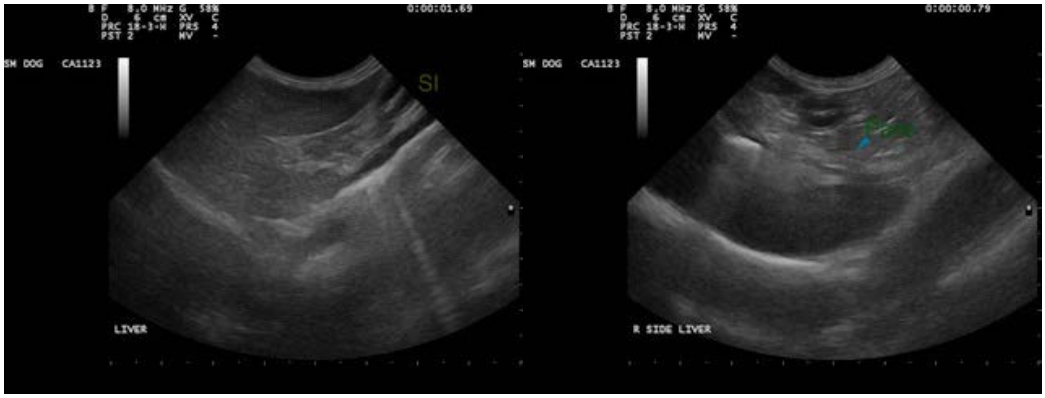


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**
**info@SonoPath.com**