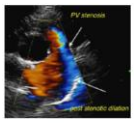
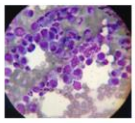
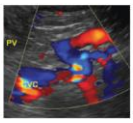




PATIENT

Clancy O' Shields

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

NM

AGE

13 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Kimberly L. Stevens

INVOICE

15847

DATE

1/17/23

PRESENTING CLINICAL SIGNS

Groomer noticed P seemed pale, lethargic, and had soft stool. P was brought into clinic. Hx was obtained and O mentioned P has been having urinating and defecating accidents about once a week for the last month. Last accident was inappropriate defecation last night. Overall activity level does not seem decreased, but P no longer runs up to greet O when arriving home or bark at visitors. O typically walk BID and P has begun to refuse second walk of the day. EDUD normally. No v/d.

Abnormal PE/Chem/CBC/UA Results: MM pale upon examination. BW showed high RETIC, MPV, and PDW values. RBC, HCT, HGB, RETIC-HGB, LYM, EOS, PLT, and PCT values abnormally low.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.2 cm in length.

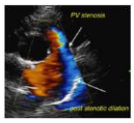
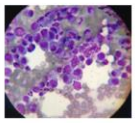
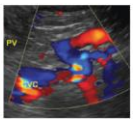
Adrenal Glands

Both adrenal glands exhibited mild irregular capsule contour with nonhomogeneous, discretely nodular parenchyma. This is nonspecific yet not overtly suggestive of primary or metastatic neoplastic criteria which is considered less likely. Suspect mild adrenal adenomatous change. The left adrenal gland measured 2.1 cm length x 0.72 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.47 cm width at the caudal pole.

Spleen

A large, expansive, irregular, nonhomogeneous, cavitated mass involving the mid to cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured approximately 10.0 cm in diameter. A smaller, separate, mild expansive, nonhomogeneous mass was present in the mid to caudal spleen with mild associated capsule distortion, yet without evidence of parenchymal escape measuring 2.3 cm in diameter. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver/ Gallbladder

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Mild to moderate hepatomegaly was noted with areas of minor capsule asymmetry and generalized nonhomogeneous mildly hypoechoic hepatic parenchyma. No distinct hepatic masses or nodules were noted. Overtly normal hepatic vascular volume was present without obvious hepatic or cranial abdominal caudal vena cava congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed, echogenic gallbladder debris in the cranial lumen. Potential for gallbladder polyps. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and likely incidental. No signs of active inflammation or neoplasia.

Free Abdomen

Moderate volume peritoneal effusion exhibiting mild echogenic changes was present. Generalized nonuniform hyperechoic mesentery most notable around the spleen was noted. No overt lymphadenopathy was present.

Rapid view of the heart revealed nonhomogeneous mass within the right atrial lumen potentially associated with the tricuspid valve measuring 2.9 cm in diameter. No overt pericardial effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, nonhomogeneous expansive cavitated cranial splenic mass with concurrent separate mildly expansive mid to caudal splenic mass
- Hepatomegaly exhibiting nonhomogeneous parenchyma
- Mass in right atrial lumen
- Moderate volume echogenic peritoneal effusion - consistent with hemoabdomen

Secondary Findings

- Mild chronic renal changes
- Gallbladder debris, possible gallbladder polyps (non-mucocele)

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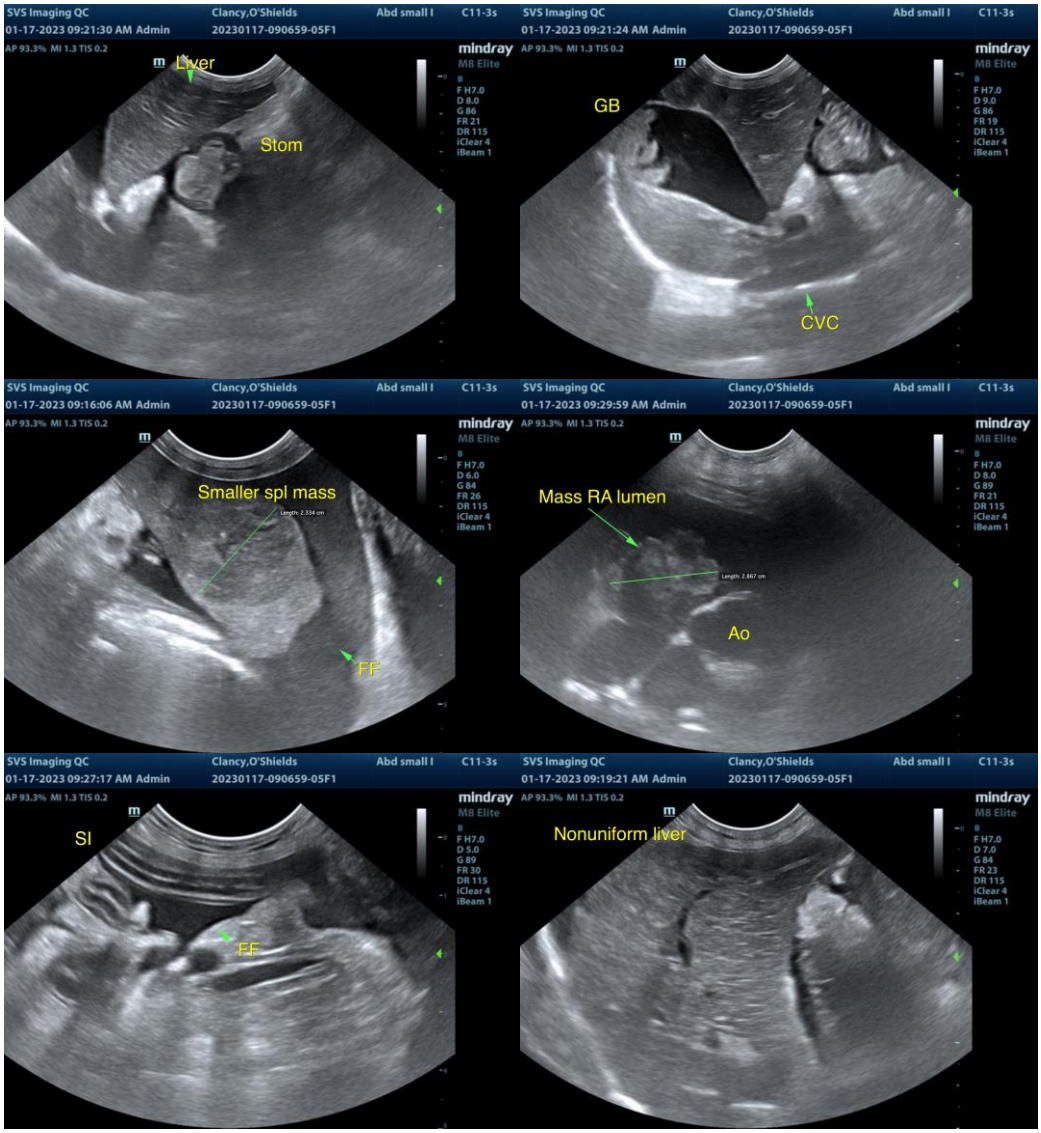
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the splenic mass is consistent with neoplastic criteria and most likely indicative of splenic hemangiosarcoma. Evidence of right atrial metastasis with the possibility of hepatic involvement and regional omental seeding is noted. Given the presence of likely splenic hemangiosarcoma with evidence of right atrial metastasis, surgical options appear to be precluded. An unfavorable prognosis is unfortunately indicated.



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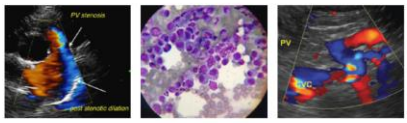

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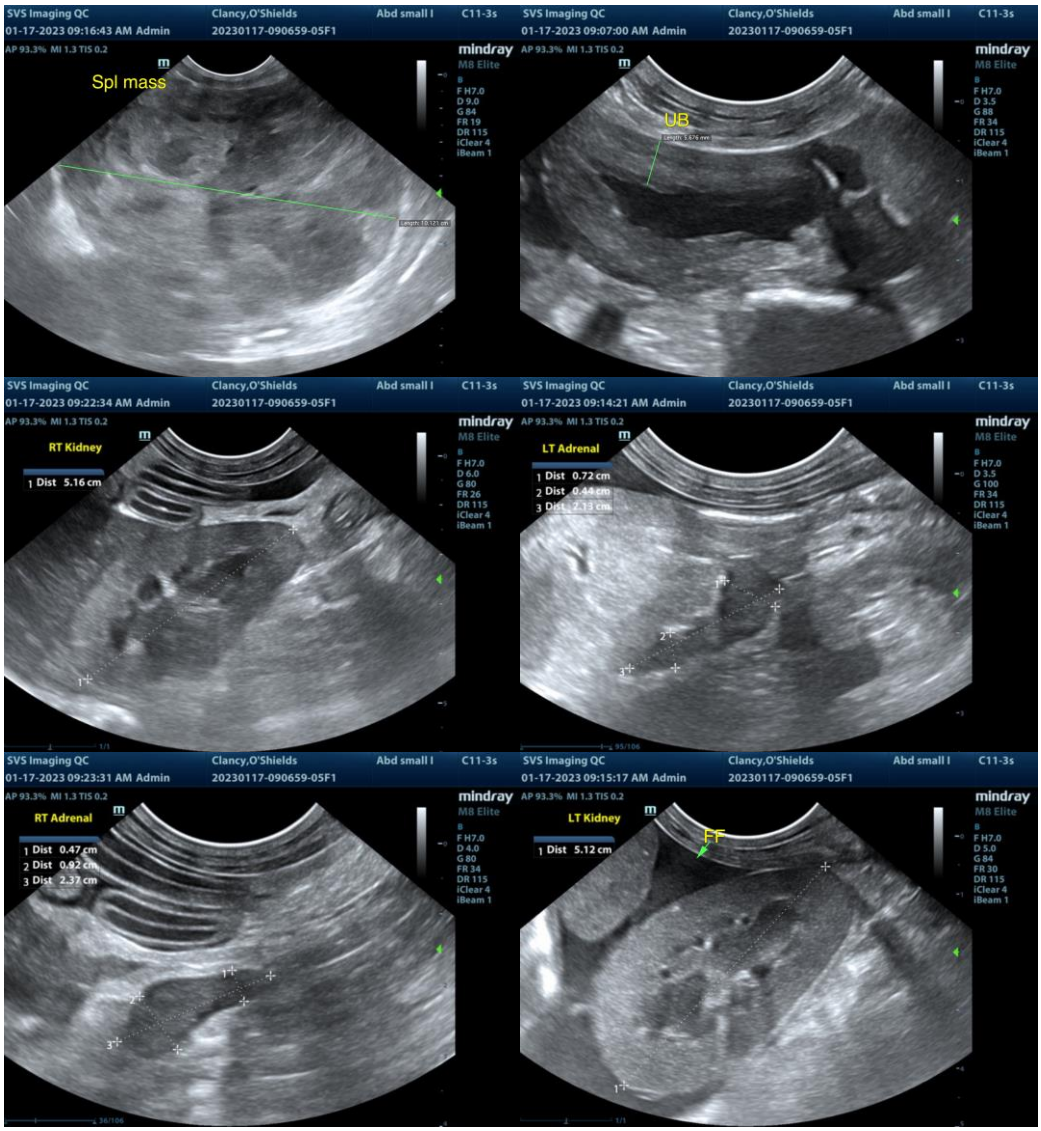

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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