

**PATIENT**

Rosie Palmer

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

9 years

WEIGHT

74.8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWaterford Animal
Clinic Dr. Amir
Sarvestani**INVOICE**

15856

DATE

1/17/23

PRESENTING CLINICAL SIGNS

OWNER PRESENTED ANIMAL YESTERDAY WITH ISSUES EATING, AND DRINKING MORE WATER. XRAYS AND BLOODWORK WERE SENT, AND SHOWN SIGNS OF PATIENT BEING ANEMIC. FURTHER TESTING IS NEEDED.

Abnormal PE/Chem/CBC/UA Results: BLOATED ABDOMEN, ANEMIA, ABDOMINAL RADS CONCERNING FOR SPLENIC MASS AND EFFUSION.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

No evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.4 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.92 cm width at the caudal pole.

Spleen

A large, irregular, nonhomogeneous, cavitated mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured 10.0-11.0 cm in diameter. Perisplenic to generalized, mild nonuniform hyperechoic mesentery was present. Potential for omental splenic adhesions cannot be excluded. 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature was normal in appearance without signs of congestion. No distinct or overt hepatic intraparenchymal nodules / masses. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of subtly shadowing gastric ingesta.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental small intestinal nonshadowing ingesta / chyme. No obstructive pattern was noted.

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. No signs of active inflammation or neoplasia.

Free Abdomen

Moderate volume peritoneal effusion exhibiting mild echogenic changes, consistent with fluid cellularity, was present. No overt lymphadenopathy.

Brief sonographic assessment of the heart revealed no overt or significant pericardial effusion. Subjective nonspecific variably hyperechoic thickening in the area of the right atrioventricular groove measuring potentially 1.8 cm in diameter was present. Overtly normal left and right cardiac chamber sizes were noted. Subjective normal LV functionality.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Large, irregular, nonhomogeneous cavitated splenic mass with regional to generalized hyperechoic mesentery and secondary hemoabdomen
- Mild hepatic parenchymal remodeling
- Nonspecific mildly thickened nonhomogeneous right atrioventricular groove - patient variant, pericardial fat, potential for emerging metastatic criteria in the area of the right atrioventricular groove cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

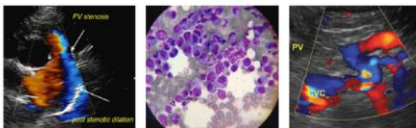
Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

No overt evidence of intraabdominal major organ metastasis, although the possibility of regional perisplenic omental seeding, omental adhesions, nonobvious intraabdominal metastasis / micrometastasis, or possible early cardiac metastasis cannot be definitively excluded.

If surgical options are a potential in this case, referral for further assessment +/- advanced imaging prior to potential surgery and surgical planning may be considered. However, given the likelihood of

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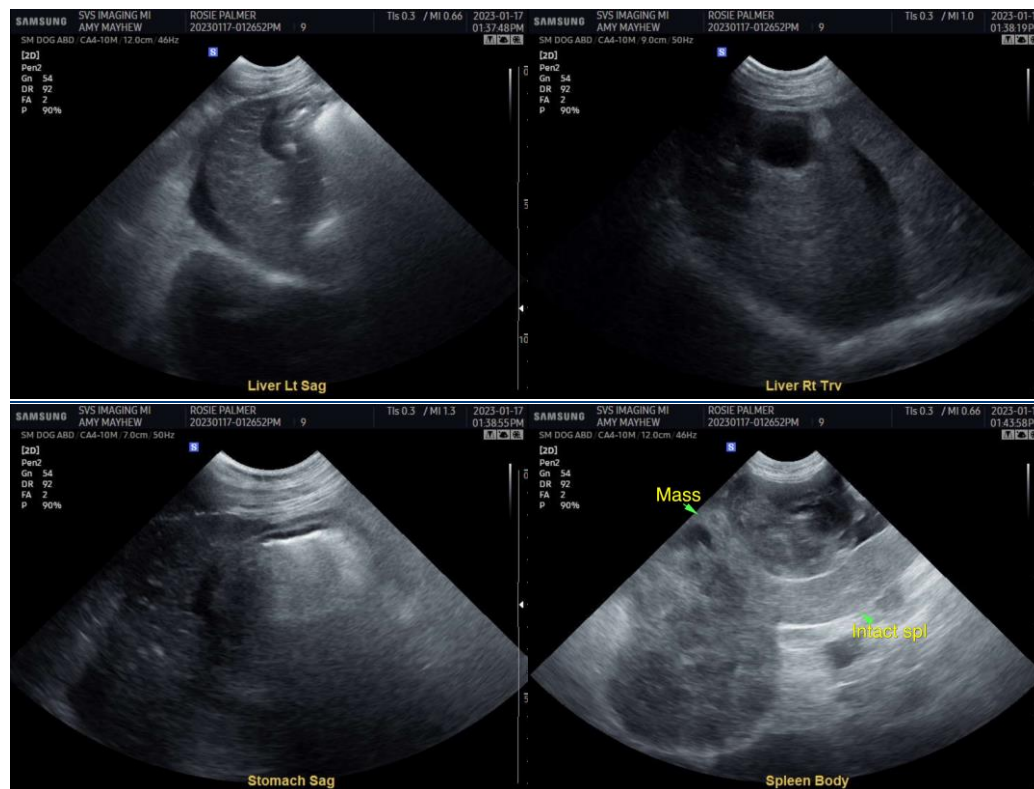
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aggressive primary splenic neoplasia, a very guarded to unfavorable long-term prognosis is likely indicated.



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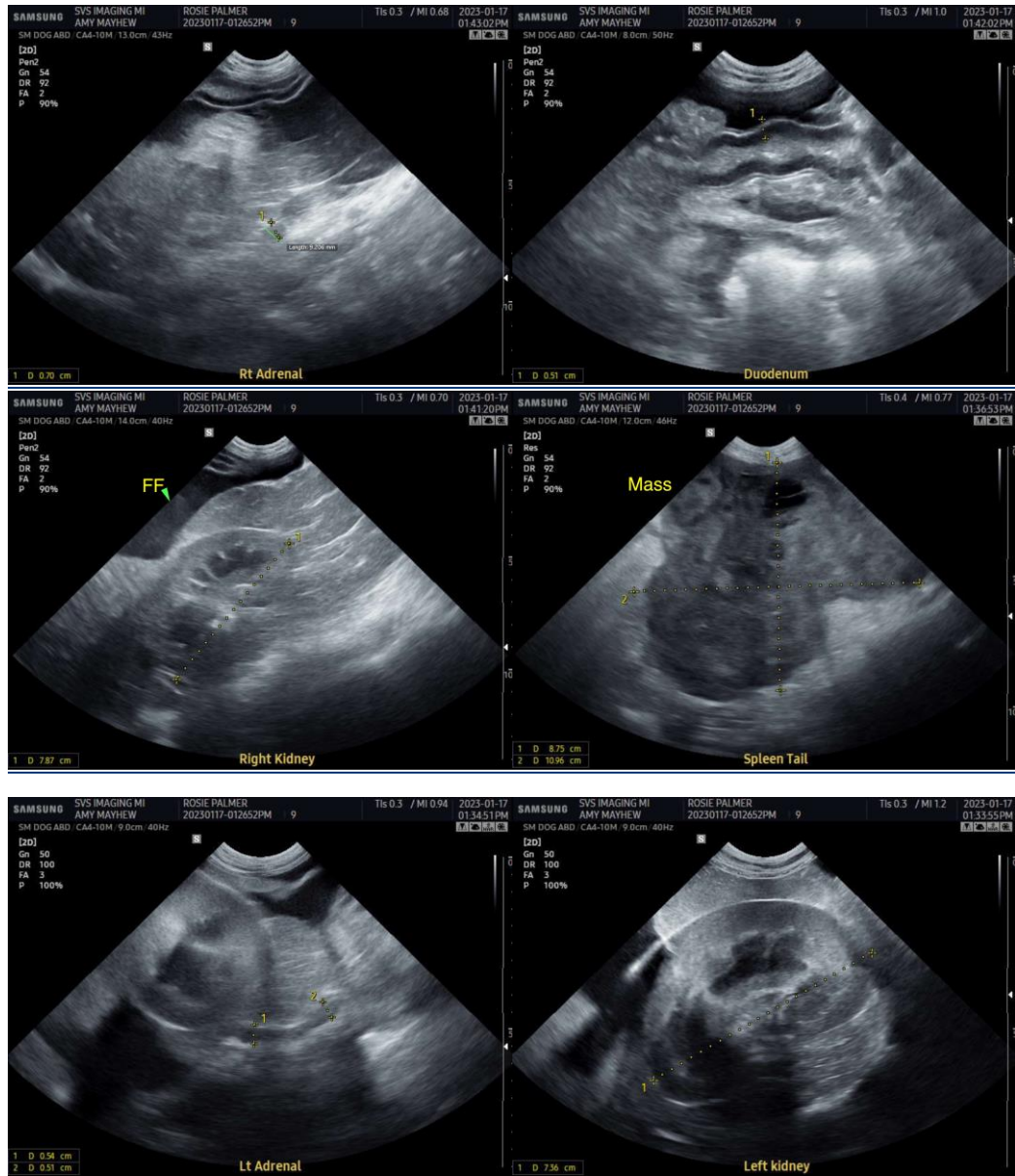
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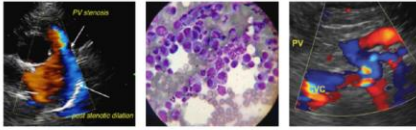


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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