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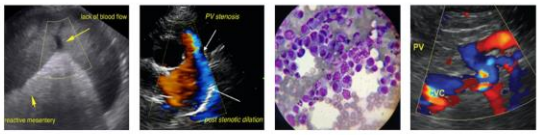


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Carl Welch

SPECIES

Canine

BREED

Lab Mix

SEX

M/N

AGE

2014

WEIGHT

95

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Thayer

INVOICE

15975

DATE

1/27/23

PRESENTING CLINICAL SIGNS

ADR, decreased appetite, nausea, anemic.

Medication: Cerenia

PCV 24, Total protein 5.0, normal liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 or pyelectasia was present. The left kidney measured 7.4 cm in length. The right kidney measured 8.0 cm in length. Pinpoint discrete medullary mineral was noted in both kidneys.

Adrenal Glands

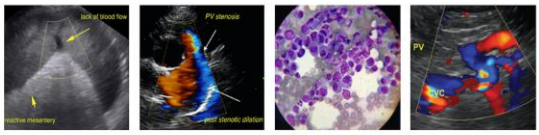
The bilateral adrenal glands were uniform in size and contour and were isoechoic to the adjacent omentum. The left adrenal gland measured 2.4 cm length x 0.66 cm width at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.63 cm width at the caudal pole.

Spleen

A solitary mass involving the spleen with secondary capsule expansion and disruption was present measuring 8.0-9.0 cm in diameter. The non-affected spleen exhibited subjective maintained symmetrical capsule contour and a finely textured mild heterogeneous parenchyma. Normal splenic vascularity was noted. Regional perisplenic hyperechoic omentum was present with potential for omental adhesions.

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. A discrete, non-disruptive, mid-intraparenchymal nodule was present measuring 1.7 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 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 parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Mild to moderate volume peritoneal effusion exhibiting mild echogenic changes was present. No overt lymphadenopathy was noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with regional perisplenic hyperechoic omentum
- Mild hepatic parenchymal remodeling with a solitary, discrete, non-disruptive, intraparenchymal nodule
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Moderate volume peritoneal effusion - probable hemoabdomen given the anemia

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.

Given no evidence of multifocal hepatic nodules, the visualized discrete hepatic nodule may indicate a benign process such as hyperplasia, hematopoiesis, small granuloma, or similar. The possibility of focal regional metastasis to the liver cannot be definitively excluded.

Assuming no evidence of thoracic pathology on three view chest radiographs, splenectomy with gross inspection of the liver +/- biopsy if clinically indicated and assuming normal clotting status is warranted. A guarded prognosis is indicated, pending splenic histopathology. Sonographic monitoring of the liver based on oncology recommendations is recommended.

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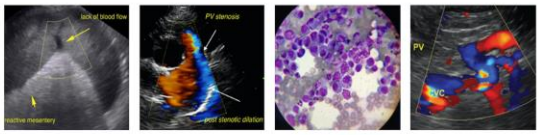

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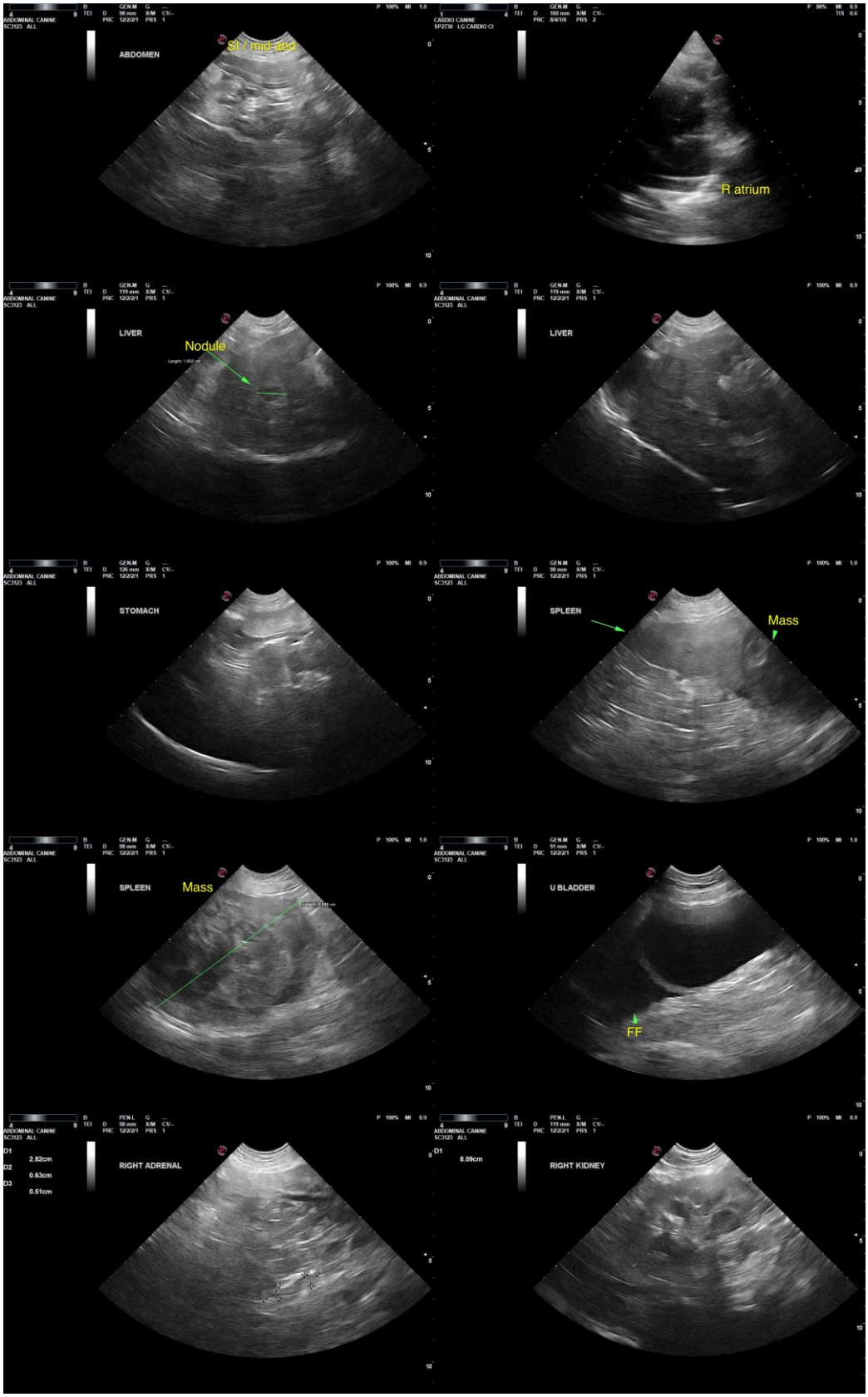

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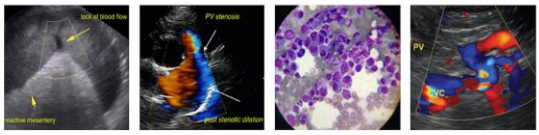

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com