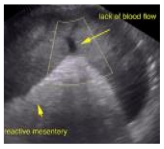
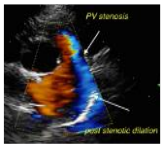
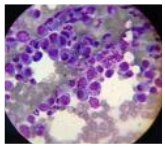
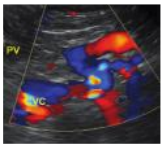
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Scout West

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

11 years 4 months

WEIGHT

22 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. David Gray

INVOICE

16002

DATE

1/28/23

PRESENTING CLINICAL SIGNS

2 days of anorexia and lethargy, acting off, straining to defecate. Pale pink upon presentation. Abnormal PE/Chem/CBC/UA Results: Bloodwork: CBC = RBC 4.6, HCT 28.7%, HGB 10.5, Lym 1.01, PLT 74, MPV 13.8, PCT 0.10. CHEM = SDMA 23, rest WNL

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 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 4.9 cm in length. The right kidney measured 5.0 cm in length. Pinpoint medullary mineral was noted.

Adrenal Glands

The left adrenal gland exhibited potential for mild subnormal size with mild asymmetrical capsule contour which is likely a patient variant. The left adrenal gland measured 2.1 cm length x 0.35 cm width at the caudal pole. The right adrenal gland was normal in size. The right adrenal gland measured 2.2 cm length x 0.64 cm width at the caudal pole.

Spleen

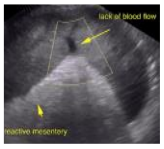
A moderately sized, irregular, mixed echogenic mass involving the spleen measuring approximately 6.0-7.0 cm in diameter was present with secondary distortion of the splenic capsule. Potential for coalescing splenic masses is possible although not definitive. The remainder of the spleen exhibited a symmetrical capsule contour and a finely textured homogeneous parenchyma. Regional perisplenic mild nonuniform hyperechoic mesentery was present.

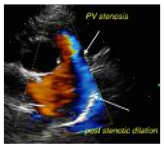
Liver/ Gallbladder

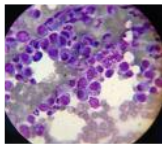
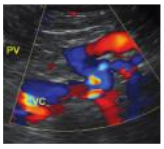
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic ingesta.





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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

Moderate volume, mildly echogenic peritoneal free fluid was present. No omental masses or overt lymphadenopathy were noted.

Rapid view of the heart revealed no evidence of pericardial masses, effusion, or cardiac metastasis in the visible window. Subjective volume contracted heart with subjective normal functionality was noted.

ULTRASONOGRAPHIC FINDINGS

- Large irregular splenic mass with regional perisplenic hyperechoic omentum and likely secondary hemoabdomen
- Minor hepatic parenchymal remodeling - subjectively benign
- Mild chronic renal changes exhibiting pinpoint medullary mineral
- Volume contracted heart - no evidence of pericardial effusion or metastasis

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 evidence of intraabdominal or cardiac metastasis, although regional omental seeding and intraabdominal micrometastasis cannot be definitively excluded.

Stabilization +/- blood transfusion and splenectomy with gross inspection of the perisplenic omentum and liver may be considered assuming no evidence of pathology on three view chest radiographs. An extremely guarded prognosis, given the likelihood of malignant splenic neoplasia i.e., hemangiosarcoma, is warranted.

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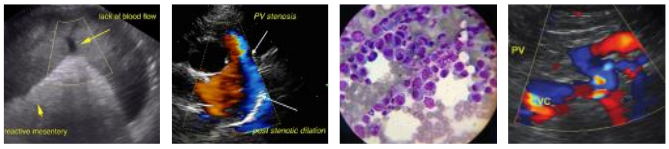

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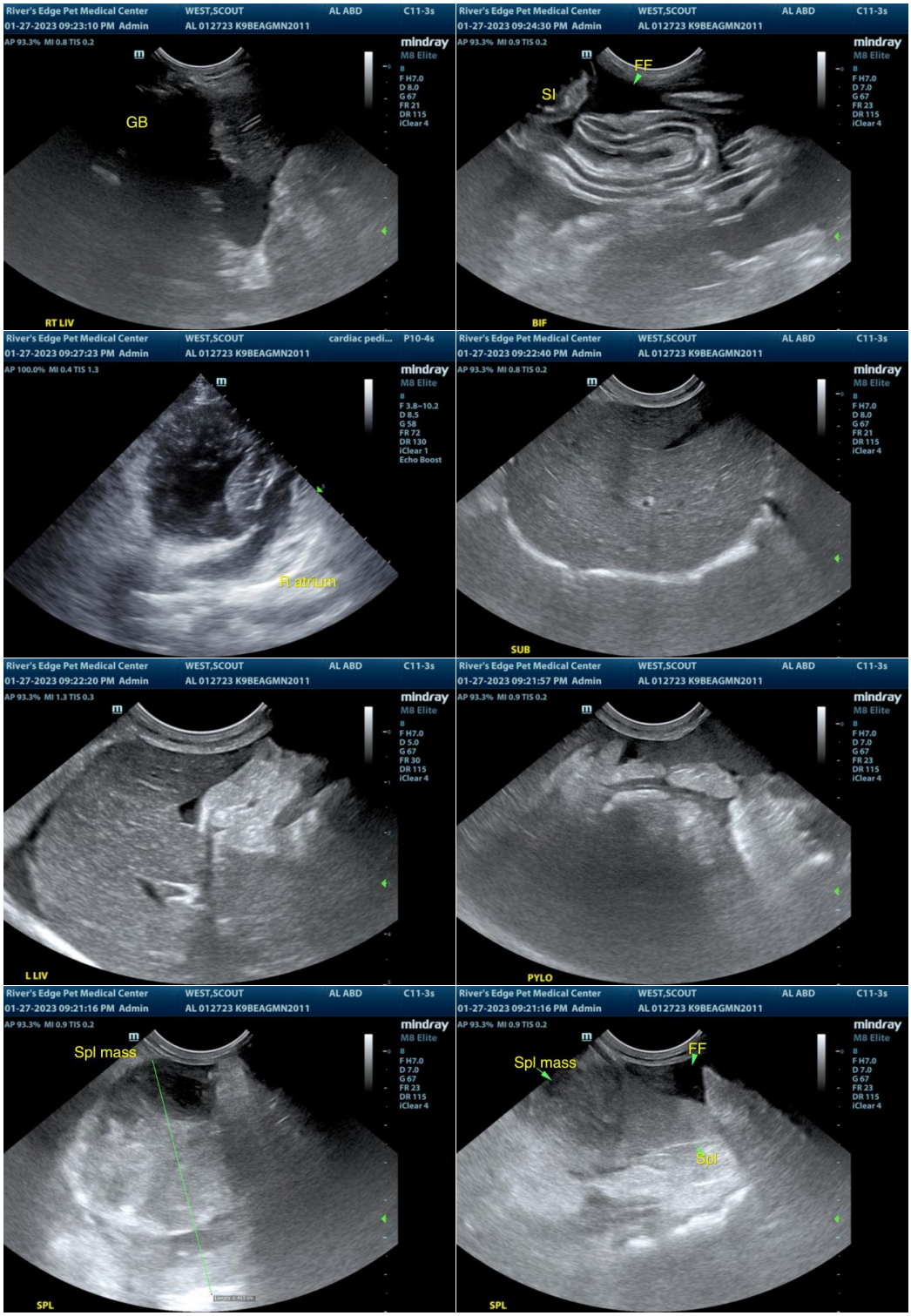

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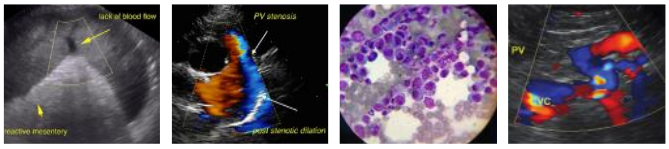

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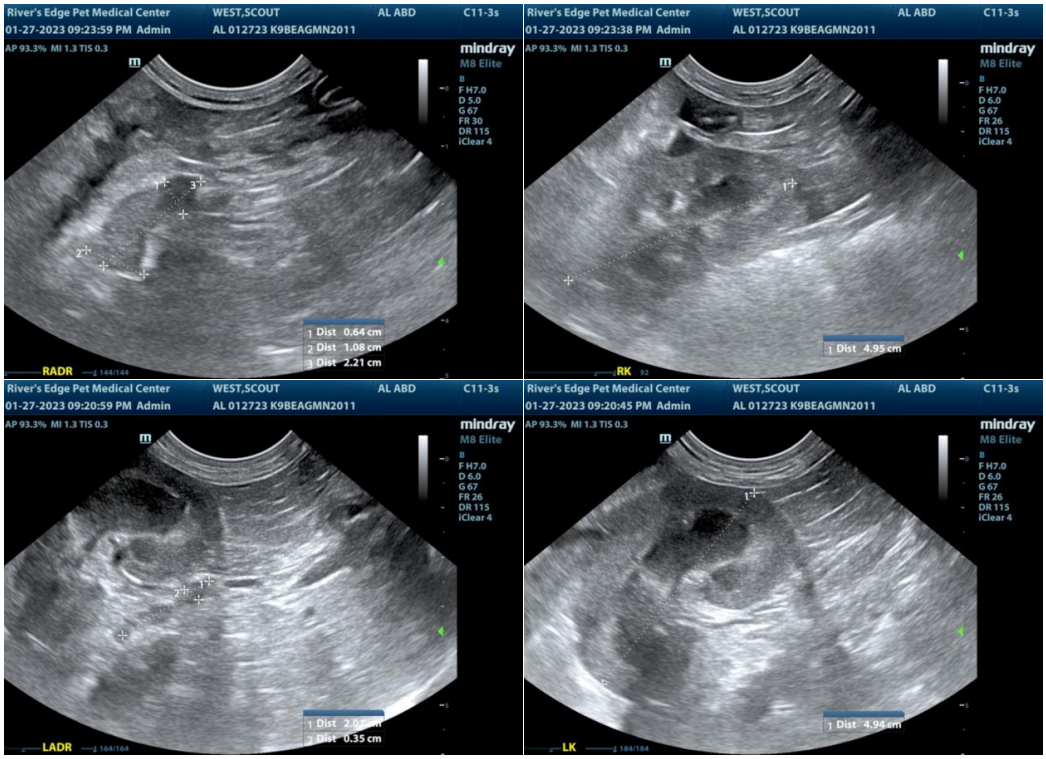

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com