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SVS Mobile Imaging KC 816-401-5010
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SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-836-4266 info@sonopath.com SonoPath.com

PATIENT

Sammie Havens

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

7 years

WEIGHT

56 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

12944

DATE

1/3/22

PRESENTING CLINICAL SIGNS

12/29/21: somewhat increased lung sounds bilaterally. heart rythm normal, no fluid wave of abdomen, and nothing abnormal palpated in abdomen. No hx of rat bait in house. BW: Anemia. HCT 27 (36-60), HGB 8.4 (12.1-20.3), RBC 3.4 (4.8-9.3), NRBC 16 (0-1), PLT count 94 (170-400) with some small platelet clumps, Neutrophils 12,255 (2,060-10,600), Lymphocytes 258 (690-4,500). Chem: ALT 11 (12-118), BUN/CREA ratio 30 (4-27), GLU 180 (70-138).

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.

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 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 6.8 cm in length. The right kidney measured 7.1 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 0.54 cm width at the caudal pole and 0.52 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 0.75 cm width at the caudal pole and 0.61 cm width at the cranial pole.

Spleen

The spleen revealed a moderately sized to large, expansive, nonhomogeneous to mixed echogenic splenic mass, measuring approximately 12.0 cm x 8.0 cm. The splenic parenchyma not involved with the mass maintained a finely textured homogeneous parenchyma with normal capsule contour.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 was empty with no signs of ileus, obstruction, or foreign material.

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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 cellular peritoneal free fluid was present. Regional perisplenic reactive mesentery was present. Potential for omental adhesions to the splenic mass is possible. No overt lymphadenopathy was noted.

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

ULTRASONOGRAPHIC FINDINGS

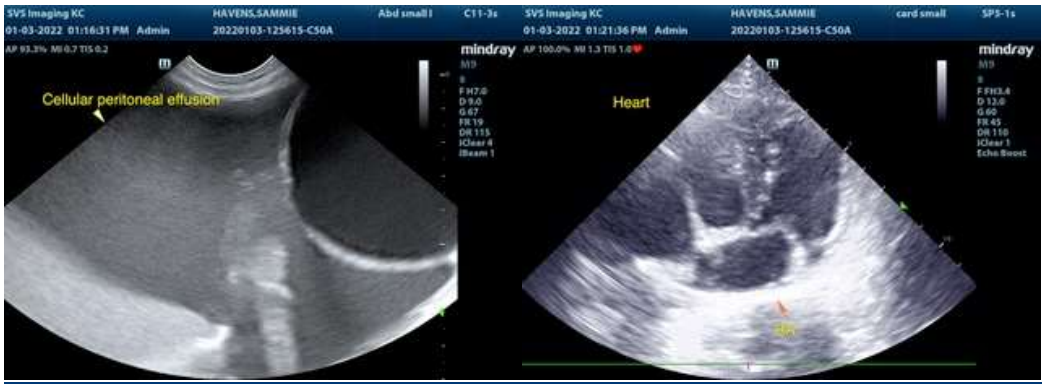
Primary Findings

- Nonhomogeneous to mixed echogenic, expansive splenic mass
- Associated regional perisplenic reactive mesentery and cellular peritoneal free fluid - consistent with probable hemoabdomen secondary to splenic mass rupture, potential for omental adhesions possible

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 major organ metastatic disease was noted, yet the potential for regional omental seeding or non-sonographically evident metastasis / micrometastasis cannot be definitively excluded In these cases. Assuming no evidence of thoracic pathology or metastasis on three-view chest radiographs, laparotomy with splenectomy, gross inspection of the liver, and regional perisplenic omentum is warranted. Oncology consultation may be considered pending splenic mass histopathology.



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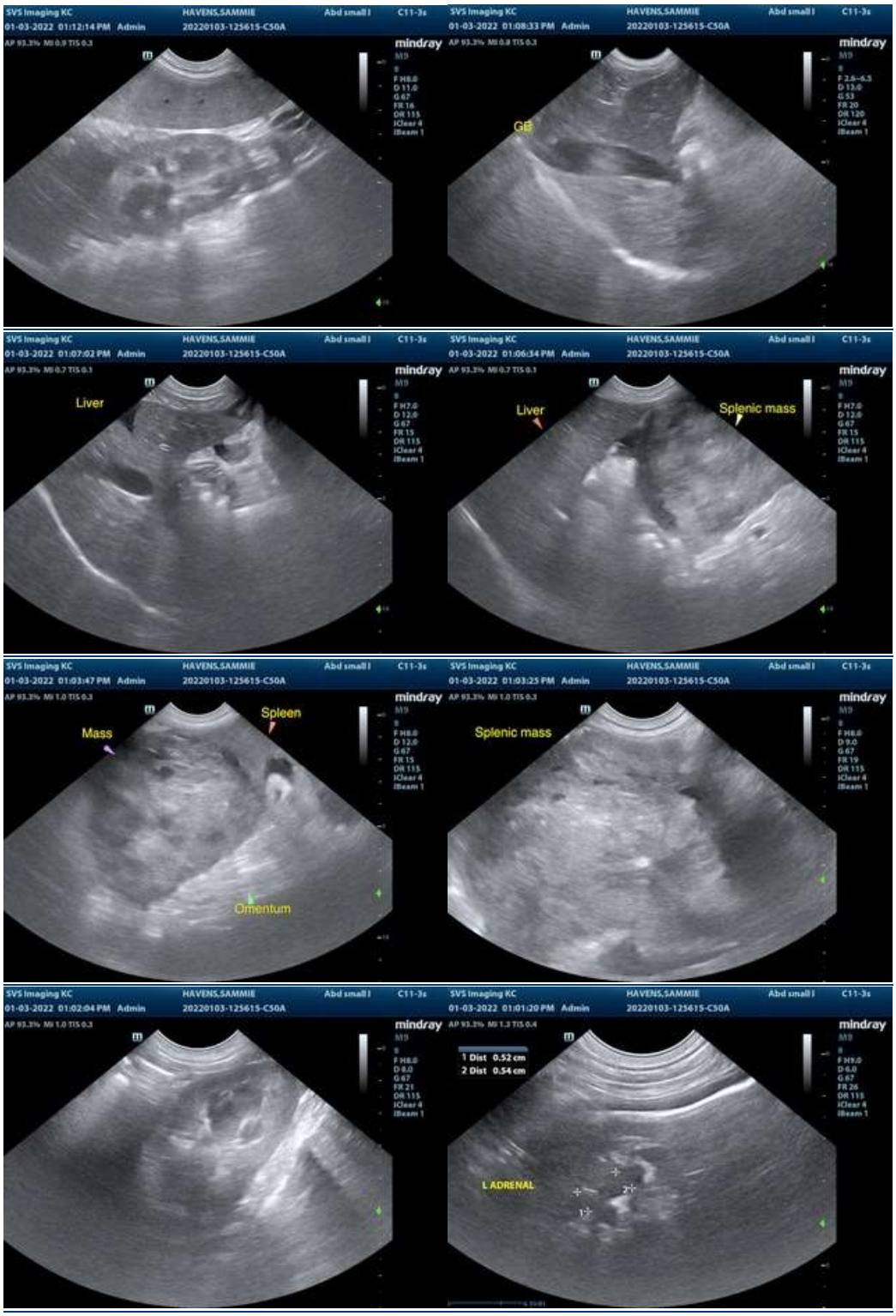

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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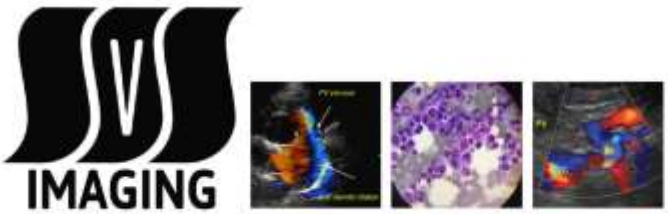

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com