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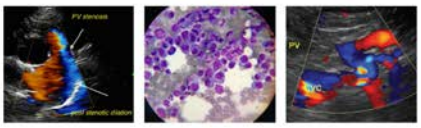
SVS IMAGING



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

PATIENT

Casey Clements

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

21 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Jana

INVOICE

44608

DATE

1/30/23

PRESENTING CLINICAL SIGNS

Hx of murmur. Presented for red eye.

Abnormal PE/Chem/CBC/UA Results: On blood work found he was anemic. Rads showed abdominal mass.

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 were noted.

No overt pathology associated with the residual prostate.

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 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. The right kidney measured 4.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.79 cm at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.42 cm at the caudal pole.

Spleen

A moderately sized, non-homogeneous, focally cystic caudal splenic mass is noted measuring 7-8 cm in diameter with associated primarily symmetrical splenic capsule distortion. A separate concurrent mildly expansive hyperechoic cranial splenic nodule is noted measuring 1.1 cm in diameter. Normal splenic vascularity with non-associated generalized mild splenic parenchyma heterogeneity.

Liver

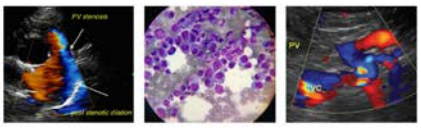
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Diffuse biliary tree mineralization noted, likely incidental, but at times has been associated with possible chronic hepatobiliary inflammation. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mildly prominent, indistinctly hyperechoic gallbladder walls. Anechoic content noted with moderate non-dependent to congealed, mildly organized, variably echogenic gallbladder debris with suspect concurrent entrapped peripheral luminal mucus. No evidence of peripheral gallbladder inflammation. 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 mild to moderate variably echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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.



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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

No omental masses or evidence of peritoneal free fluid/current hemoabdomen.

Rapid view of the heart revealed no overt evidence of pericardial effusion or overt cardiac tumors. Subjective left chamber enlargement, suspect secondary to breed associated myxomatous mitral valve disease.

PRIMARY FINDINGS

- Caudal splenic mass with concurrent separate mildly expansive cranial splenic nodule
- Mild chronic renal changes
- Generalized biliary tree mineralization
- Immature to maturing gallbladder mucocele

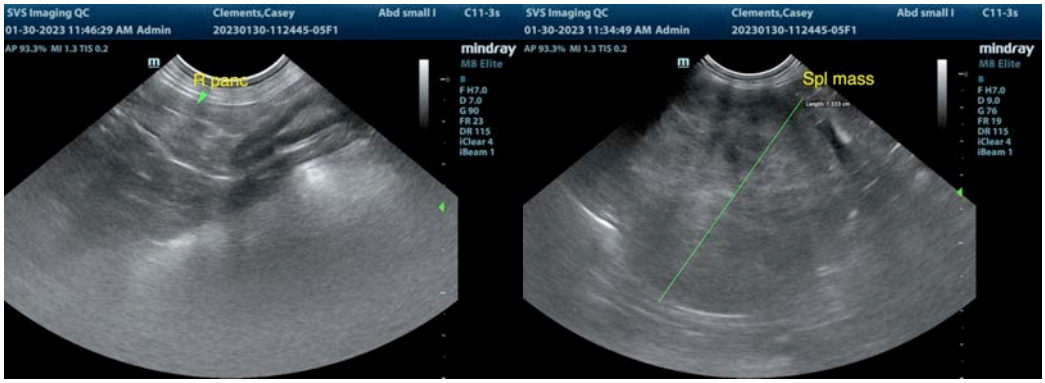
SECONDARY FINDINGS

- Mild remodeled pancreas – likely age related pancreatic changes.
- Gastric ingesta – suspect recent meal ingestion unless documented NPO.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and concurrent mildly expansive splenic nodule are nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

No overt evidence of intraabdominal or cardiac metastasis, without evidence of splenic mass rupture at this stage. Complete echocardiogram recommended for further cardiac assessment prior to possible anesthesia. Concurrent 3-view chest radiographs recommended. The gallbladder mucocele may not be clinically relevant at this stage without evidence of reported hepatic enzyme elevations or cholestasis, yet assuming no evidence of thoracic pathology, and with recommended echocardiographic workup, splenectomy with gross inspection of the gallbladder +/- cholecystectomy is recommended.



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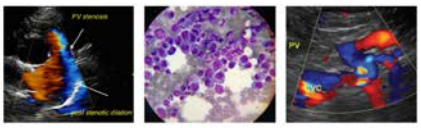

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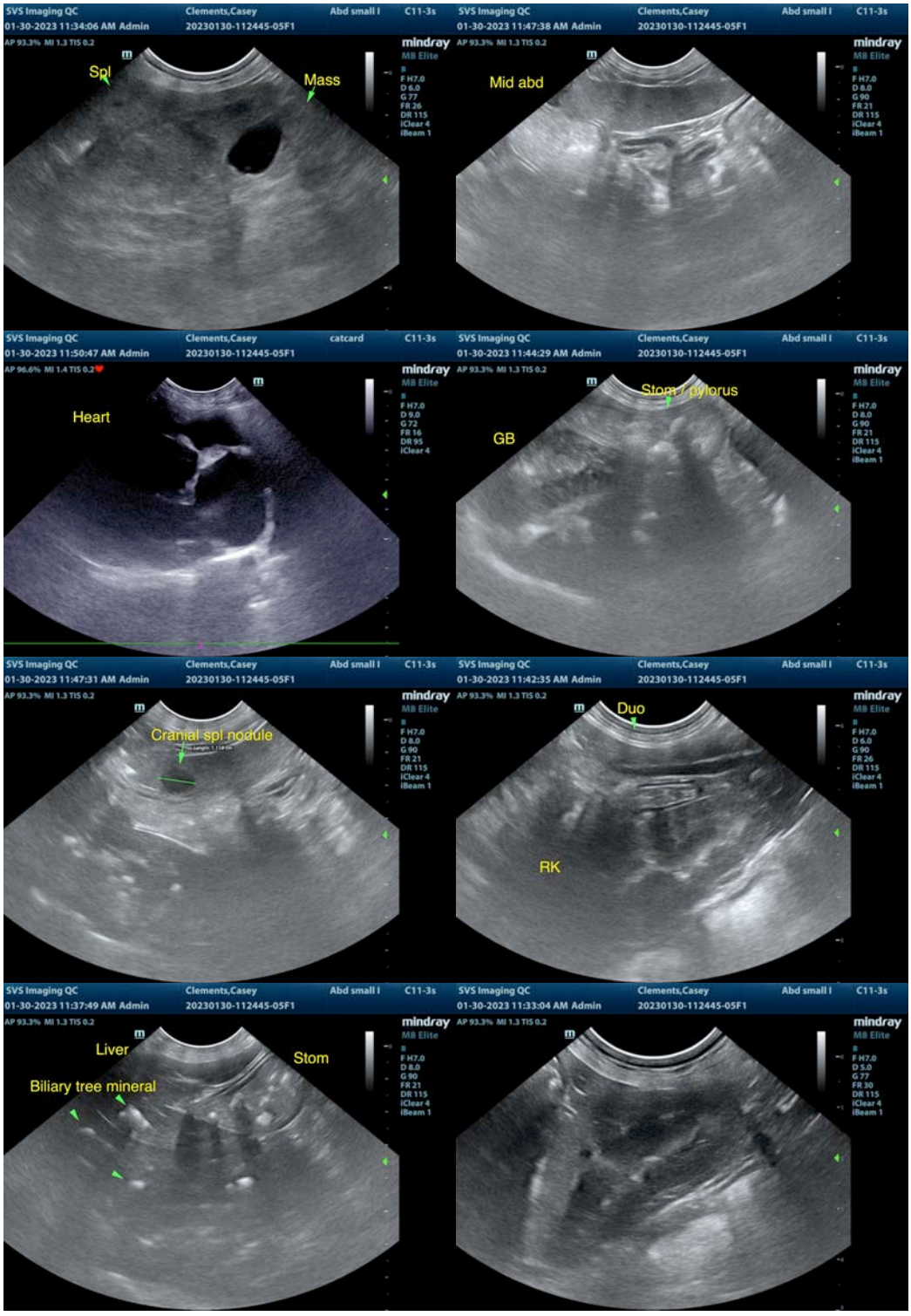

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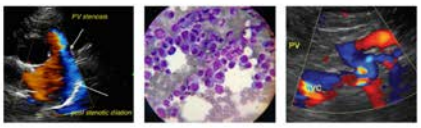

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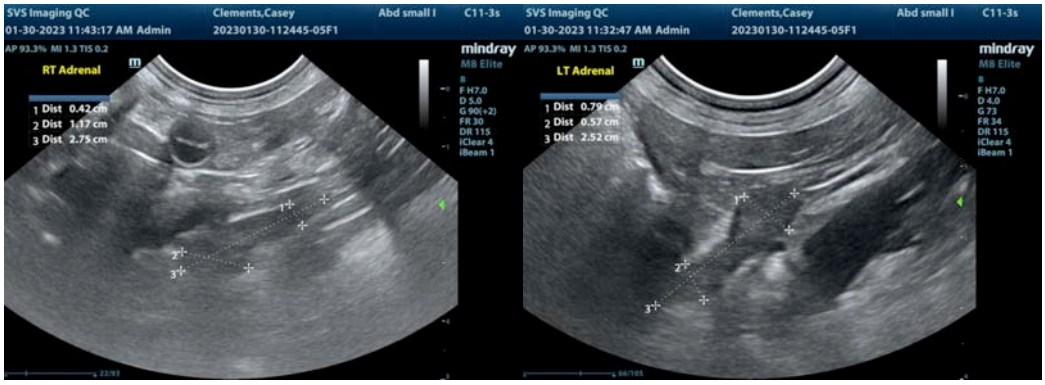

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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