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Clinical Sonography & Telecytology
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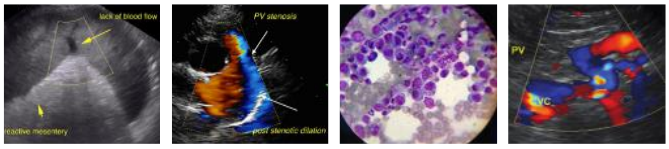

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rocky Olaru

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

53.3 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Elmhurst Animal EH

REFERRING VET

Dr. Suciu

INVOICE

13695

DATE

1/31/22

PRESENTING CLINICAL SIGNS

History: No eating for 2 days, Very lethargic, increased water consumption and urinating more, he was treated at the family vet 1/17/21 for a presumptive UTI with clavamox (he had hematuria), hx of hepatopathy (Resolved)
Abnormal PE/Chem/CBC/UA Results: QAR, 5% dehydrated, weight loss, slightly tense on abd palpation. CXR: Normal to small cardiac silhouette, AXR: Small liver, possible mid abdominal mass. CBC: Low HCT 29% CHEM: Normal EPOC: Low HCT 29% UA: Not performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with possible focal ventral apical subjectively homogeneous wall thickening possible, measuring approximately 1.1 cm in diameter. Anechoic urine was present with no calculi. Urethra was normal to a depth of 3.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter. No evidence of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the left kidney. The left kidney measured 6.1 cm in length. The right kidney measured 5.7 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 0.49 cm width at the caudal pole and 0.59 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 0.43 cm width at the caudal pole.

Spleen

The spleen revealed non-homogeneous moderately expansive mass lesion in the area of the caudal to caudolateral spleen, measuring approximately 8.0 cm in diameter. The splenic parenchyma not in the area of the mass exhibiting generalized parenchyma heterogeneity and mild asymmetrical medial capsule contour with focal mildly hyperechoic non-expansive nodule adjacent to the hilus. The mildly hyperechoic nodule, although nonspecific, is likely consistent with benign myelolipoma.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gallbladder debris, primarily in the caudal lumen in the area of the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

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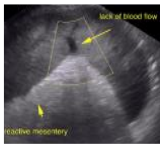

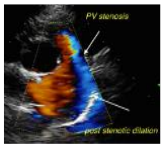

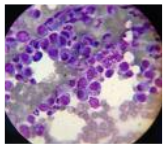
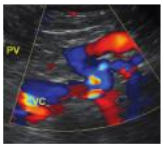

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, non-shadowing ingesta without signs of 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 was evident.

Free Abdomen

Overt evidence of significant peritoneal effusion was not noted, although small pockets of scant effusion were likely in the caudal abdomen around the outer urinary bladder wall. No overt lymphadenopathy present. Subtle evidence of reactive mesentery noted around the mass in the area of the caudal spleen.

ULTRASONOGRAPHIC FINDINGS

- Probable splenic mass
- Chronic renal changes with mild left kidney pyelectasia
- Possible focally thickened ventral apical urinary bladder- cystitis, polyp, emerging neoplasia possible. Screening BRAF assay recommended.
- Hepatic parenchyma remodeling- subjectively benign
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the probable splenic mass is most suggestive of neoplasia such as sarcoma, round cell neoplasia or other. Benign pathologies are possible yet considered less likely. Minor potential for non-splenic origin of the mass with caudal splenic impingement or invasion possible, yet though less likely. Overt evidence of intraabdominal metastasis was not evident, yet non-visualized metastasis/micro-metastasis cannot be definitively excluded.

Assuming no evidence of thoracic pathology on three-view chest radiographs, laparotomy with expectations toward splenectomy, gross inspection of the omentum surrounding the mass and spleen, gross inspection of the liver, as well as evaluation of the ventral apical urinary bladder wall +/- biopsies if clinically indicated may be considered.

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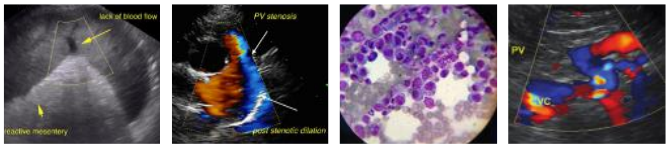

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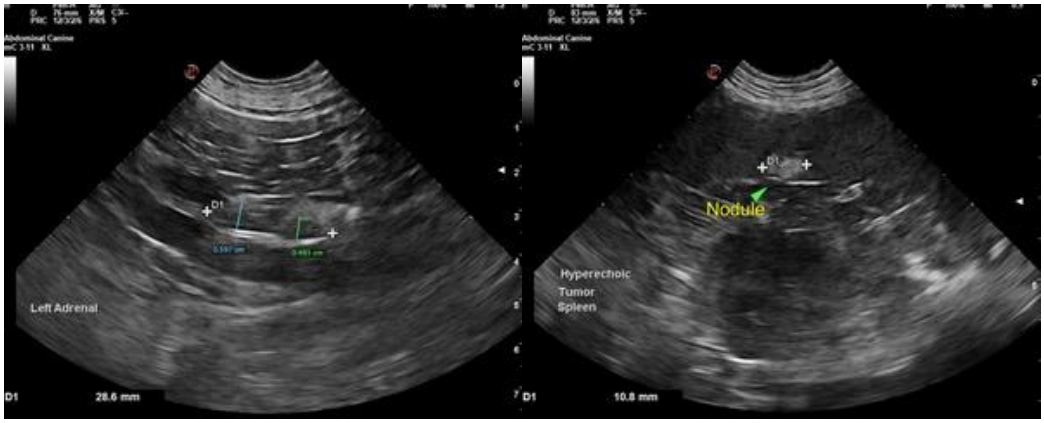

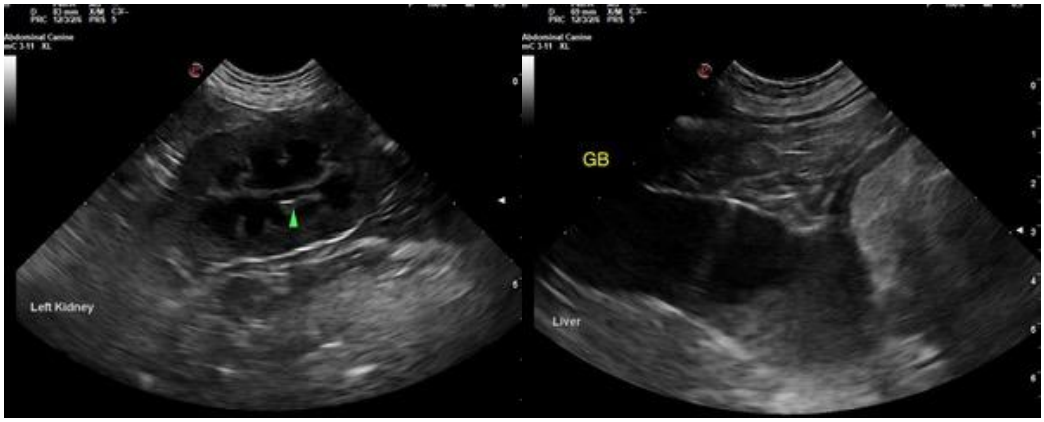

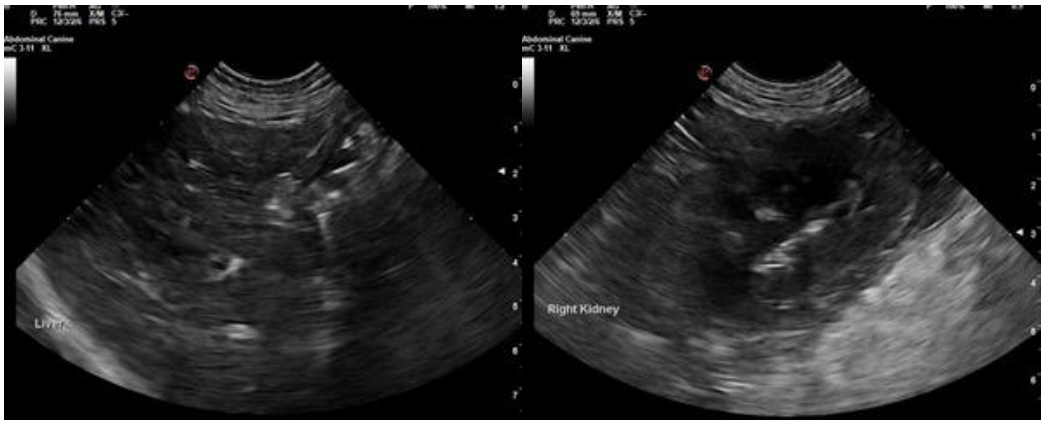

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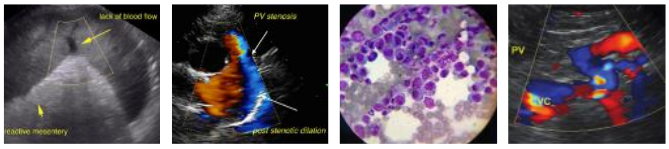

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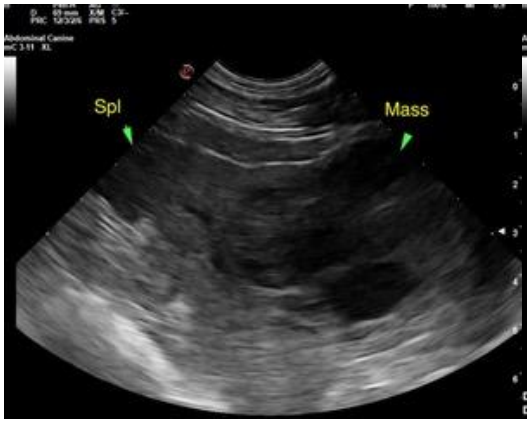

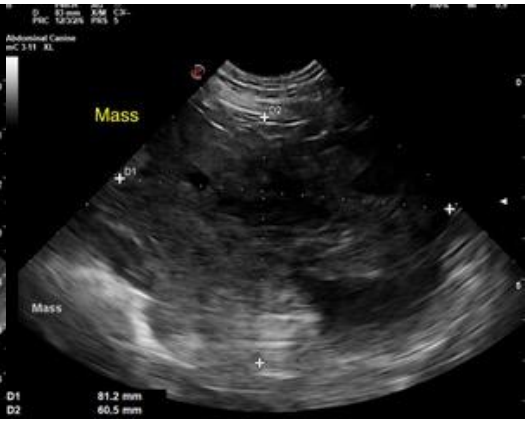

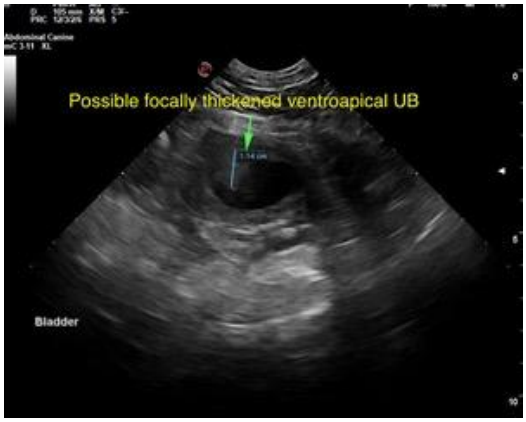

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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