IMAGING PERFORMED BY

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

PATIENT

Daisy Bonnet

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

12 years

WEIGHT

17 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. White

INVOICE

12350

DATE

10/12/21

PRESENTING CLINICAL SIGNS

Splenectomy 07/23/2020, weight loss 5pounds in 2 months,
Abnormal PE/Chem/CBC/UA Results: RBC 5.34, HCT 28.7, HGB 10.3, MCV 53.7, MCH 19.3, RETIC 122.3, RETIC-HGB 19.3, WBC 26.49, Neu 21.85, MONO 2.19, BASO 0.2, PLT 63, PCT 0.08 , Pathologist review of CBC acute inflammatory leukogram, regenerative anemia, suspect thrombocytosis

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 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 4.5 cm in length. The right kidney measured 4.1 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 1.8 cm length x 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.61 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to the previous splenectomy. No overt evidence of pathology was noted in the area of the previous spleen.

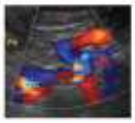
Liver/ Gallbladder

The liver was subjectively normal in size and structure. The liver parenchyma was mildly nonuniform and hypoechoic to the falciform fat with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A moderately expansive, asymmetrical, nonhomogeneous to nodular mass present in the area of the right lateral to caudate liver lobes measuring 8.8 cm in diameter, was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. No evidence of common bile duct distention was noted.

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 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

Mild to moderate, subjective mildly cellular peritoneal free fluid primarily in the right cranial abdomen was present. Regional perihepatic reactive mesentery was also present. No evidence of concurrent significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderately expansive, nonhomogeneous to nodular mass in the area of the right lateral and caudate liver lobes
- Mild to moderate subjective mild cellular peritoneal free fluid and regional reactive perihepatic mesentery
- Mild gallbladder debris (non-mucocele)
- Age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the mass in the area of the right lateral to caudate liver lobes Is most suggestive of primary vs. metastatic neoplasia if a previous history of splenic neoplasia. Potential for non-neoplastic etiologies or the possibility of pancreatic origin of the mass impinging in the area of the right lateral and caudate liver is possible yet considered less likely. Assuming normal clotting status, ultrasound-guided FNA of the mass may be considered for screening cytology.

The effusion in this case may be Inflammatory in nature or secondary to portal hypertension. Resectability of the mass is considered highly questionable given its location adjacent to the gallbladder as well as in the area of the porta hepatis. Three view chest radiographs and further assessment of the mass via CT may be considered.

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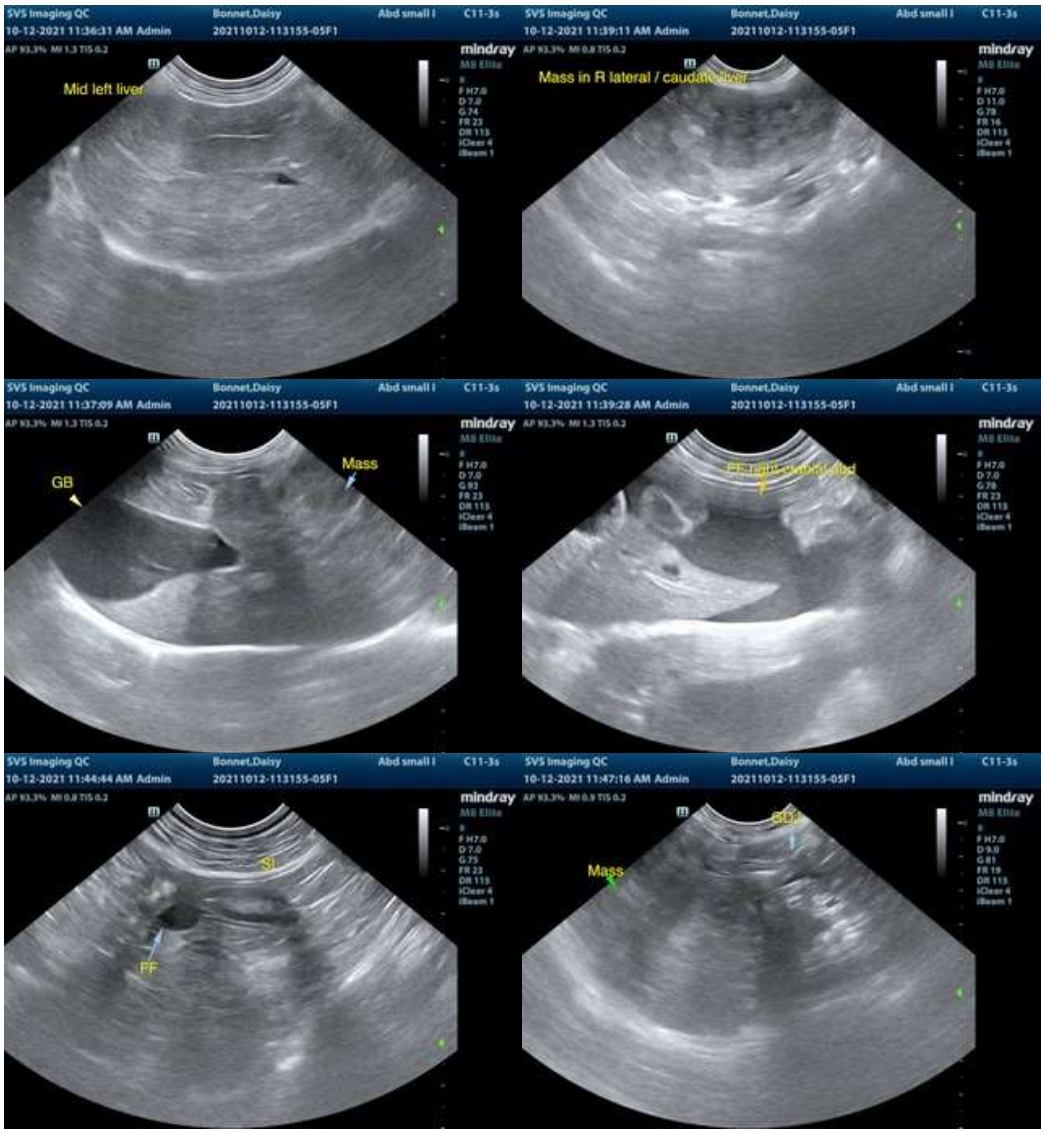

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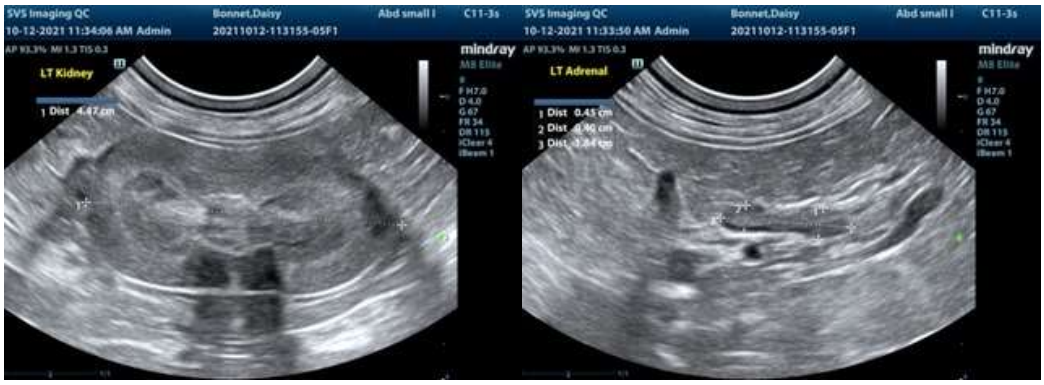

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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