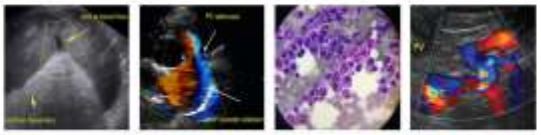


PATIENT

Harley Zuck

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

10 years

WEIGHT

63.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

REFERRING VET

Dr. Schnolis

INVOICE

12351

DATE

10.12.2021

PRESENTING CLINICAL SIGNS

History: Inappetence, lethargy, tense abdomen, round structure cranial abdomen

Medication: Pepcid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 6.5 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

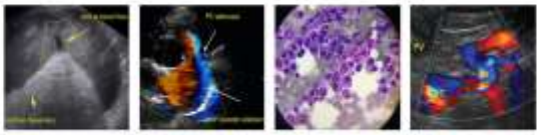
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm length x 0.49 cm width at the caudal pole. The right adrenal gland measured 2.8 cm length x 0.68 cm width at the caudal pole.

Spleen

A mass involving the caudal spleen with secondary capsule expansion and disruption was present and measured approximately 10.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The mid to cranial spleen exhibited subtle parenchyma heterogeneity with mild asymmetrical medial capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Mild perisplenic free fluid and subtle reactive mesentery were noted. A minor potential for omental adhesions to the splenic mass cannot be excluded.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing retained ingesta/chyme 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.

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

No overt lymphadenopathy was present.

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cavitated to nonhomogeneous caudal splenic mass with regional perisplenic reactive mesentery and minor perisplenic free fluid
- Mild hepatic parenchymal remodeling
- Mild chronic renal changes
- Gastric ingesta

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 metastasis, although potential for non-visualized or micrometastasis cannot be definitively excluded in this case.

The presence of gastric ingesta may Indicate recent meal ingestion. However, given the inappetence, the potential for some degree of metabolic gastric stasis is suspected.

Assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy with splenectomy and gross inspection of the liver, perisplenic omentum, and gastrointestinal tract may be considered.

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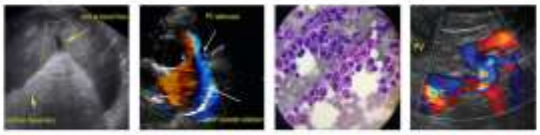

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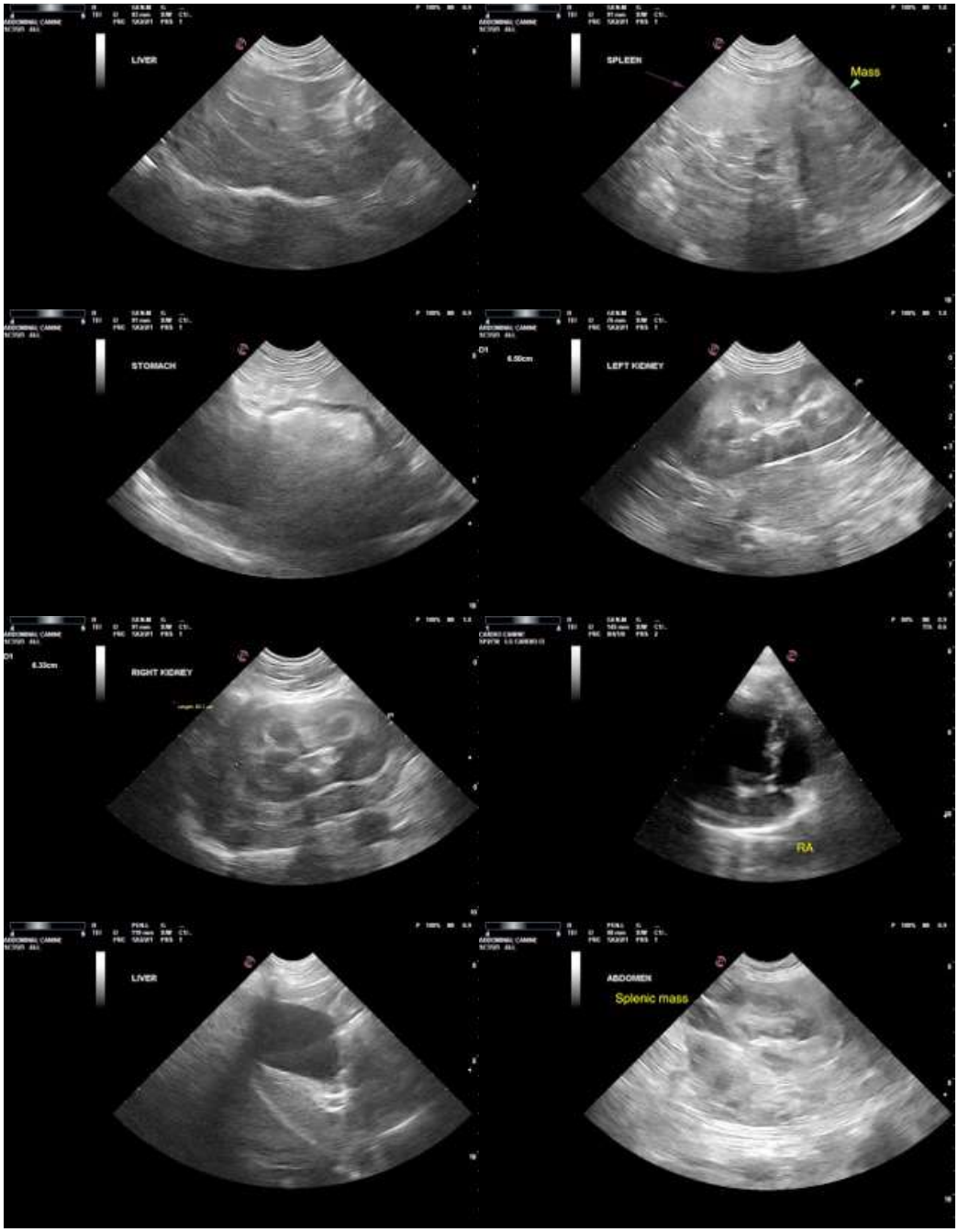

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology tha t was not visible in the image/video clips provided.

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.

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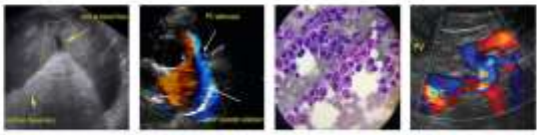

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