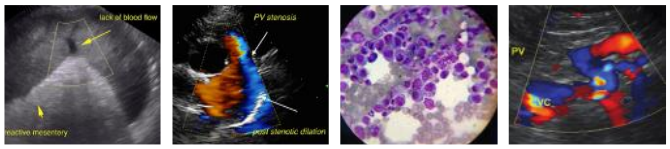
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Koko Smith

SPECIES
Canine

BREED
Rottie Mix

SEX
FS

AGE
11yr

WEIGHT
119

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

IMAGING PERFORMED BY
Hope Brossman

HOSPITAL NAME
Animal Mansion Veterinary Hospital

REFERRING VET
Dr. Parker

INVOICE
11901ag

DATE
10/17/2022

PRESENTING CLINICAL SIGNS

Pet presented for vomiting, not eating, severe weight loss in 30 days. Distended abdomen.

Abnormal PE/Chem/CBC/UA Results: pending

The submitted study contained 30 images for review

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex 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 7.5 cm in length. The right kidney was not visualized.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

A large mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured at least 12 cm in diameter. A concurrent separate mildly expansive non-homogenous nodule was present in the mid spleen measuring 1.4 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

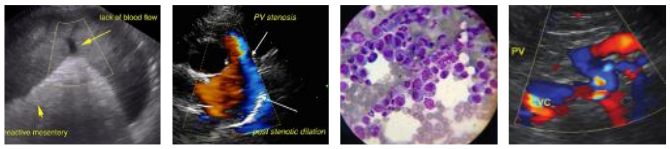
Liver

The liver was indistinctly visualized yet exhibited potential for mild generalized enlargement. Subjective generalized non-uniform parenchyma exhibiting moderate coarse echotexture was noted. Suspect indistinctly visualized discrete non-homogeneous intraparenchymal nodule present in the caudal liver measuring 1.8 cm in diameter. 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 to mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained non-specific mildly shadowing ingesta with no signs of ileus, obstruction or foreign material.



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The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no overt signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was not distinctly visualized.

Free Abdomen

Mild volume perisplenic to perihepatic free fluid was noted. Perisplenic hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Large non-homogeneous to cavitated splenic mass with concurrent separate splenic nodule
- Mild non-uniform liver with suspect indistinctly visualized non-homogenous intraparenchymal nodule
- Non-specific mildly shadowing gastric ingesta
- Mild volume peritoneal free fluid-suspect hemoabdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the splenic mass is most suggestive of malignant neoplasia such as sarcoma or other. Benign pathologies are considered less likely. High concern for potential hepatic metastasis +/- regional perisplenic omental adhesions. The gastric ingesta may indicate retained food, if documented NPO however potential for gastric foreign material cannot be definitively excluded. Assuming no evidence of thoracic pathology on three view radiographs exploratory laparotomy with splenectomy, gross inspection of the liver and stomach +/- hepatic biopsies may be considered however an unfavorable long-term prognosis is indicated.

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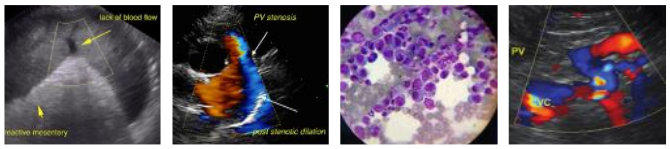

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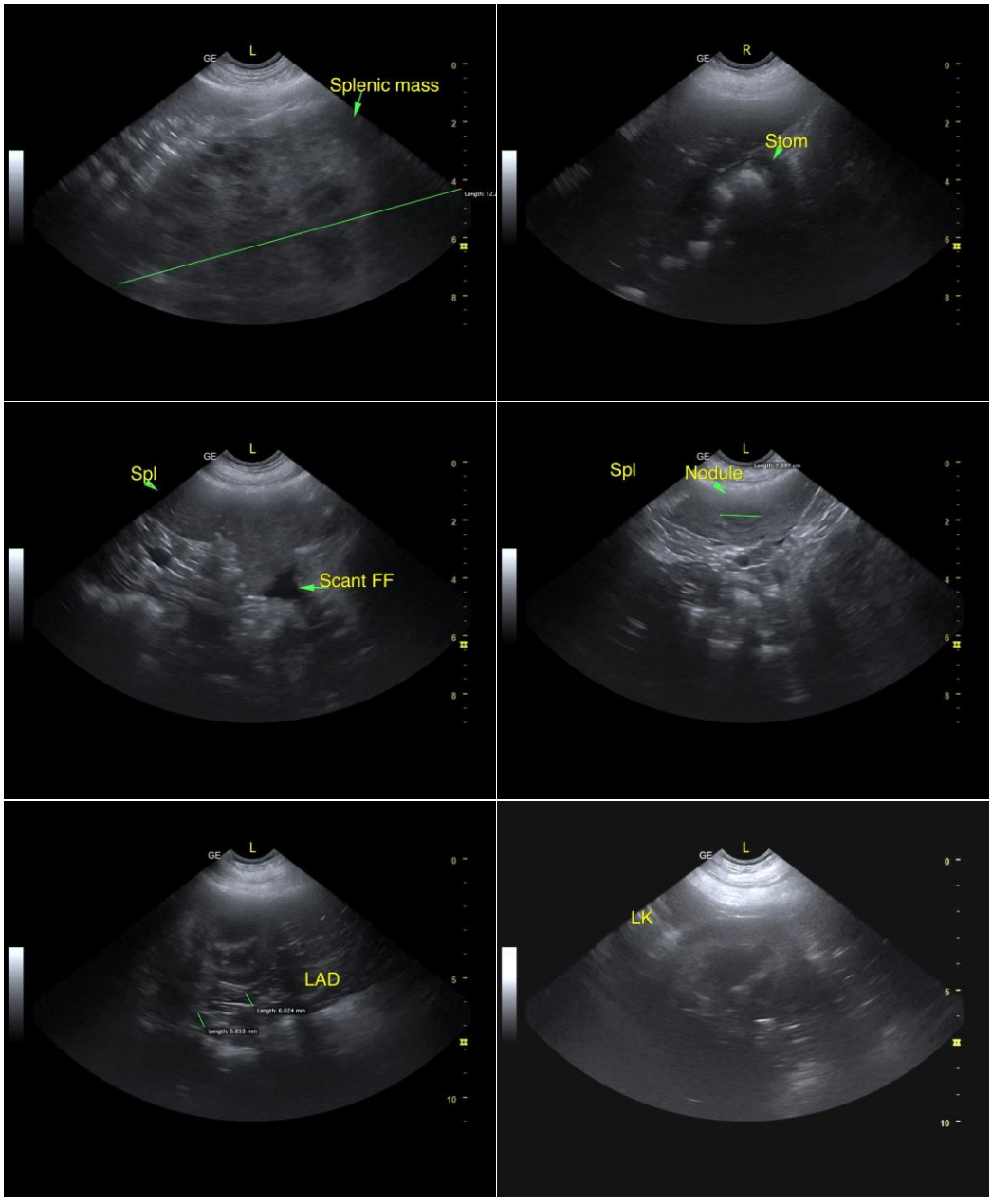

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com