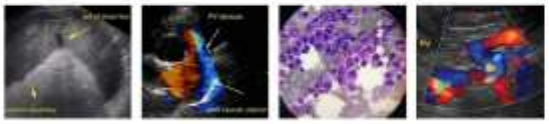


PATIENT

Riley Fry

SPECIES

Canine

BREED

Blue Tick Hound

SEX

Neutered Male

AGE

13 years

WEIGHT

73 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Carl Kelly

INVOICE

12381

DATE

10/18/21

PRESENTING CLINICAL SIGNS

Roundhill Animal 6:02 PM (1 hour ago) to me "Riley" male neutered Dan and Larry Fry 73 pounds Blue tick hound Age 13 History: Episodes of periuria (indoors) over 4 months ago, getting worse. Tries to go outside but doesn't make it. Abdomen is very distended over cranial 2/3 portion. Dr. Kelly suspects spleenic mass. Chest radiographs are clear. May be weaker or more lethargic past 6 months. Current medication is Amoxi 500mg, 1 BiD Attached IDEXX bloodwork

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The urinary bladder was mildly distended with anechoic urine. No uroliths or sediment were noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was mildly prominent in size, yet maintained symmetrical contour and primarily homogeneous nonmineralized parenchyma, measuring 1.9 cm in diameter. The post-prostatic urethra was normal to a depth of 4.0 cm.

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. The left kidney exhibited mild pyelectasia. The left kidney measured 7.8 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

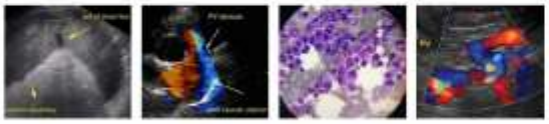
The left adrenal gland was not definitively visualized. The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 3.3 cm length x 0.92 cm width in the caudal pole.

Spleen

The discernable spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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. A potential, mildly expansive, nonhomogeneous to echogenic, focally cystic, nodular mass lesion in the mid to lateral left liver, measuring 5.4 cm in diameter, was present. The hepatic and portal vasculature was 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 was empty with no 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 pancreas was not definitive visualized owing to the presence of the mid to large, mid to cranial abdominal mass

Free Abdomen

Large to expansive, nonhomogeneous to mixed echogenic cavitated mass occupying the majority of the mid to cranial abdomen was present. The overall echogenicity of the mass was subjectively similar to adjacent spleen, as compared to the liver. The mass measured at least 13.0 cm in diameter, but likely larger as the entire mass would not fit into a single viewing window. The mass expanded to directly efface the cranial aspect of the majority of the discernable spleen, as well as the caudal aspect of the left to mid liver. The mass appeared to mildly displace the left kidney dorsally. Regional mild reactive mesentery was noted around the mid to cranial abdominal mass without overt evidence of concurrent significant peritoneal effusion or overt lymphadenopathy.

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

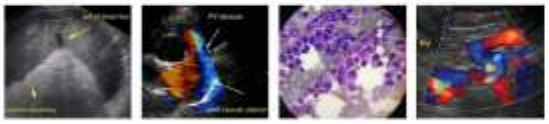
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, mixed echogenic, nonhomogeneous, cavitated mid to cranial abdominal mass
- Hepatic parenchymal remodeling with possible echogenic to cystic left parenchymal nodular mass lesion
- Sonographically unremarkable yet mildly distended urinary bladder, no overt residual prostatic or proximal urethral pathology
- Mild chronic renal changes with mild left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size and expansiveness of the mid to cranial abdominal mass directly effacing the liver and spleen, a definitive origin of the mass was difficult to ascertain, yet primary splenic origin given the similar echogenicity of the mass to the discernable spleen is considered most likely. The potential for an echogenic to cystic nodular mass lesion in the left liver may indicate a potential for primary hepatic origin of the large mass. Benign process such as cystic biliary adenoma, nodular hyperplasia, or lipogranuloma, while the possibility of separate or metastatic neoplasia to the left liver cannot be



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excluded. However, potential for overlay within the left liver from the primary mid to cranial abdominal mass may be possible.

Ideally, if possible, CT assessment for further clarification and potential surgical planning and assessment for non-visualized metastasis is recommended. Exploratory laparotomy for further clarification, if CT is not possible, could also be considered given no evidence of thoracic or overt pericardial metastasis.

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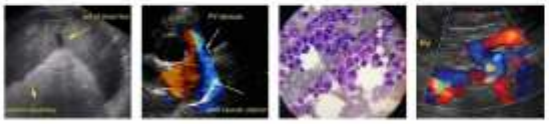

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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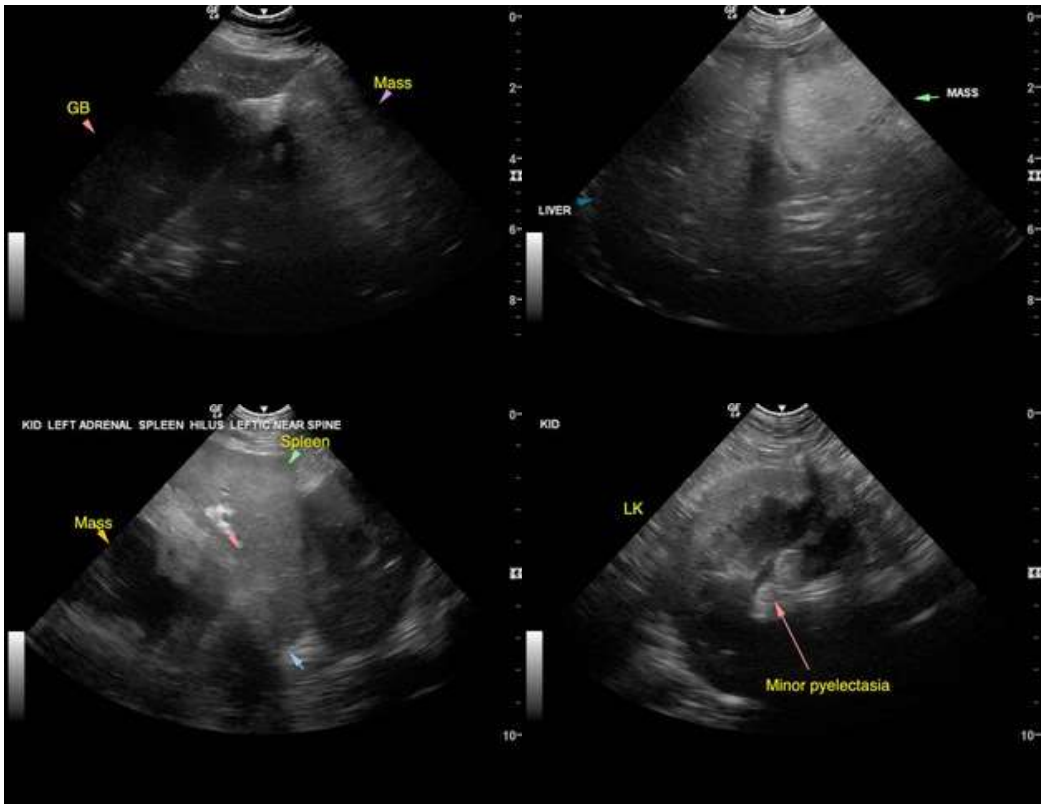

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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