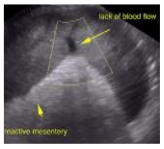

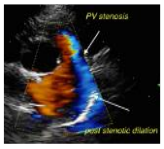

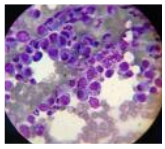
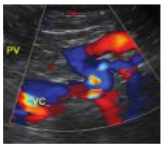

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1-800-838-4268 info@sonopath.com

PATIENT

Ripley Marshall

SPECIES

Canine

BREED

Vizsla

SEX

MN

AGE

10 years

WEIGHT

21.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

East Bend AH

REFERRING VET

Jamie Thurk DVM

INVOICE

15260

DATE

10/25/22

PRESENTING CLINICAL SIGNS

Approx 2 days duration lethargy. No CSVD reported.
Abnormal PE/Chem/CBC/UA Results: PE: some geriatric changes (LS OU), several SC masses consistent with lipomae. Blood work: — reported unremarkable Abdominal rads: — splenic mass highly suspected 3-view Thoracic rads: — NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The urinary bladder exhibited mild urine dilation, which prohibited full evaluation of the urinary bladder walls. No evidence of urinary bladder neoplastic criteria. Mild congealed particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present. The urinary bladder wall width measured 0.65 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. The ureteral papillae were normal. The ureters were not visible which is normal.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 7.4 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 2.5 cm length x 0.38 cm width at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.67 cm width at the caudal pole.

Spleen

The spleen exhibited primarily size with maintained symmetrical capsule contour and generalized mild splenic parenchyma heterogeneity. Normal splenic vascularity was present.

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 mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, hyperechoic, nonshadowing, nonorganized debris. The cystic and common bile ducts were normal.

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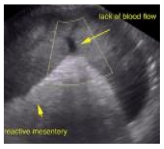

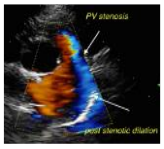

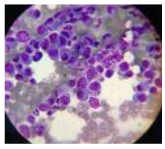
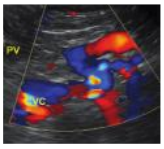

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach 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.

Sonographically colon walls were noted with mild nonformed fecal matter present in the ascending colon.

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

A small pocket of scant caudal peritoneal free fluid was noted. No overt lymphadenopathy was noted.

A moderately sized, asymmetrical, hypoechoic, nonhomogeneous mass was noted in the cranial abdomen primarily in the area of the cranial spleen, but also directly effacing the caudal aspect of the liver. The mass measured approximately 7.0-8.0 cm in diameter. Associated regional surrounding hyperechoic mesentery was noted. The mass did not overtly appear to involve the stomach. Potential for mild gastric displacement associated with the mass is possible, although not definitive. Subjectively, the mass appeared to connect to a portion of the cranial to craniomedial spleen. The mass did not overtly appear to originate from the caudal mid to left liver.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial abdominal mass exhibiting surrounding regional hyperechoic mesentery - sonographically consistent with neoplastic criteria, most likely splenic origin
- Mild hepatic parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Small pocket of scant peritoneal free fluid

Secondary Findings

- Possible mild cystitis with minor urinary bladder sediment

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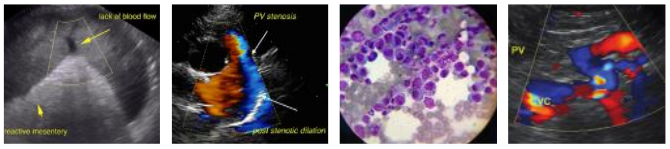

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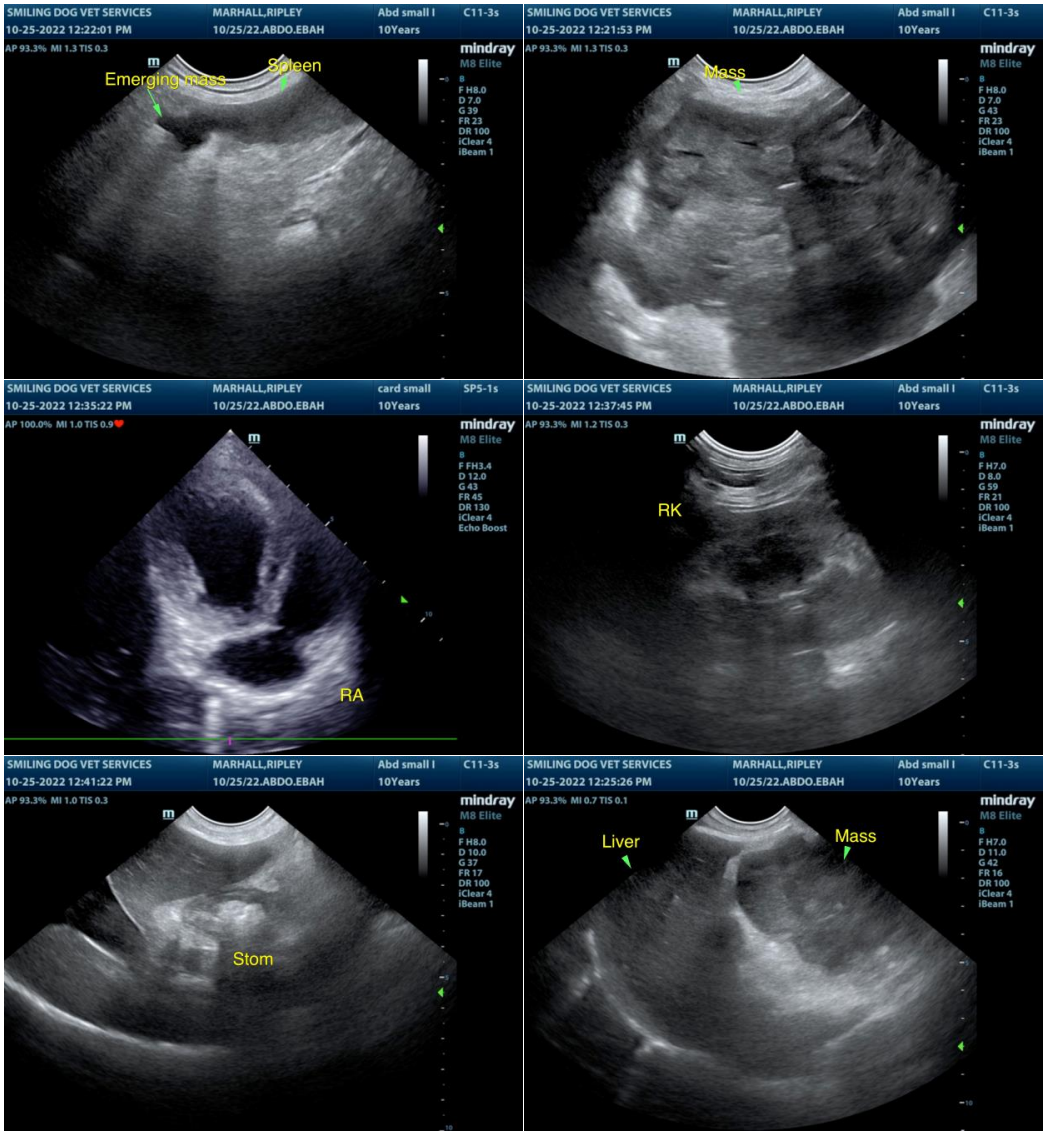
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for non-splenic origin of the mass is considered a less likely differential diagnosis, yet cannot be definitively excluded given the size of the mass and location adjacent to several intraabdominal organs.

Assuming normal clotting status, initial screening FNA cytology of the mass for further clarification could be considered.

No overt evidence of intraabdominal metastasis, although the possibility of early regional omental seeding cannot be definitively excluded. If no evidence of thoracic pathology on three view chest radiographs, laparotomy with expectation towards splenectomy, gross inspection of the surrounding omentum, as well as the liver and surrounding structures could be considered.



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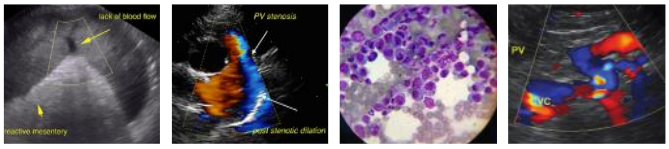

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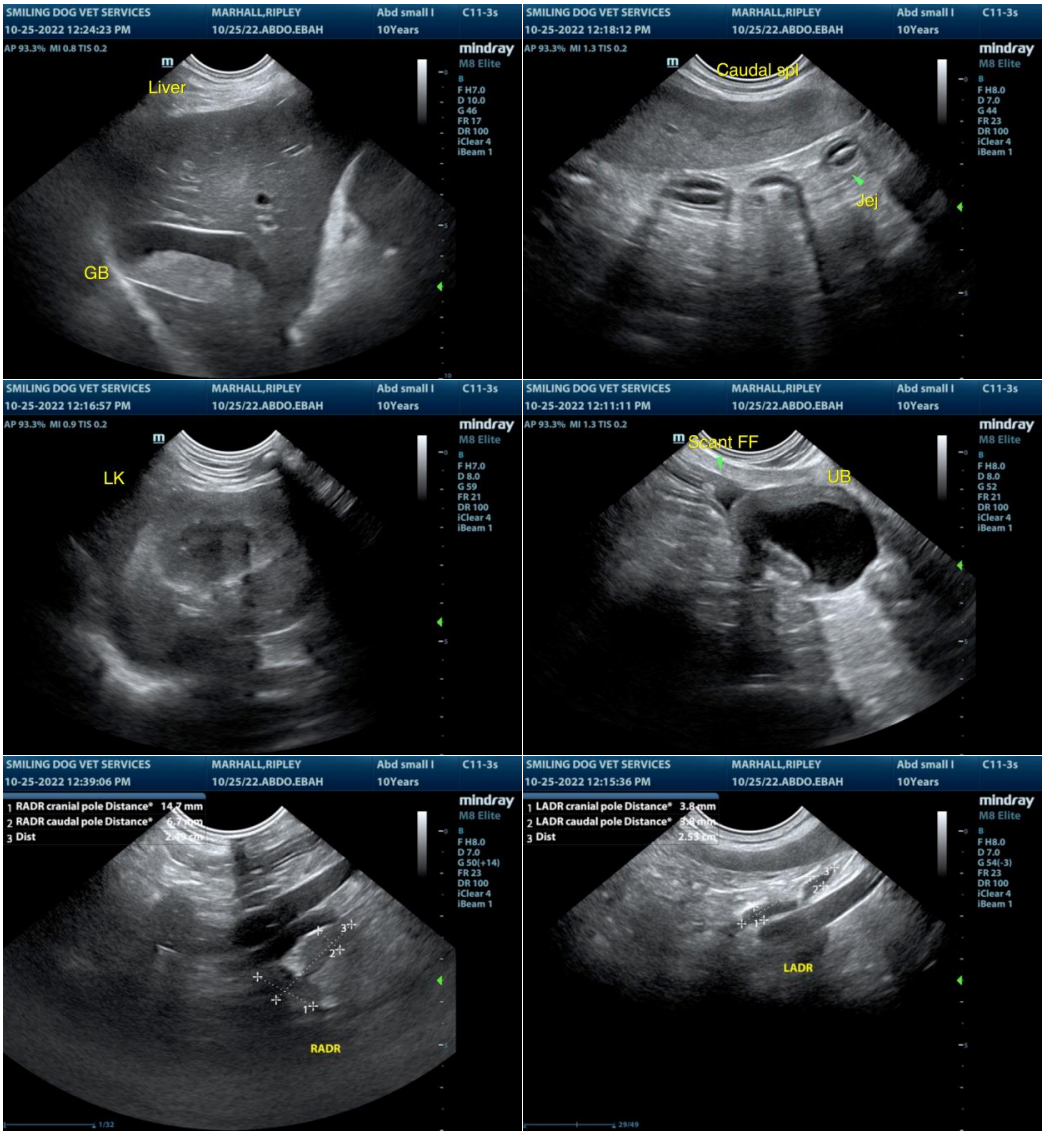

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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