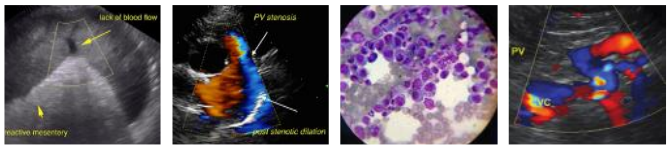
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gabriel Marlatt

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

12yr

WEIGHT

42.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie Animal Hospital

REFERRING VET

Dr. Fricke

INVOICE

12066ag

DATE

10/31/2022

PRESENTING CLINICAL SIGNS

P has had on/off vomiting, episode of increase respiratory rate at home, soft stool. Abdominal radiographs showed mass effect in the cranial abdomen. Pain on abdomen palpation.

Abnormal PE/Chem/CBC/UA Results: 10/30/22 panel showed ALP 234, Glob 4.2, A/GRatio 0.7. WBC 33.8, NEU 91, AbsNeu 30758, Lymp 3, Eos 1, Abs MOno 1690. PT/PTT WNL

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 was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint dystrophic mineral were noted. The left kidney measured 5.5 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly prominent in size considering body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.2 cm length and 0.78 cm width in the caudal pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.60 cm width in the caudal pole.

Spleen

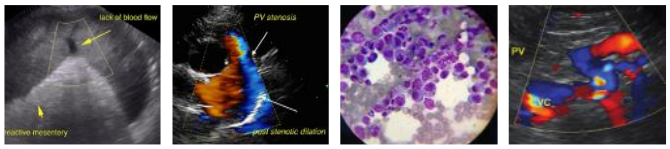
A mass involving the mid to cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured 11-12 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited generalized parenchymal heterogeneity. 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. Potential for adhesions cannot be excluded. No evidence of splenic mass rupture was observed.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This finding is likely consistent with age related pancreatic changes and is considered incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic to cavitated splenic mass with mild perisplenic hyperechoic mesentery
- Hepatopathy-subjectively benign, suggestive of vacuolar hepatopathy pattern
- Bilateral chronic renal changes exhibiting pinpoint medullary mineral
- Mildly prominent to non-homogeneous left adrenal gland-suspect age related or adenomatous adrenal changes, no evidence of adrenal neoplastic or metastatic criteria
- Unremarkable GI tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is most suggestive of neoplastic criteria such as sarcoma or other. Benign pathology is possible although thought less likely. No overt evidence of intra-abdominal or cardiac metastasis, potential for non-sonographically evident metastasis or micro metastasis cannot be definitively excluded.

If no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the liver and perisplenic omentum +/- gross inspection of the left adrenal gland would be warranted. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma.

Sonographic monitoring of the left adrenal gland for evidence of progressive increased size is likely ideal.

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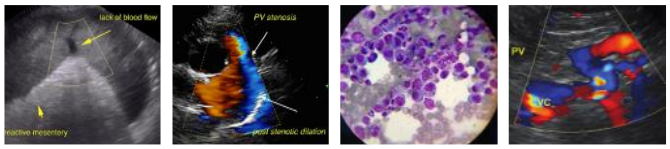

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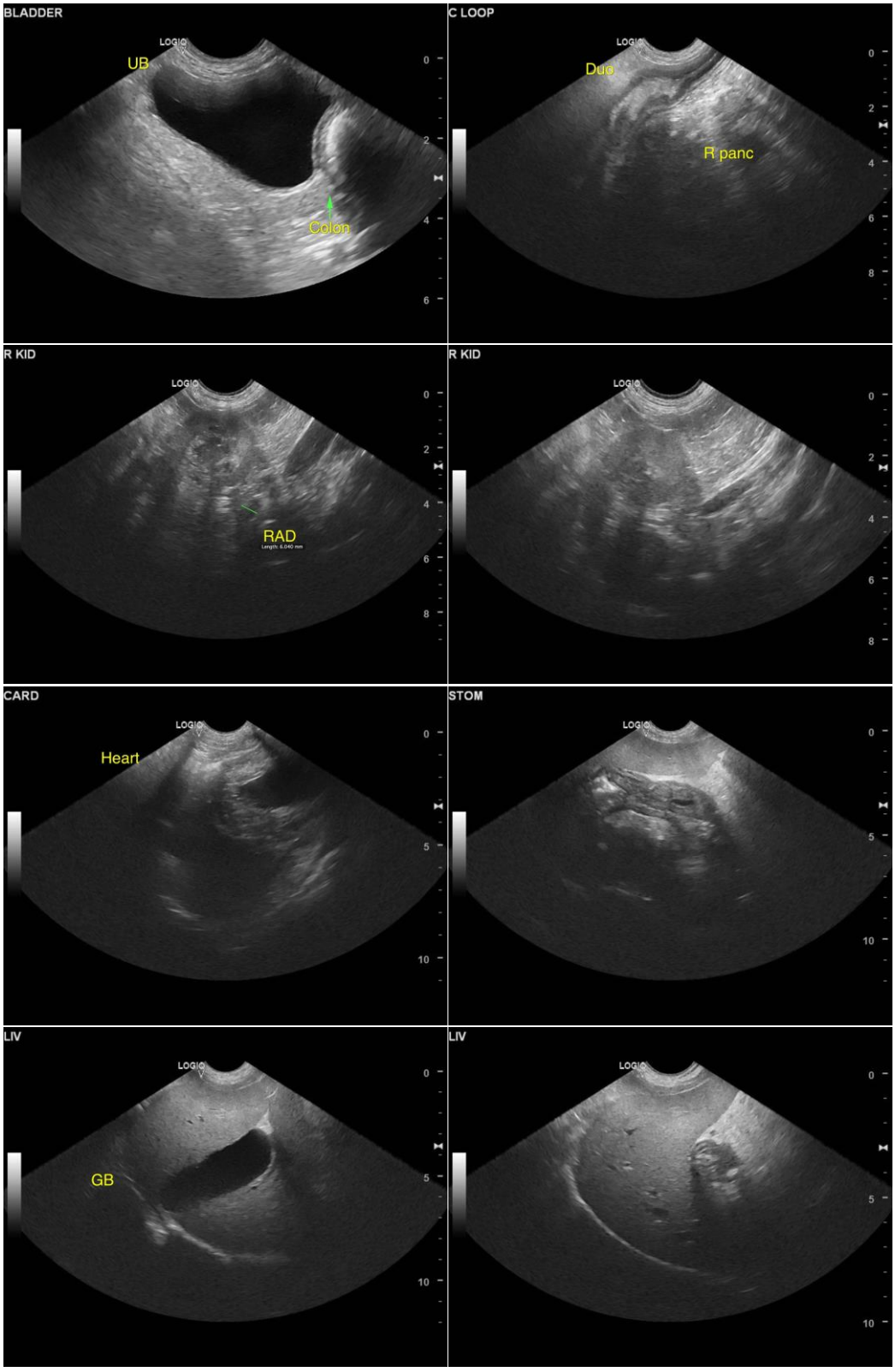

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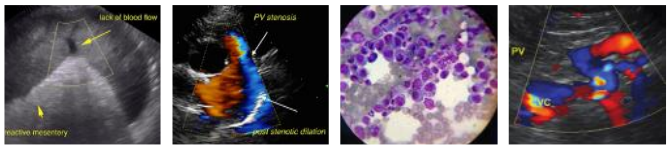

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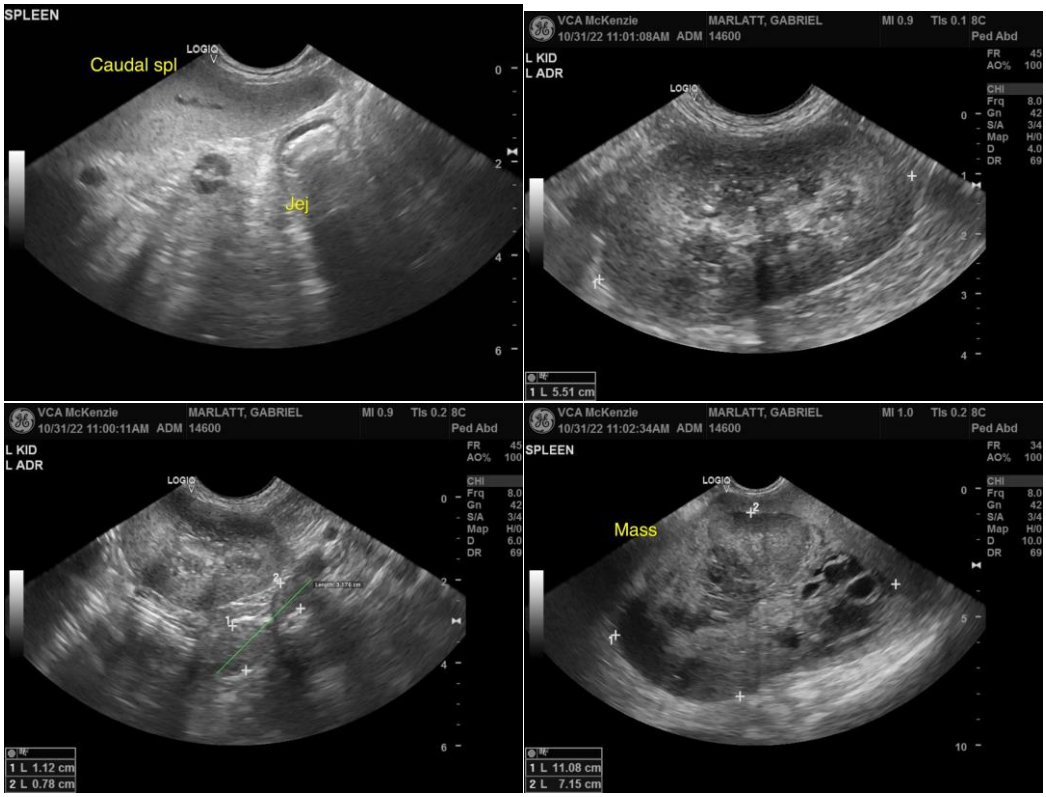

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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