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Clinical Sonography & Telecytology
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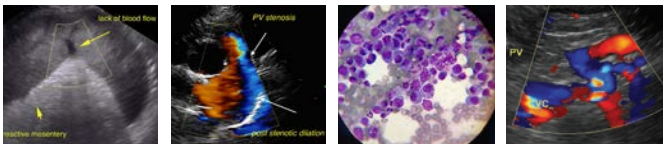

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Fenwick Wane

SPECIES
Canine

BREED
Mix

SEX
Neutered Male

AGE
15 Years

WEIGHT
47 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
East Plane AH

REFERRING VET
Dr. Rosen

INVOICE
26148

DATE
10/7/21

PRESENTING CLINICAL SIGNS

Hx of 3 episodes of hind end collapse. Partial anorexia, abdominal organomegaly on pe. R/O Neoplasia, liver vs spleen vs other.
Abnormal PE/Chem/CBC/UA Results: Glob 4.1, A/G ratio 0.7, Ca 8.5, PLT 108

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were noted.

The residual prostate was sonographically unremarkable.

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 6.3 cm. The right kidney measured 5.7 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A focal, well defined, hyperechoic nodule was present in the caudal pole of the left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.74 cm in diameter. The overall left adrenal gland measured 0.80 cm at the cranial pole and 0.94 cm at the caudal pole. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

A large, expansive, non-homogeneous mass measuring approximately 15 cm in diameter was noted in the spleen with secondary capsule expansion and disruption was present. Associated perisplenic reactive mesentery was noted and minor perisplenic free fluid. Focal to intermittent parenchymal cysts to areas of cavitation were present. 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.

Liver

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. No distinct hepatic masses or nodules. 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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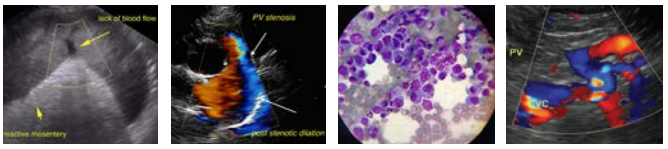

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta 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 was evident.

Free Abdomen

No overt lymphadenopathy.

Rapid view of the heart revealed no overt evidence of pericardial effusion or tumors. Potential arrhythmia noted.

PRIMARY FINDINGS

- Large, non-homogeneous to focal cyst/cavitated splenic mass
- Associated regional perispelnic reactive mesentery and mild perisplenic free fluid
- Age related liver
- Non-specific left adrenal nodule – suspect probable adenoma.

SECONDARY FINDINGS

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplasia is favored. Overt evidence of intraabdominal metastasis to the major organs (i.e., liver, kidney, or lymphatic metastasis was not overtly evidence. However, potential for non-visualized or micrometastasis in these cases cannot be definitively excluded. Assuming no evidence of thoracic pathology on 3-view radiographs, splenectomy with gross inspection of the liver as well as perisplenic omentum may be considered. ECG assessment suggested prior to potential anesthetic considerations. However, a very guarded long-term prognosis is indicated.

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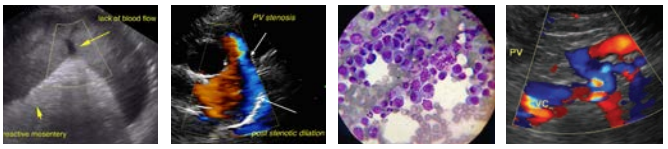

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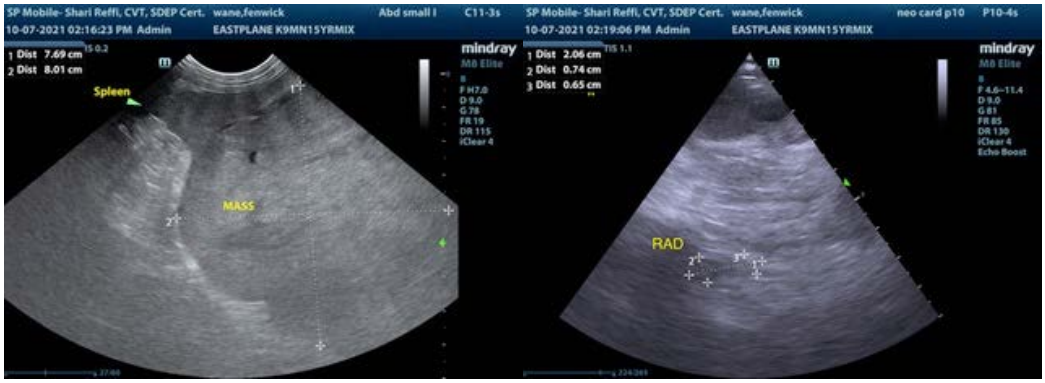

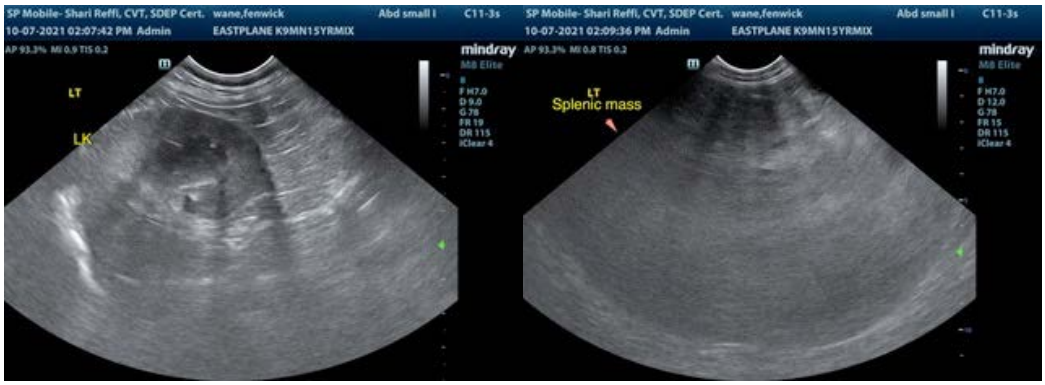

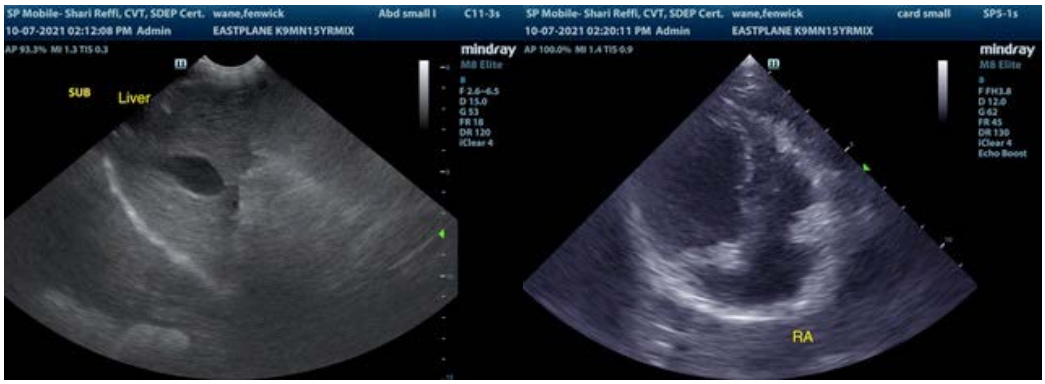

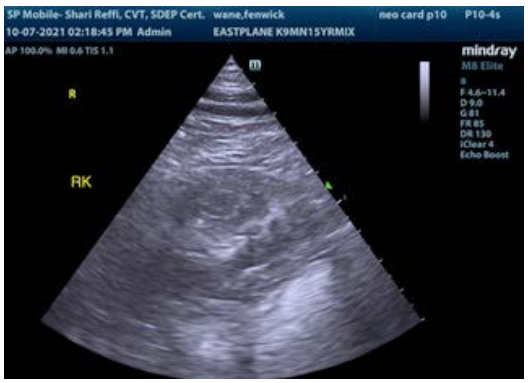

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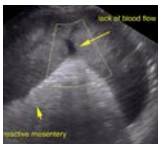
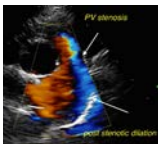
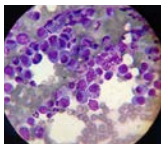
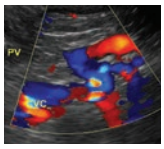

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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