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Clinical Sonography & Telecytology
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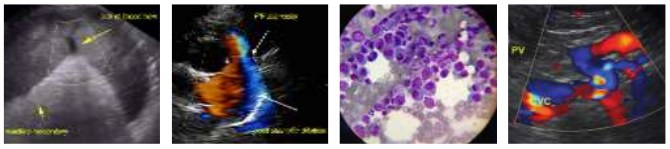

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Nina Casulli

SPECIES
Canine

BREED
German Sheperd

SEX
FS

AGE
11 years

WEIGHT
79.0 lbs.

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

IMAGING PERFORMED BY
Evanna

HOSPITAL NAME
Animal Care Clinica of Flanders

REFERRING VET
Dr. Halihan

INVOICE
12599

DATE
11/12/21

PRESENTING CLINICAL SIGNS

anorexia , weightloss
Abnormal PE/Chem/CBC/UA Results: cbc/chem -pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited potential for mild subnormal size owing to lack of urine distention. No overt evidence of urinary bladder or proximal urethral pathology was evident.

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. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.62 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

A mass subjectively in the mid to cranial spleen with secondary asymmetrical capsule expansion and disruption was present, measuring approximately 7.0-8.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The splenic parenchyma not involved with the mass exhibited generalized heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional, nonuniform peri splenic mesentery with suspected omental adhesions to the splenic mass was present.

Liver/ Gallbladder

The liver exhibited subjective normal size and contour and normal overall hepatic parenchyma echogenicity with mild to moderate coarse echotexture and minor parenchymal remodeling. No overt hepatic masses or nodules were noted. 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 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 was Indistinctly visualized owing to the presence of peritoneal free fluid and peri intestinal omental artifact. No overt evidence of intestinal pathology was noted.

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

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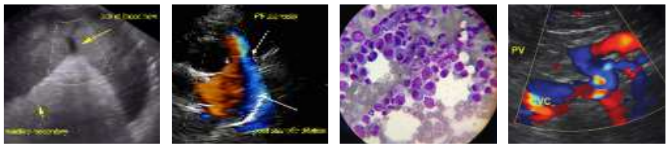

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Pancreas

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

Moderate to marked cellular peritoneal effusion consistent with secondary hemoabdomen owing to splenic mass rupture was present. No overt lymphadenopathy was noted.

Brief sonographic assessment of the heart and pericardial thoracic cavity revealed no overt evidence of cardiac or pericardial masses in the visible window with subjective normal systolic function and without overt evidence of left or right heart chamber enlargement. A mild to potential moderate amount of pleural effusion was present in the pericardial window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass with regional perisplenic nonuniform echogenic mesentery, potential for suspected omental adhesions
- Moderate to marked cellular peritoneal free fluid - consistent with hemoabdomen
- Mild hepatic parenchymal remodeling
- Age-related kidneys
- Noncardiogenic pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. Overt evidence of major abdominal metastasis i.e., liver, kidneys, etc., was not evident. However, potential for intraabdominal micrometastasis or regional perisplenic omental seeding cannot be definitively excluded, likewise, the presence of noncardiogenic pleural effusion is strongly suggestive of thoracic metastasis. Further assessment may include thoracocentesis for fluid analysis and/or assessment for concurrent hemothorax. Correlation with three view chest radiographs may be considered. However, given bicavitary pathology, surgical options are unfortunately precluded in this case. An unfavorable prognosis is indicated.

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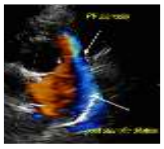
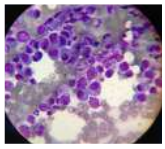
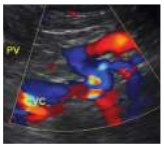

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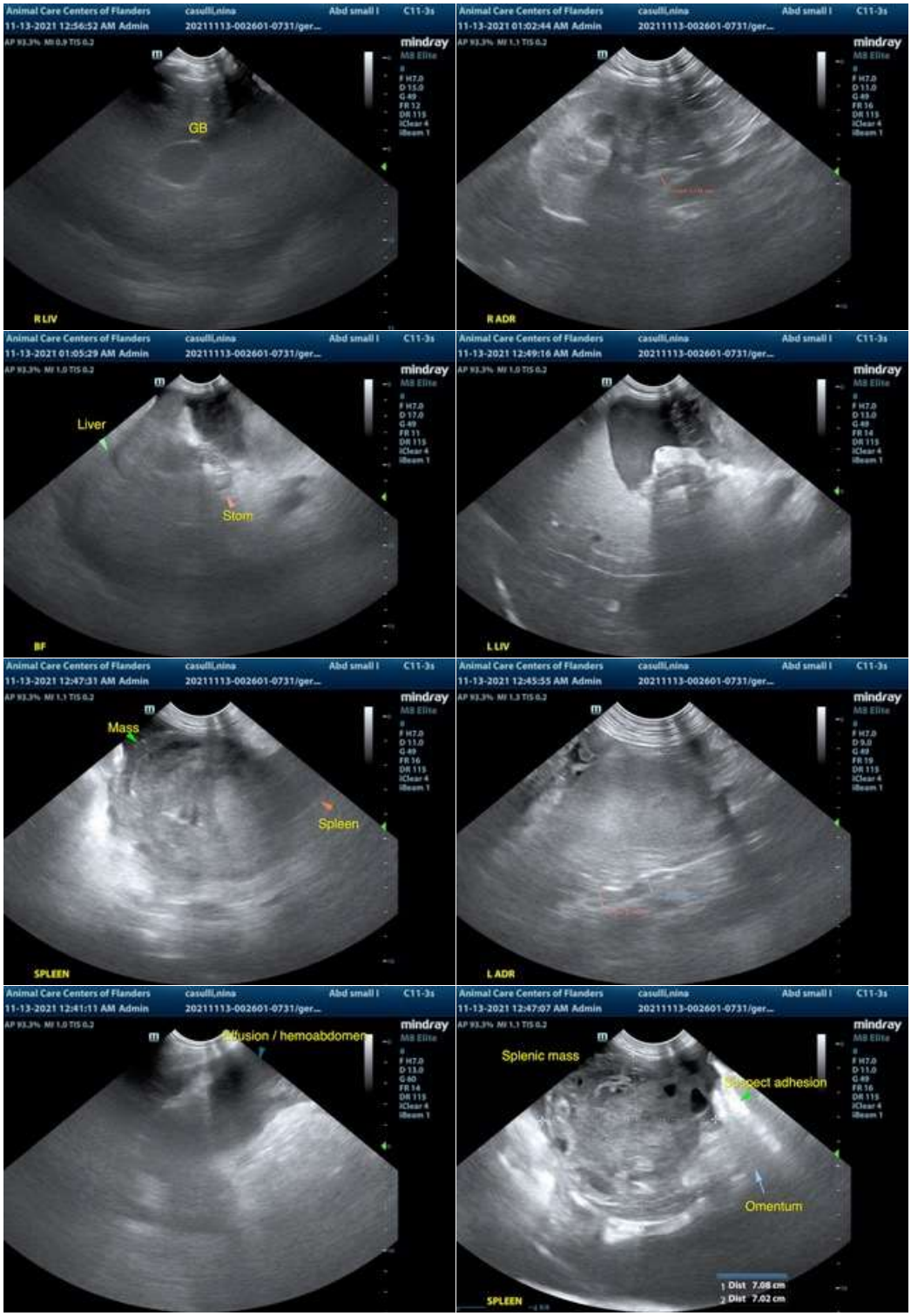

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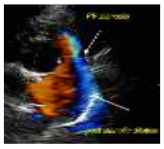
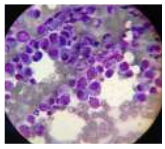
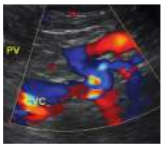

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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