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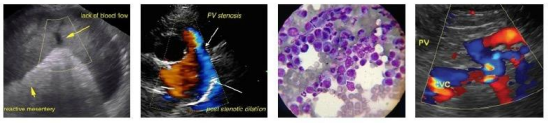


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Festus Hamilton

SPECIES

Canine

BREED

ACD

SEX

MN

AGE

8 yrs

WEIGHT

45 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VH

REFERRING VET

Dr. Denny Nolet

INVOICE

12248ag

DATE

11/24/22

PRESENTING CLINICAL SIGNS

Seen at ER for a laceration repair- A fast scan showed splenic mass and advised immediate removal- second opinion today for AUS- dog doing well- Temp 102.1

Abnormal PE/Chem/CBC/UA Results: Cytology in house showed macrophages and neutrophils-

Lateral radiograph shows a large amount of material in stomach. Induced vomiting and produced a lot of vomitus. The "lidocaine patch" does not appear to be that, is very thick and appears to be skin or a meat wrapping.Exam The owner says that another clinic found a splenic mass and recommended surgical removal which was declined. Owner requested that we do an abdominal U/S to assess. Our radiographs taken for the dietary indescretion had shown a central abdominal mass. The dog had not been showing any signs related to this mass. Discussed PE, Hx, dDx with owner. Fine needle aspirate of the mass yields no diagnostic cells, there was some fat identified and one aspirate yielded blood with an increase of PMN's and macrophages. Recommended CBC in house, but that was missed and dog has left. Should check the CBC on Friday. Not keeping food down, D, not drinking well. Pt vomited a rag like material 1 hour (10am) before getting here. Pt is nauseated per o. Pt had runny diarrhea (greenish/yellow).

new history to add to to this case- Lateral radiograph shows a large amount of material in stomach. Induced vomiting and produced a lot of vomitus. The "lidocaine patch" does not appear to be that, is very thick and appears to be skin or a meat wrapping.Exam The owner says that another clinic found a splenic mass and recommended surgical removal which was declined. Owner requested that we do an abdominal U/S to assess. Our radiographs taken for the dietary indescretion had shown a central abdominal mass. The dog had not been showing any signs related to this mass. Discussed PE, Hx, dDx with owner. Fine needle aspirate of the mass yields no diagnostic cells, there was some fat identified and one aspirate yielded blood with an increase of PMN's and macrophages. Recommended CBC in house, but that was missed and dog has left. Should check the CBC on Friday. Not keeping food down, D, not drinking well. Pt vomited a rag like material 1 hour (10am) before getting here. Pt is nauseated per o. Pt had runny diarrhea (greenish/yellow).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

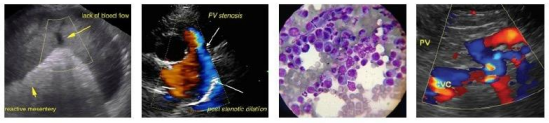
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the residual prostate appeared normal and 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



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cortex with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 6.1 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 0.59 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 2.1 cm length.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

An unspecified moderately sized hyperechoic mass exhibiting subtle hypoechoic striations was present in the cranial abdomen measuring ~ 8-9 cm in diameter. The mass appeared to be potentially encapsulated although not definitive. Subtle evidence of regional surrounding hyperechoic mesentery was present. The mass was not definitively connected to the craniomedial spleen or mid to left caudal liver.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unspecified hyperechoic cranial abdominal mass
- Sonographically unremarkable spleen/liver

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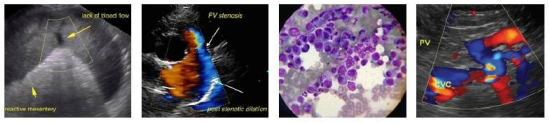

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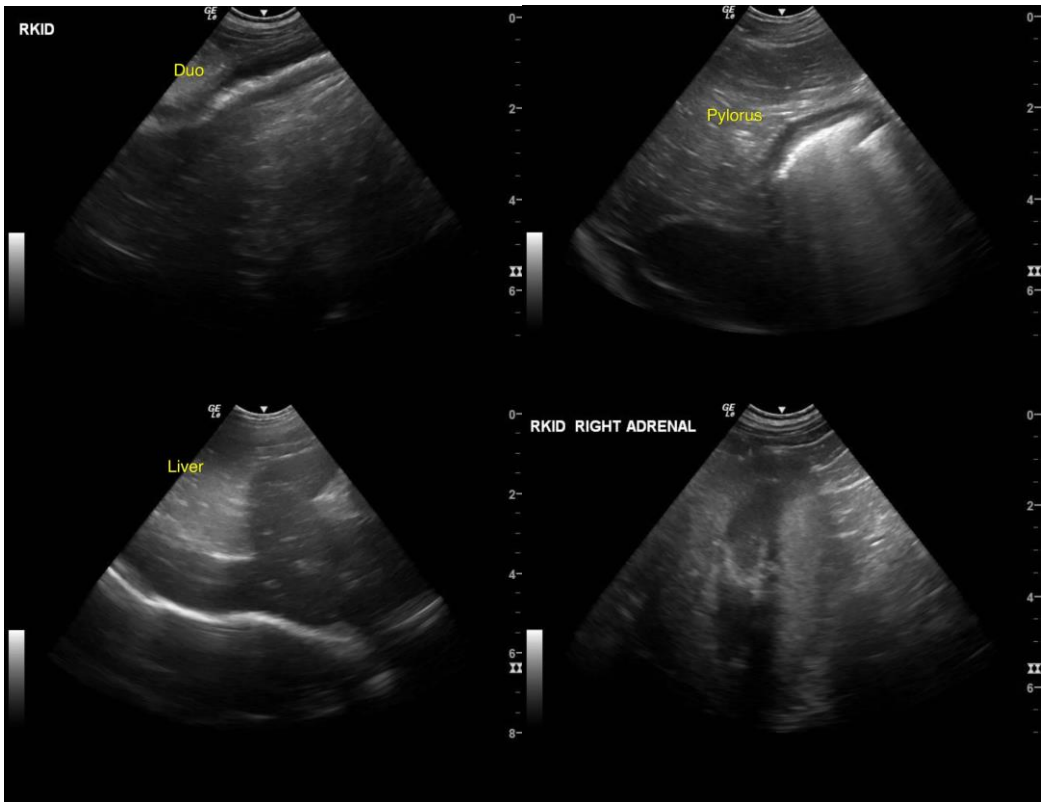
- Sonographically normal GI tract/pancreas-possible mild gastroenteritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the cranial abdominal mass may include granuloma, lipoma, or regional steatitis +/- necrosis, consolidated abscess with neoplastic criteria thought less likely based on sonographic appearance with pancreatic, omental or non-obvious cranial splenic origin possible.

The mass may be causing irritation to the stomach or regional small intestine although evidence of GI involvement was not present. No evidence of GI foreign material or mechanical obstruction was present. AS needed GI support and conservative therapy for potential gastroenteritis/dietary indiscretion is recommended. A spec cPL could be considered to assess for evidence of pancreatitis.

Given the non-diagnostic cytology of the mass, exploratory laparotomy with biopsy and resection of the mass for histopathology could be considered assuming no evidence of pathology on three view chest radiographs.



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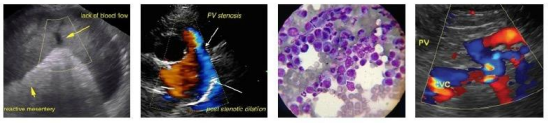

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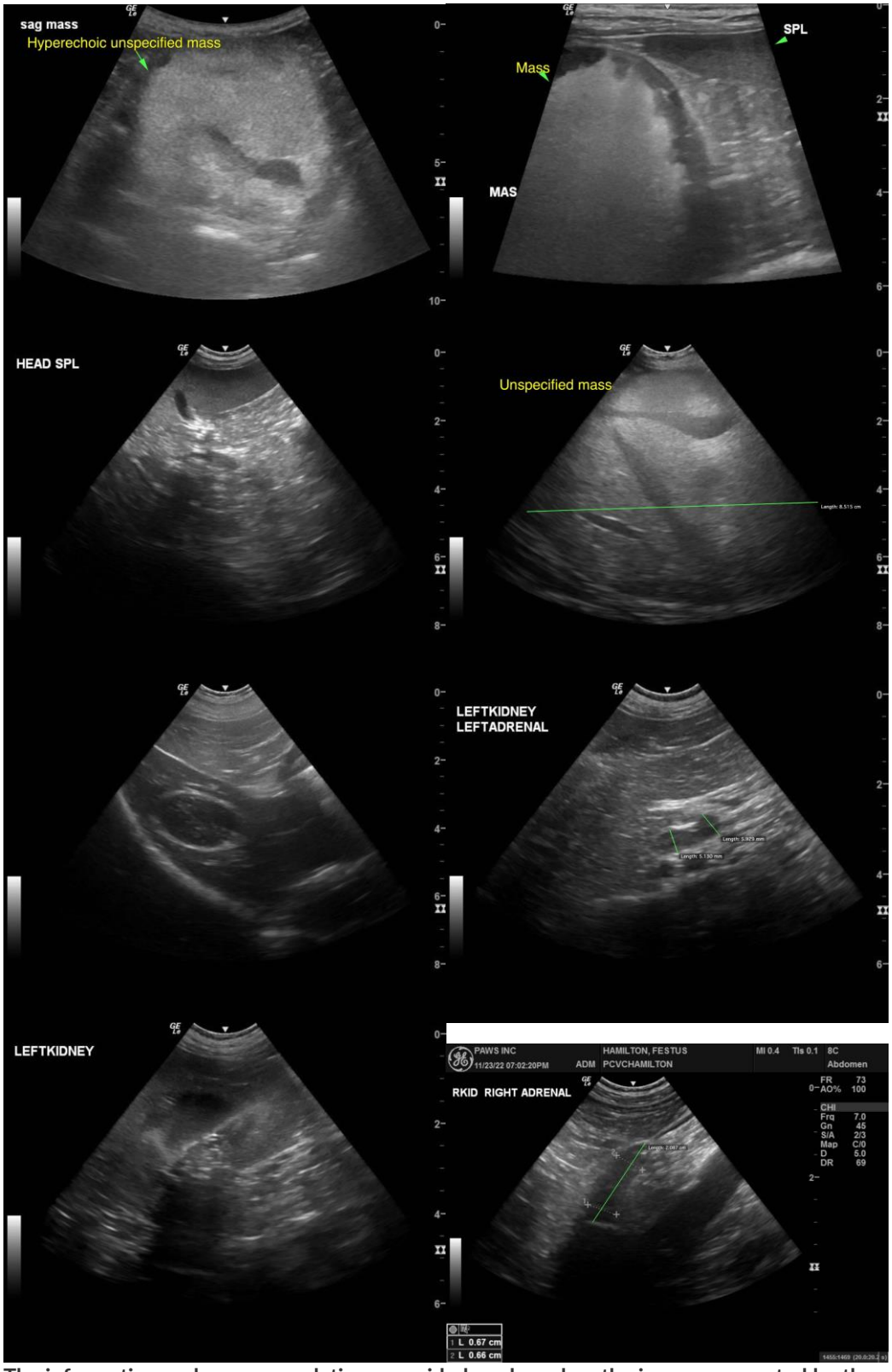

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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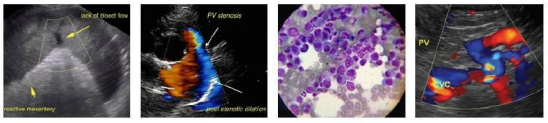

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com