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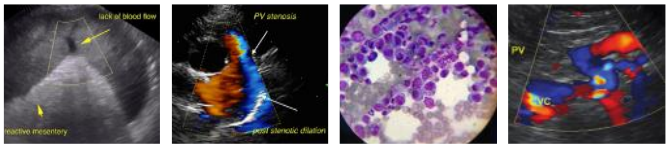

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Viola Sidero

SPECIES

Canine

BREED

Australian Shepherd Mix

SEX

FS

AGE

8 years

WEIGHT

40 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Moore

INVOICE

15334

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Weight loss and hyporexia for 1 month. Not eating much now, and recently started with soft stools. FNA of spleen done with 25G needle, Propofol for sedation.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 2/9, severe muscle wasting, pendulous abdomen. GI panel: low folate, rest WNL. CBC/Chem (9/30/22): Alb 2.9, Ca 8.4, K+ 3.7, BUN 5.9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt evidence of pathology in the area of the iliac trifurcation. A solitary visualized incidental benign medial iliac lymph node measuring 2.5 cm x 0.6 cm was noted.

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 7.0 cm in length. The right kidney measured 7.7 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 2.5 cm length x 0.62 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm length x 0.81 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement exhibiting a large, expansive, irregular mixed echogenic mass occupying the majority of the mid to caudal spleen measuring at least 11.0-12.0 cm in diameter. Associated distortion of the splenic capsule was noted. The spleen not involved with the mass exhibited symmetrical capsule contour with mild parenchyma heterogeneity and normal splenic vascularity.

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 subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, echogenic, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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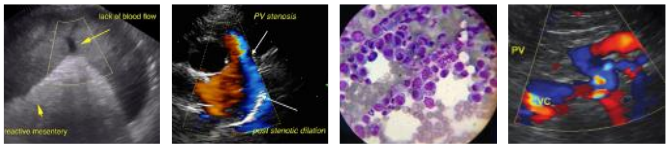

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic to echogenic fluid and minor chyme was noted. md-No evidence of mechanical pyloric outflow obstruction was noted.

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

Regional perisplenic and perilymphatic mild hyperechoic mesentery was present. Intermittent small pocket of scant peritoneal free fluid was noted. Several, midabdominal mesenteric root lymph nodes were present. The lymph nodes were marked enlarged exhibiting symmetrical to rounded margination with abnormal width: length ratio (>0.5). The markedly enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 7.2 cm x 3.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with large, irregular, mixed echogenic, mass
- Marked hypoechoic to swollen midabdominal mesenteric root lymphadenopathy
- Associated perisplenic and perilymphatic hyperechoic mesentery, scant peritoneal free fluid
- Hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with mild gastric hypomotility

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the splenic mass in conjunction with marked hypoechoic to swollen mesenteric root lymphadenopathy is most consistent with multicentric potentially high-grade suspected round cell neoplasia, i.e., lymphoma or other. Alternative neoplastic processes such as sarcoma are also possible with benign etiology, i.e., splenic hyperplasia, hematopoiesis, splenitis, marked lymphoid hyperplasia, or reactive lymphadenitis are considered less likely.

Potential for concurrent intestinal disease, given the gastrointestinal signs and low folate level, is possible although the potential for early intestinal infiltrative neoplasia cannot be definitively excluded. Correlation with pending cytology with potential for oncology consult and three view chest radiographs, if not done, is suggested for further staging. This case appears to be nonsurgical pending cytology.

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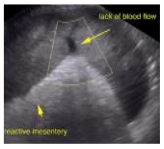

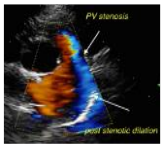

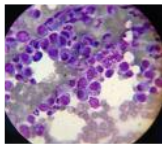
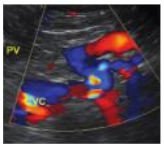

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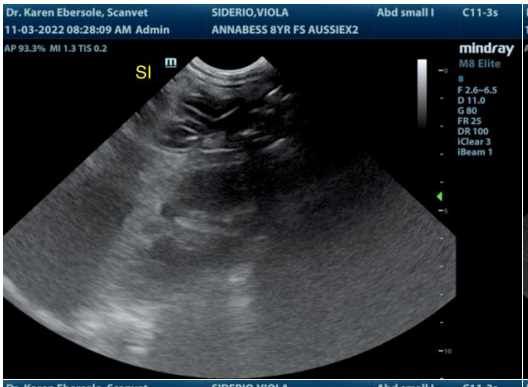

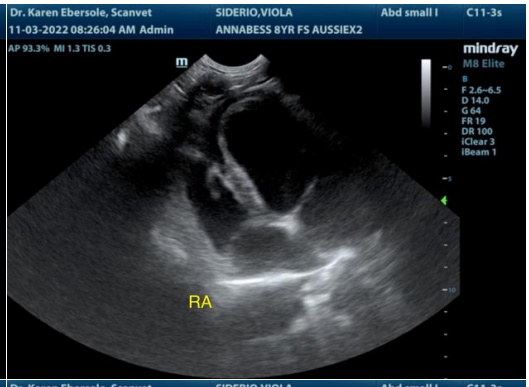

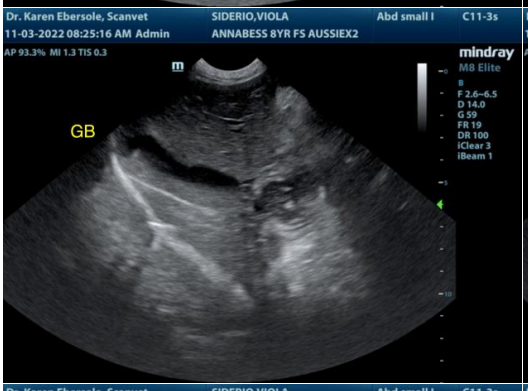

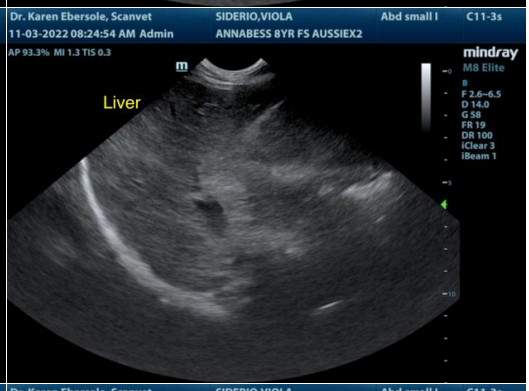

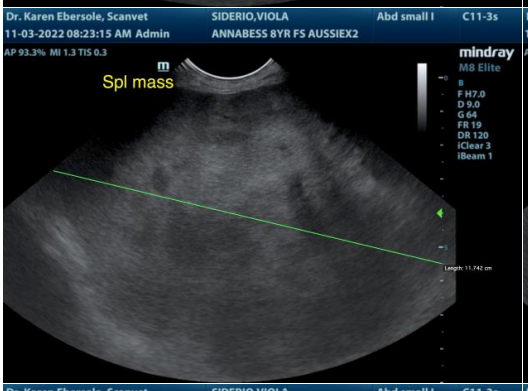

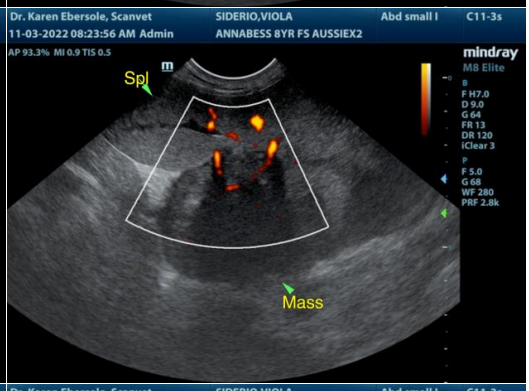

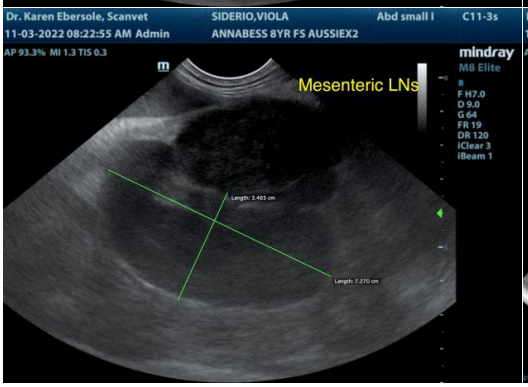

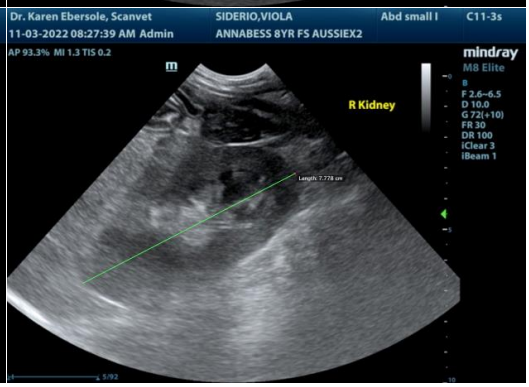

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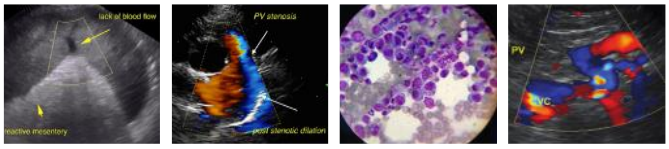

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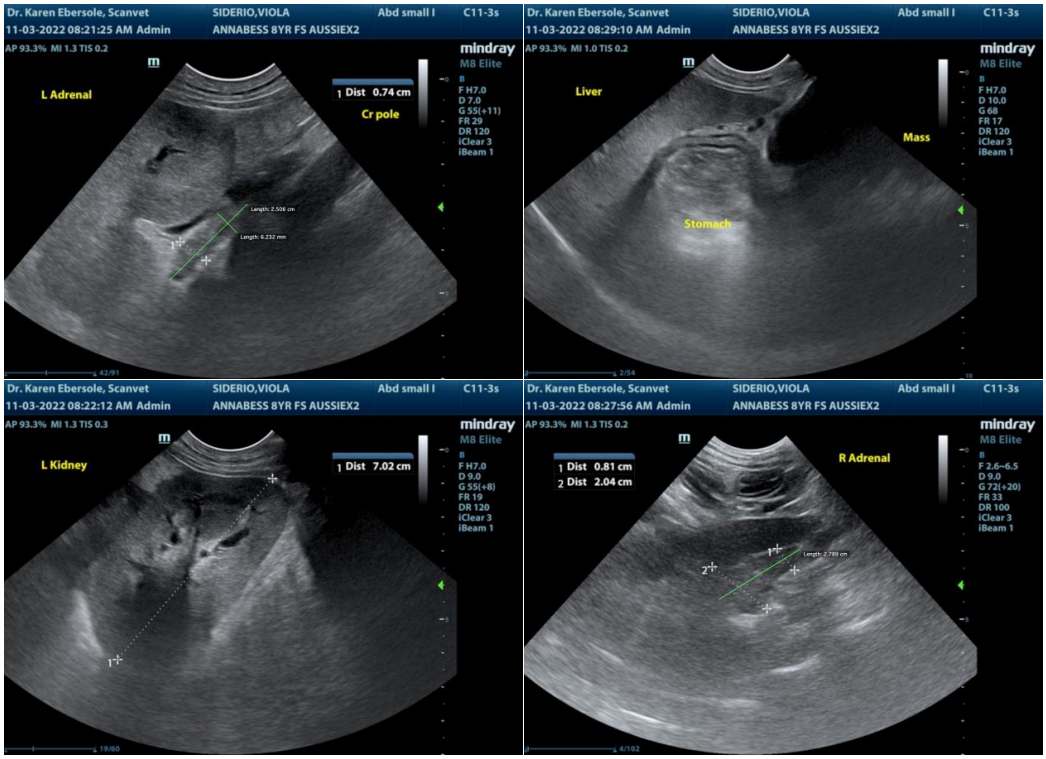

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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