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Clinical Sonography & Telecytology
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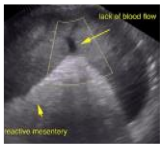
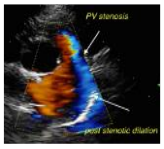
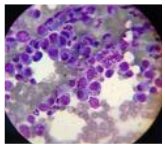
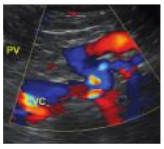




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jackson White

SPECIES

Canine

BREED

Mixed Breed K9

SEX

MN

AGE

10 years

WEIGHT

24 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge Veterinary

REFERRING VET

Dr. Abina Glennon

INVOICE

15363

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Mid-abdominal mass seen on radiographs, bloods WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

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 4.5 cm in length. The right kidney measured 5.7 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 1.6 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. The subjectively right adrenal gland measured 1.8 cm length x 0.67 cm width at the caudal pole.

Spleen

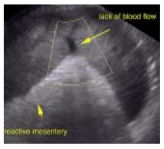
The spleen exhibited overall normal size with areas of asymmetrical medial capsule contour. Generalized parenchyma heterogeneity exhibiting discrete hypoechoic nodular changes was noted. Normal splenic vascularity was noted.

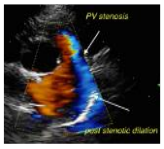
Liver/ Gallbladder

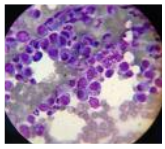
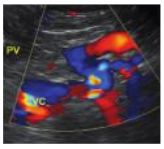
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls containing mild, nondependent, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 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

A large, nonhomogeneous, cystic to cavitated mass occupying the majority of the mid to cranial abdomen was present measuring at least 12.0 cm in diameter but likely mildly larger as the entire mass would not fit into a single viewing window. The mass appeared to directly efface the caudal aspect of the subjective mid to right liver and appeared to be surrounding the right kidney without overt infiltration or origin from the right kidney, right adrenal gland, or regional gastrointestinal tract. The mass was not definitively involved with the spleen. Suspect small pockets of peripheral peritoneal free fluid along with mild peripheral hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

- Large, mid to cranial abdominal, cystic to cavitated, unspecified mass
- Mildly irregular to discretely nodular spleen - hyperplasia, hematopoiesis, splenitis, emerging splenic neoplastic criteria, all potentials
- Mild hepatic parenchymal remodeling
- Minor gallbladder debris (non-mucocele)
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the mass with direct effacement to the caudal liver, yet within an area of multiple abdominal structures including the pancreas, definitive origin of the mass was difficult to ascertain. Potential primary hepatic origin given direct effacement to the caudal aspect of the liver is suspected, although an alternative origin is certainly possible. The mass did not overtly suggest neoplastic criteria, although the potential for benign or neoplastic etiologies is possible.

FNA cytology could be considered yet may be unrewarding owing to cystic to cavitated mass component. Alternatively, fluid collected from the mass may be considered for cytospin cytology +/- C/S if clinically indicated.

Concurrent screening splenic FNA cytology, using a 25-gauge needle and assuming normal clotting status, is also warranted for further assessment of the splenic parenchymal changes.

Given this presentation, abdominal CT is likely ideal for further assessment, as well as possible surgical planning. Three-view chest radiographs are suggested if not done.

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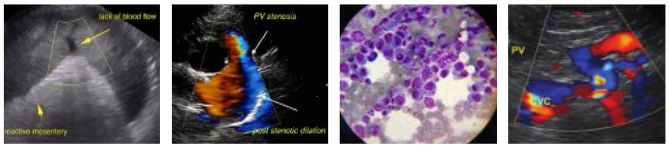

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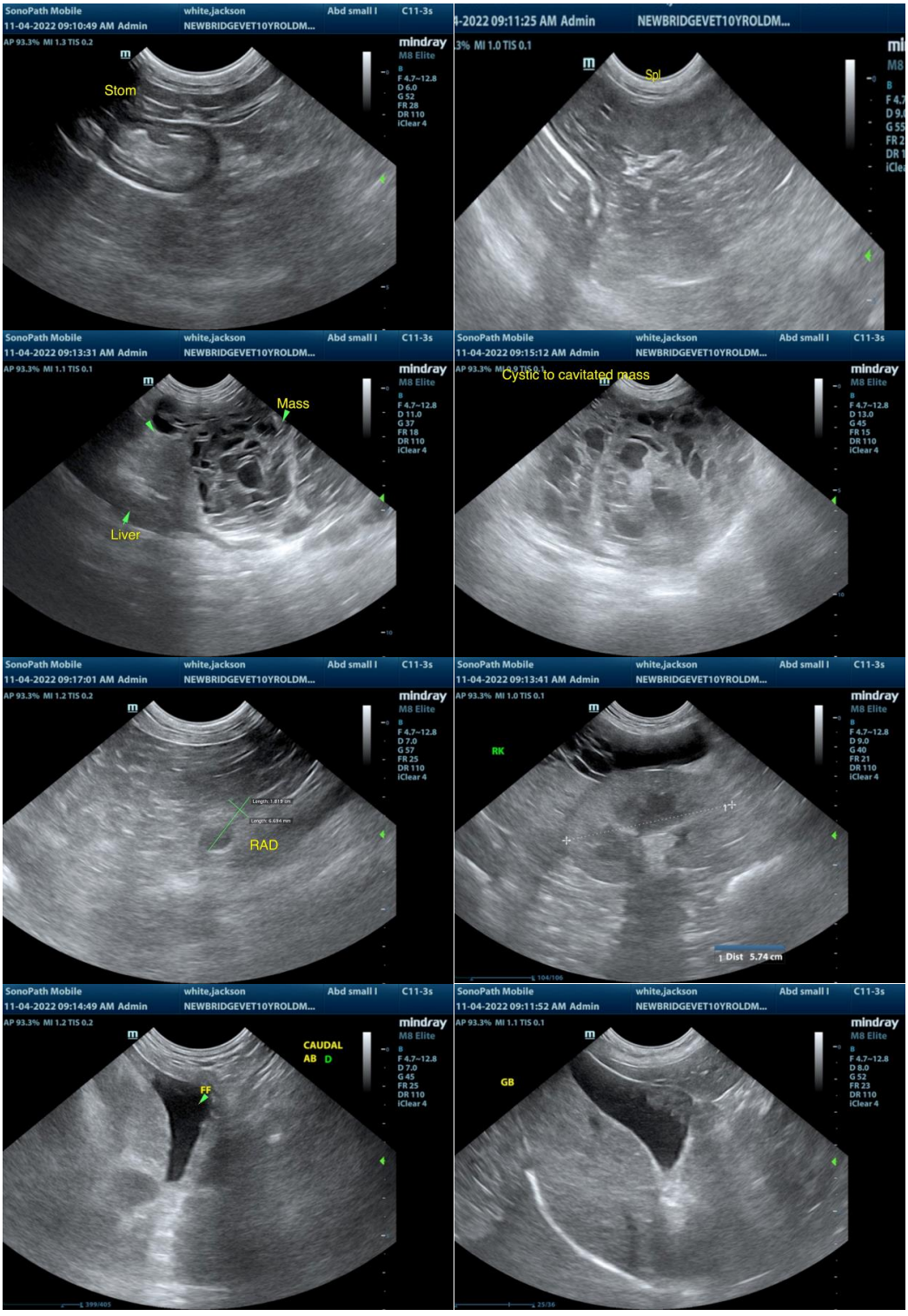

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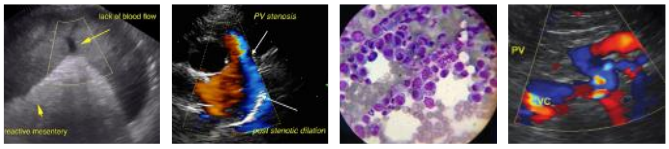

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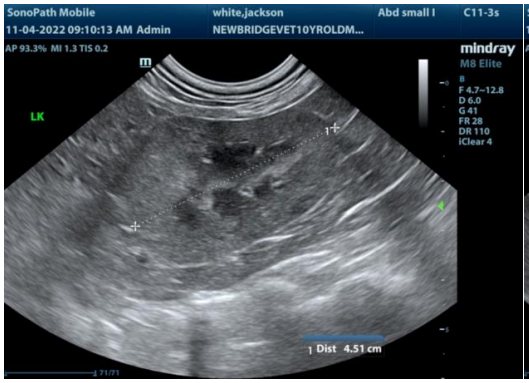

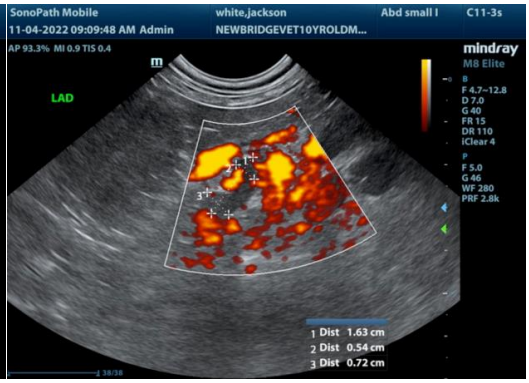

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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