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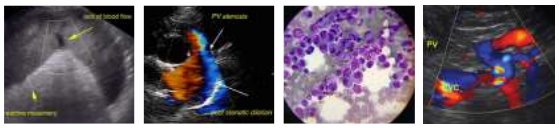


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Abby Lulay

SPECIES

Canine

BREED

Labrador

SEX

SF

AGE

12 years

WEIGHT

60 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

INVOICE

12806

DATE

12/14/21

PRESENTING CLINICAL SIGNS

Abdominal mass suspected by family since October 2021, same month as 2-3 weeks of diarrhea and appetite change which resolved. Presented for examination 12/13/2021. Large (estimated 24 cm diameter) mid-cranial mobile abdominal mass. No active GI signs or abdominal pain. No active bleeding suspected at PE. Generalized loss of muscle mass in 12 year old dog with chronic arthritic patters (hips, elbows, carpi) with hindquarter mobility sling assistance needed on slick flooring. Urinary voids in home reported at exam departure, unclear if incontinence vs. voiding with effort to rise +/- abdominal mass pressure. Lacking cystitis signs.
Abnormal PE/Chem/CBC/UA Results: Blood panel pending, results expected prior to imaging.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal size and tone without evidence of overdistention. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic urinary bladder criteria was noted.

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 6.8 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

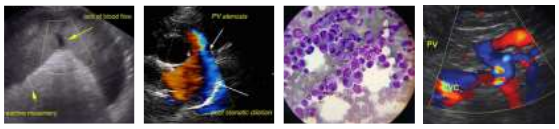
No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The visualized discernable spleen exhibited maintained finely textured homogeneous parenchyma and normal subjective capsule symmetry.

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 and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach was indistinctly visualized owing to the presence of the large intraabdominal mass and potential for mild cranial gastric displacement.

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. This mass measured approximately 14.0 cm in diameter, but potentially larger as the entire mass would not fit into a single viewing window. The mass was noted directly effacing the medial aspect of the spleen, as well as the caudal aspect of the liver.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, nonhomogeneous, cystic to cavitated abdominal mass
- Hepatic parenchymal remodeling

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a large, nonhomogeneous, cystic to cavitated mass. Given the size of the mass with direct effacement to the medial spleen and caudal liver, definitive origin of the mass was difficult to ascertain. Subjectively, the mass appeared to exhibit similar echogenicity to the discernable spleen which was mildly hyperechoic compared to the liver, potentially indicating the primary differential diagnosis of a large splenic mass. However, the possibility of a non-splenic origin, such as non-obvious hepatic origin or other, cannot be definitively excluded.

Assuming no evidence of thoracic metastasis on three view chest radiographs, laparotomy for further clarification and potential for splenectomy could be considered.

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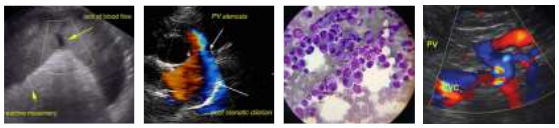

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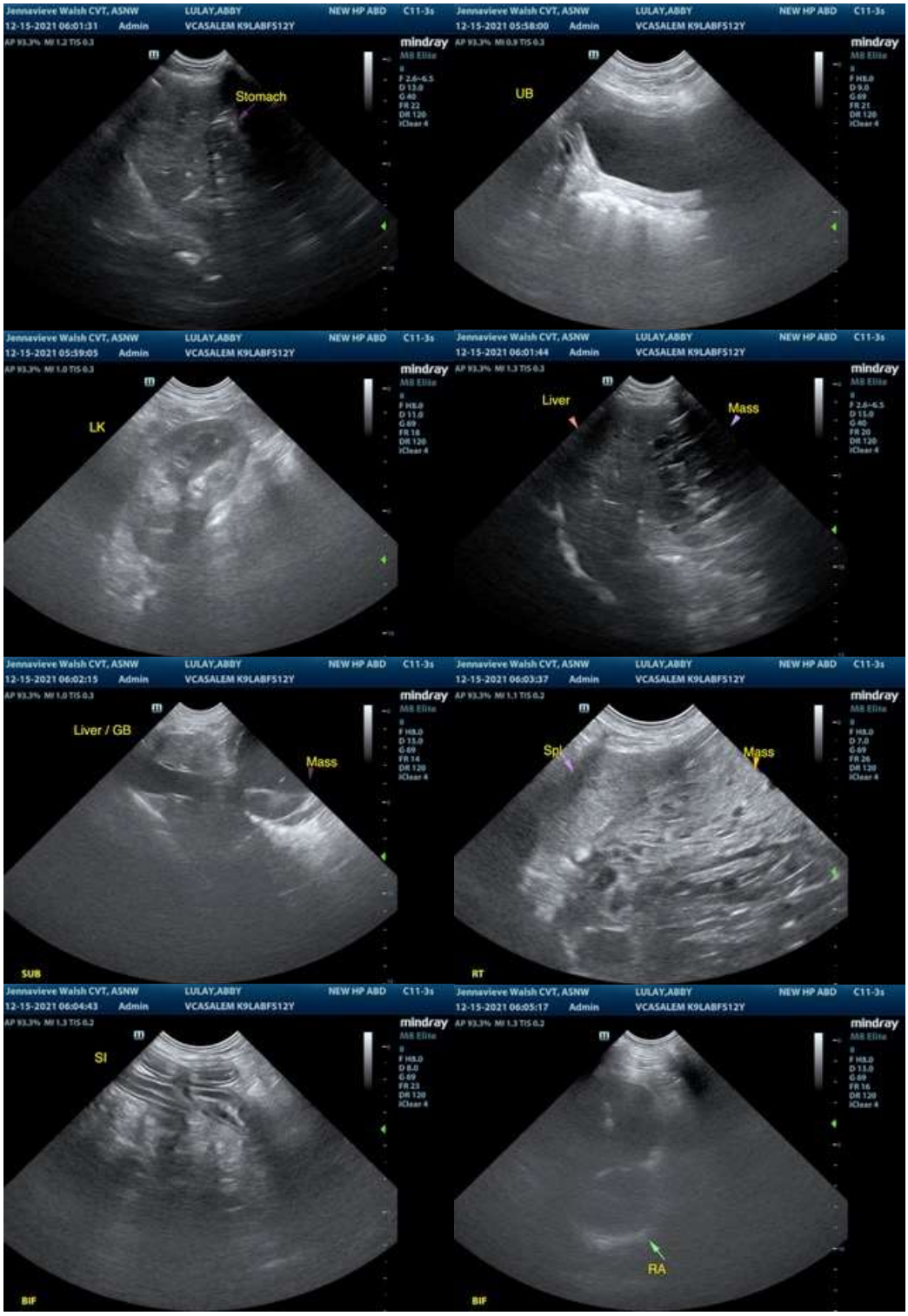

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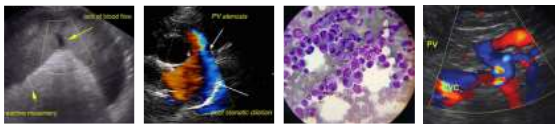

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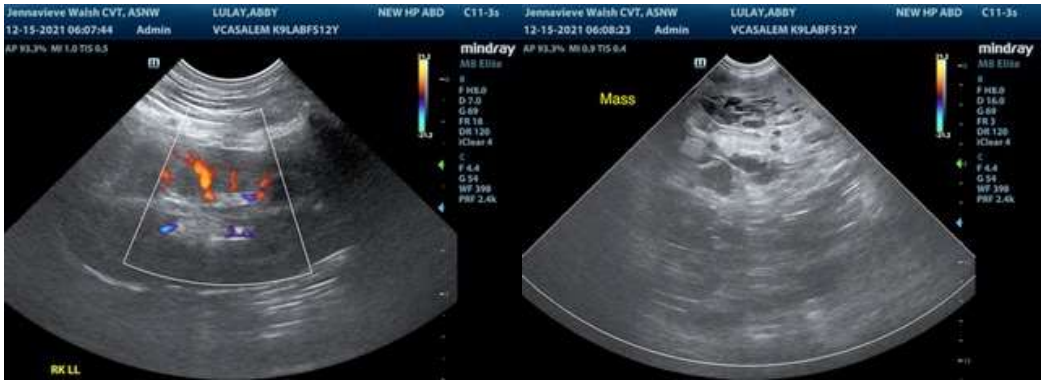

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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