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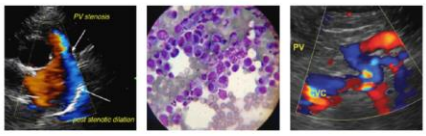

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Zoe Cain

SPECIES
Canine

BREED
Mixed retriever

SEX
FS

AGE
9 yrs

WEIGHT
73.5 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Airport VH

INVOICE
15710

DATE
12/27/22

PRESENTING CLINICAL SIGNS

Difficulty with mobility in the rear legs, Sunday 12/25, had "episode" involving shaking of the rear legs and a glazed-over look, since has been struggling with mobility in rear legs.

Abnormal PE/Chem/CBC/UA Results: Enlarged sub-mandibular and popliteal lymph nodes, bilateral. Muscle spasming seen in exam room, rear right leg. Very full and hard cranial abdomen palpable-suspects bleeding in abdomen. Radiograph suggests mass is in the splenic area. Bloodwork suggests anemia.

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 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.

Focal to several medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A borderline abnormal width: length ratio was noted (~0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.4 cm x 1.4 cm.

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 7.3 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.66 cm width in the cranial pole and 0.66 cm width in the caudal pole.

Spleen

The spleen exhibited mid-splenic nonhomogeneous, moderately sized to expansive mass measuring approximately 9.0 cm in diameter. A separate solid mass was present in the cranial spleen measuring 6.0 cm in diameter with both masses exhibiting distortion of the splenic capsule. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with subtle areas of ventral and caudal asymmetrical capsule contour. Subjective mild generalized reduced hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. No overt evidence of hepatic masses or nodules was noted. 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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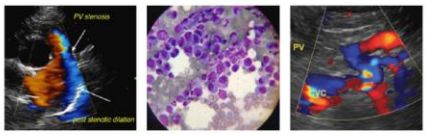

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Gastrointestinal

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 subjective semi-formed fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, suggestive of age-related pancreatic changes and likely incidental. No signs of active inflammation or neoplasia. No evidence of active pancreatitis or pancreatic neoplastic criteria.

Free Abdomen

Moderate volume peritoneal effusion was present. Generalized primarily uniform hyperechoic mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative splenic pattern with mid to cranial splenic masses
- Mild hepatomegaly exhibiting subjective decreased parenchyma echogenicity
- Peritoneal effusion and generalized hyperechoic mesentery
- Nonspecific yet suspicious medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, infiltrative splenic neoplasia i.e., sarcoma, round cell neoplasia, or other with high concern for multicentric intraabdominal neoplasia involving the liver +/- intraabdominal or medial iliac lymph nodes, warranted.

Given the anemia, hemoabdomen is suspected, although effusion secondary to lymphatic obstruction is possible. Further assessment may include hepatosplenic FNA cytology, as well as effusion analysis, cytology +/- C/S if clinically indicated. Unfortunately, an unfavorable prognosis is indicated.

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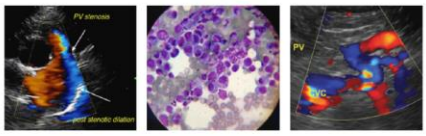

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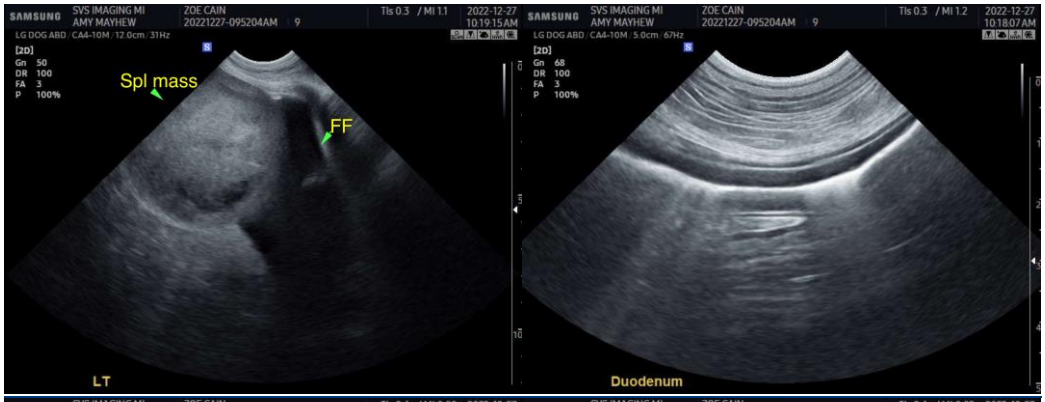

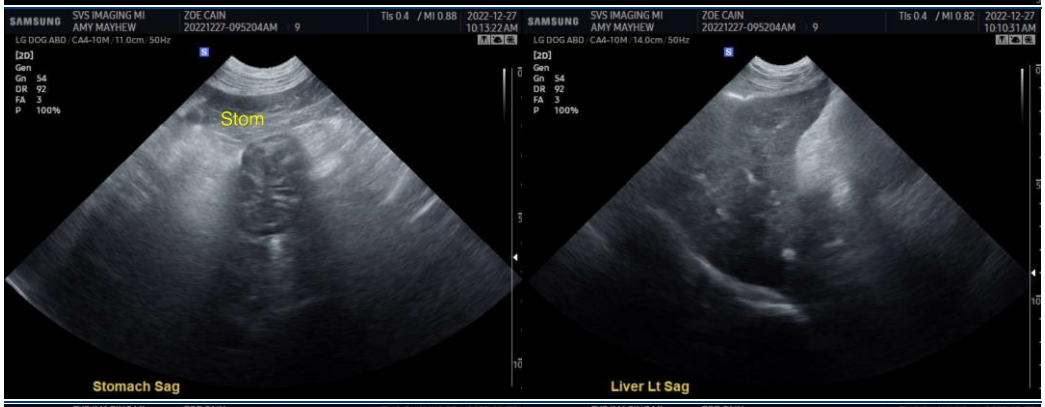

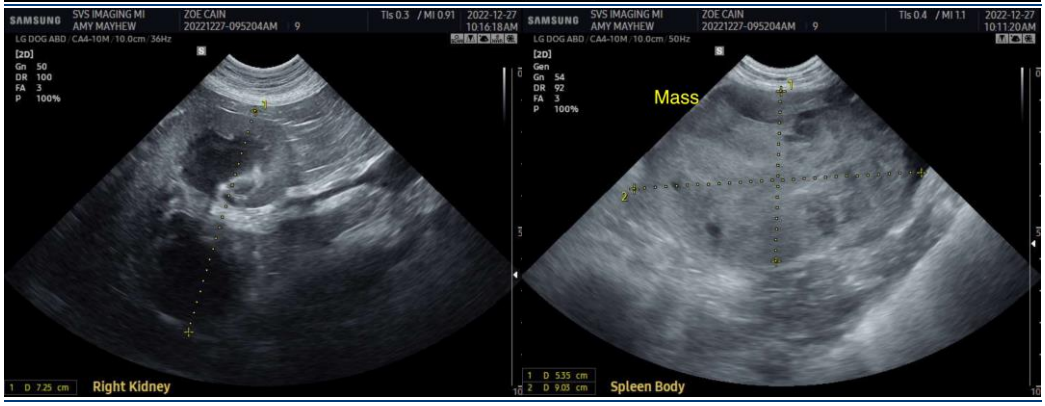

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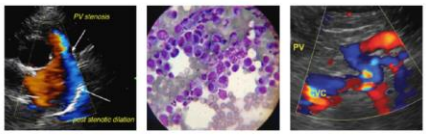

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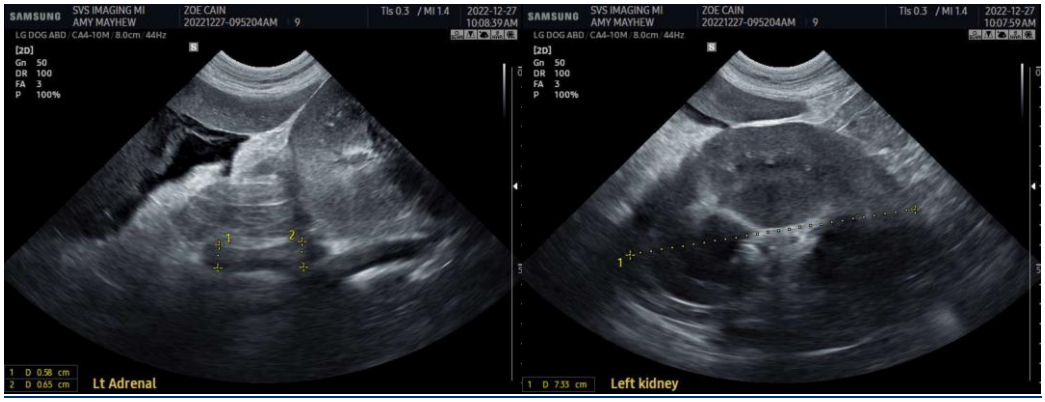

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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