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Clinical Sonography & Telecytology
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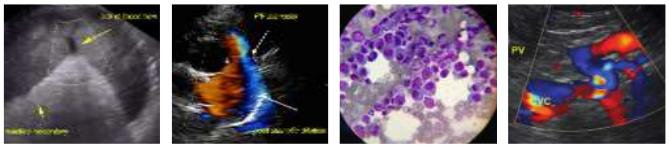


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Harper Sniffen

SPECIES

Canine

BREED

Golden Doodle

SEX

FS

AGE

13 years

WEIGHT

47.93

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Vanderbogart

INVOICE

12941

DATE

12/31/21

PRESENTING CLINICAL SIGNS

acute onset of episodes of collapse; gingiva appear pale; progressive unintentional weight loss. on deramaxx 100mg x 1/2 sid
Abnormal PE/Chem/CBC/UA Results: nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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 6.6 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 2.4 cm length x 0.45 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 1.1 cm width at the caudal pole.

Spleen

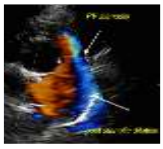
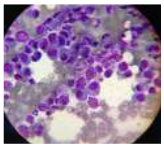
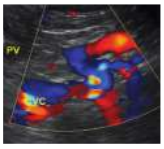
A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured approximately 8.0 cm - 9.0 cm in diameter. The mass exhibited nonhomogeneous to cavitated parenchyma. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing, ingesta / chyme most consistent with post prandial presentation without 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

Regional, primarily perisplenic to generalized, echogenic to reactive mesentery with potential for splenic mass omental adhesions was present. Mild peritoneal free fluid was present around the splenic mass yet also generally throughout the abdomen. No overt lymphadenopathy was noted.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonhomogeneous to cavitated splenic mass
- Associated regional perisplenic to generalized echogenic to reactive mesentery and concurrent mild peritoneal free fluid - potential for splenic omental adhesions and suspected hemoabdomen
- Mild hepatic parenchymal remodeling
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely. Overt evidence of major organ metastasis was not definitively evident. Potential for non-sonographically evident metastasis, micrometastasis, or potential regional perisplenic omental seeding cannot be definitively excluded in these cases.

Assuming no evidence of thoracic metastasis on three view chest radiographs, laparotomy with splenectomy, gross inspection of the liver and perisplenic omentum would be warranted. A guarded prognosis is Indicated.

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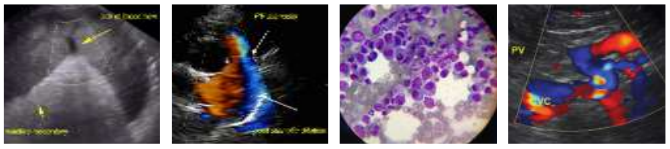

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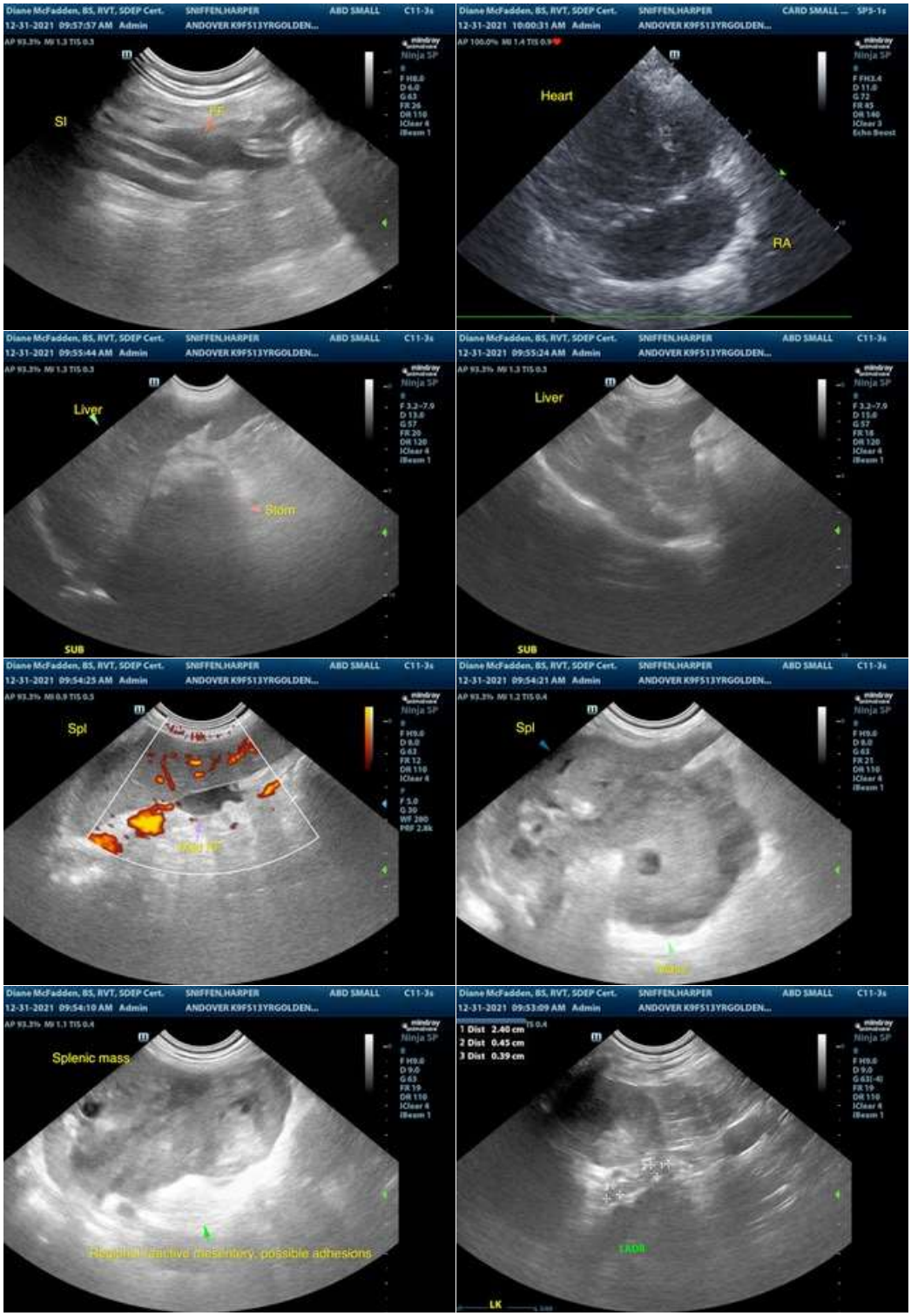

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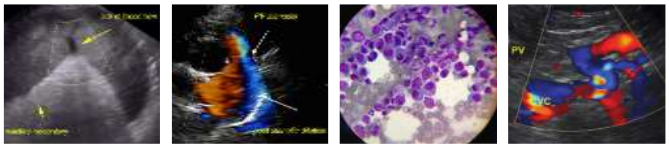

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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