

**PATIENT**

Bella Buddin

SPECIES

Canine

BREED

GSP

SEX

FS

AGE

13yr

WEIGHT

55lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bies

INVOICE

13001ag

DATE

02/17/2023

PRESENTING CLINICAL SIGNS

Mildly pale MM, uncomfortable on palpation of cranial to mid abdomen. CBC showed mild anemia (30% HCT) and elevated WBC count (due mostly to neutrophilia). Mild elevations in ALT and ALKP. Suspicious for abdominal mass. Did brief scan with our US and spotted a mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were 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 6.1 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was borderline prominent in size based on caudal pole width and body weight with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.89 cm width at the caudal pole and 2.6 cm width at the cranial pole.

A mild irregular non-homogenous mixed echogenic mass was present in the area of the right adrenal gland measuring 6.4 cm in length x 3.9 cm in width. Suspected early phrenicoabdominal or caudal vena cava invasion exhibited by suspected soft tissue echogenicity within the caudal vena cava lumen.

Spleen

A mass involving the spleen with secondary capsule expansion and disruption was present in the medial spleen and measured ~ 6.5 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited mild parenchyma heterogeneity with areas of capsule asymmetry. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional irregular non-homogenous perisplenic hyperechoic omentum was present. Suspect scant perisplenic free fluid was present.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 minor non-shadowing ingesta/chyme 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.

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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 was evident.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

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

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ULTRASONOGRAPHIC FINDINGS

- Irregular to non-homogenous splenic mass with regional perisplenic hyperechoic omentum, suspect scant perisplenic effusion
- Right adrenal mass with suspect early vascular invasion
- Hepatomegaly
- Mild chronic renal changes

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately the finding of the splenic mass is most likely consistent with neoplastic criteria i.e. sarcoma or other as well as the right adrenal mass with concern for pheochromocytoma consistent with multicentric neoplasia. Vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or concurrent infiltrative neoplasia in the liver are all potentials. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Assuming normal clotting status a hepatic FNA for screening cytology could be considered as well as abdominal CT for further assessment of the right adrenal mass, splenic mass and non-obvious intra-abdominal metastasis. Given this presentation an unfavorable prognosis is indicated.

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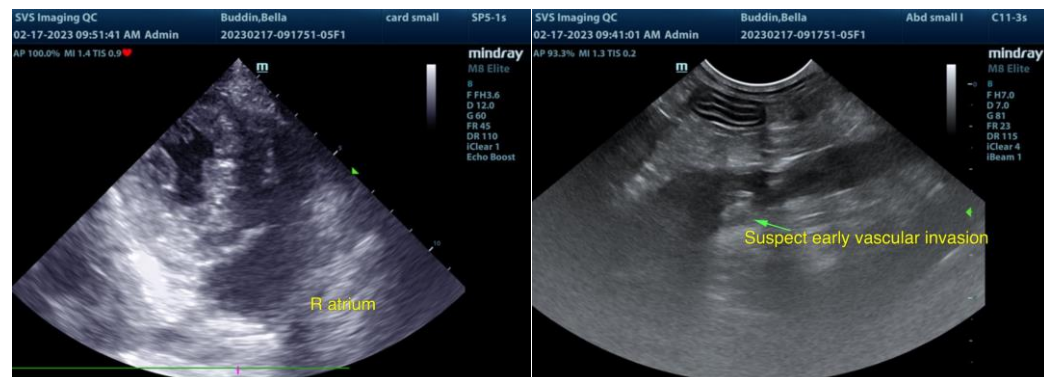
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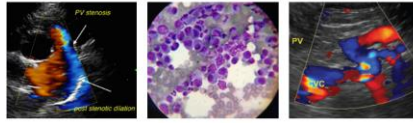
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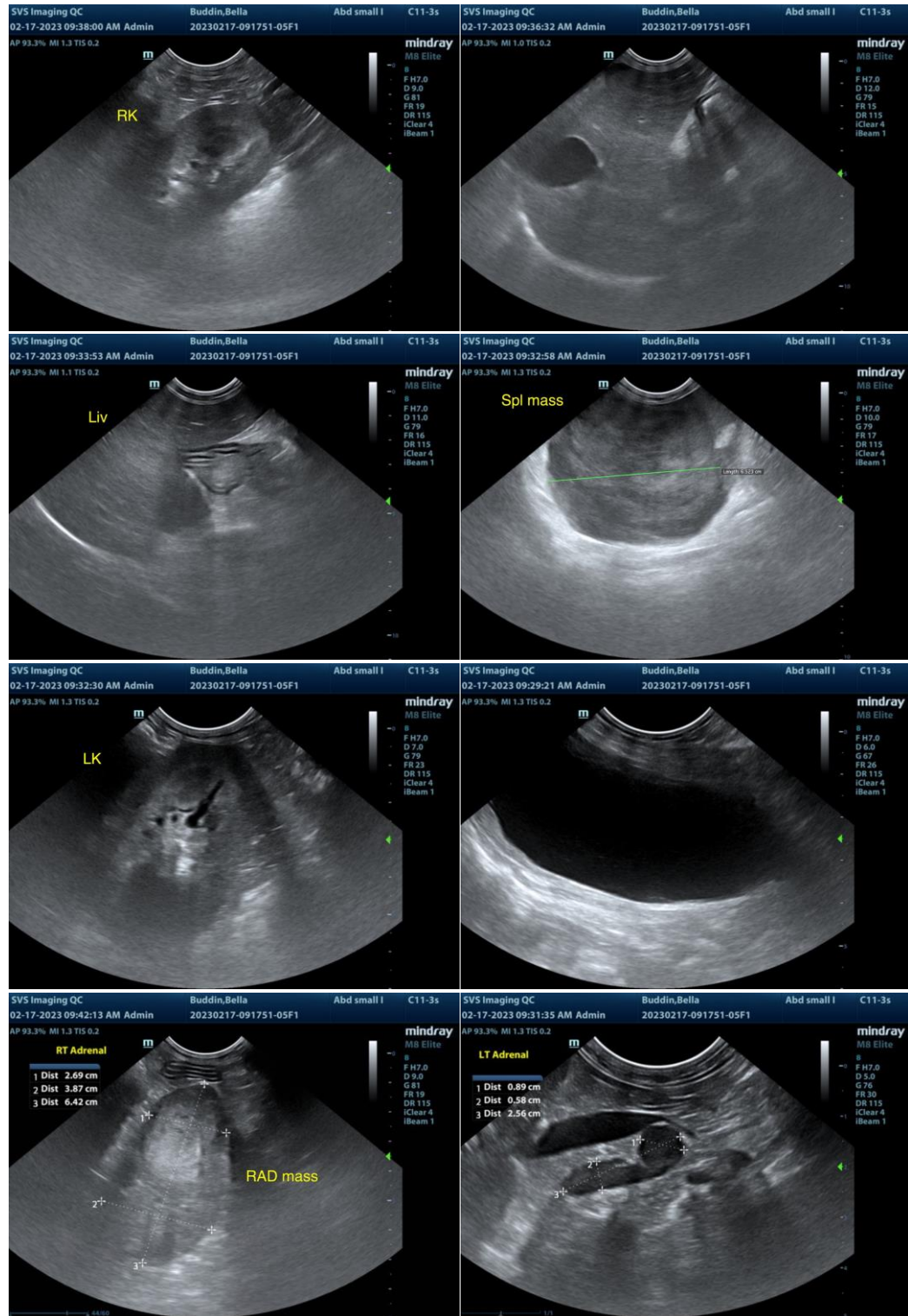
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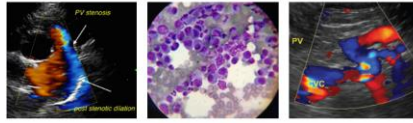


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

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can be of any further assistance please contact me.

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