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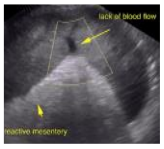

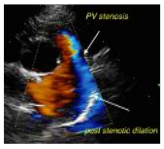

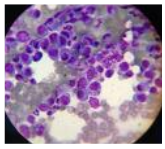
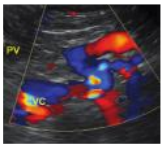

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1-800-838-4268 info@sonopath.com

PATIENT
Layla Budash

SPECIES
Canine

BREED
Border Collie

SEX
FS

AGE
13 y 9 m

WEIGHT
34 lbs.

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

IMAGING PERFORMED BY
Melissa DaSilva

HOSPITAL NAME
Pocono Peak Veterinary Center

REFERRING VET
Dr. Samantha Thompson

INVOICE
16264

DATE
2/22/23

PRESENTING CLINICAL SIGNS

Within last month pt has gradually become increasingly lethargic, disoriented, and has had decreased appetite. Normal wellness exam and bloodwork 1/26/23. Free fluid & vacuoled mass incidentally observed when examining bladder for cystocentesis.

G4 holosystolic heart murmur and is currently on Dasaquin Advanced and Pimobendan 5mg in the morning and 2.5mg in the evening.

Abnormal PE/Chem/CBC/UA Results: mm pink, tacky. HCT 27%, PLT 60 K/µL

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 5.5 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 1.9 cm length x 0.41 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

An irregular mass involving the subjective mid to caudal spleen with secondary asymmetrical capsule expansion and disruption was present measuring approximately 5.0-6.0 cm In diameter. The parenchyma of the mass was mixed echogenic with focal cavitation. Generalized subjective mid to cranial splenomegaly exhibiting parenchyma heterogeneity was noted. 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. Regional omental inflammation was present around the mass.

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 containing anechoic content with minor, echogenic, luminal debris. The cystic and common bile ducts were normal.

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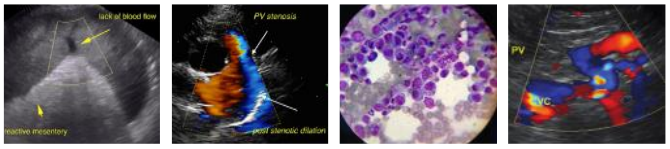

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta / chyme without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing ingesta / chyme was present with no signs of 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 perisplenic mild nonuniform omentum, as well as scant perisplenic to generalized peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Generalized splenomegaly with mid to caudal irregular to mixed echogenic splenic mass
- Associated regional perisplenic nonuniform omentum, minor volume perisplenic to generalized peritoneal effusion
- Mild hepatic parenchymal remodeling
- Minor gallbladder debris

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. Suspect mild volume perisplenic to generalized hemoabdomen, given the anemia. Definitive evidence of major organ metastasis was not obvious, although the possibility of regional perisplenic omental seeding and/or non-visualized micrometastasis cannot be excluded in these cases.

Three-view chest radiographs are recommended. Ideally, a brief sonographic assessment of the heart to assess for or rule out evidence of pericardial effusion / tumors is suggested. If no evidence of cardiac or thoracic pathology, laparotomy with expectation towards splenectomy, gross inspection of the perisplenic omentum, liver, and surrounding perisplenic structures could be considered. A very guarded prognosis is indicated.

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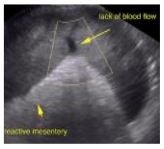

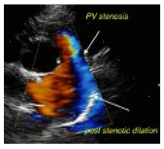

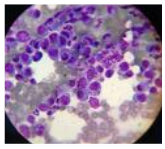
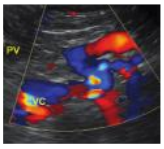

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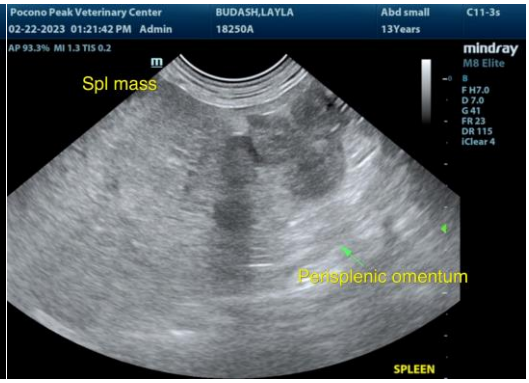

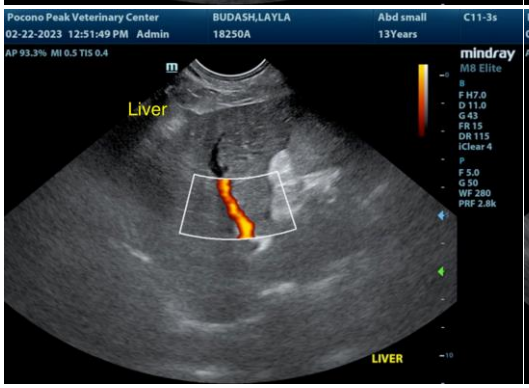

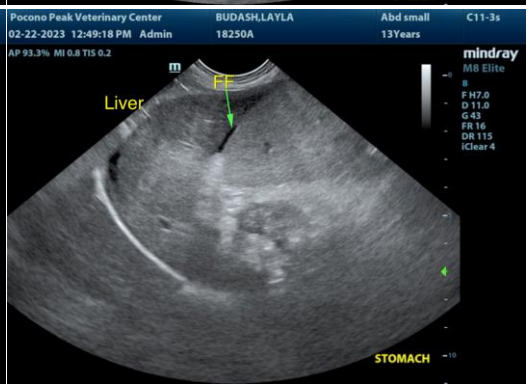

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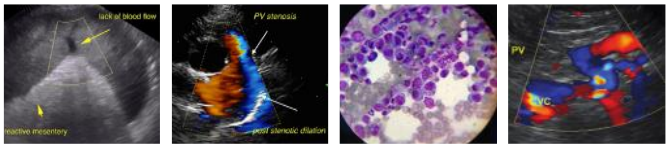

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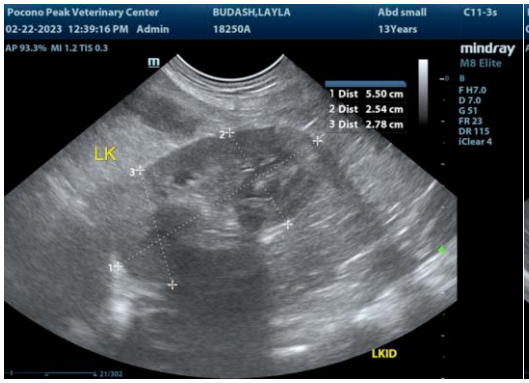

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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