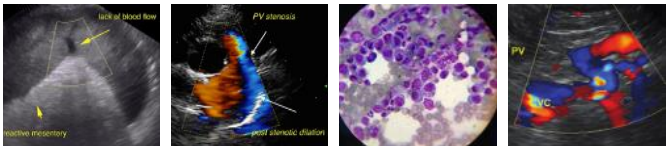
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Penelope Waxham-Blackwell

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9 Years

WEIGHT

101 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Cora Hollomon

INVOICE

50060

DATE

2-4-22

PRESENTING CLINICAL SIGNS

Presents as transfer from rDVM for regenerative anemia and suspected splenic mass. was seen by rDVM on 2/3 for symptoms of labored breathing episode (on 1/31). On 2/3 pt was seen at rDVM and abdomen was distended. X-rays and blood work were taken. On PE today, pt is uncomfortable in cranial abdomen. There is noted weakness in hips and spinal discomfort. heart and lungs auscult WNL. Abnormal PE/Chem/CBC/UA Results: Labwork received by rDVM on 2/4, blood had been drawn on 2/3: HCT 31.4%, leukopenia and neutropenia, platelets 101,000. BUN 7, albumin 2.2, creatinine kinase 209. Radiographic Findings: findings at rDVM yesterday : TDx= possible splenic mass? or hepatomegaly or other abdominal mass RL/LL/VD thorax x-rays taken today: heart appears enlarged in area of right atrium on VD view. VTH on RL view is 10.2, on LL view is 11. no obvious pulmonary changes

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. Mild asymmetrical luminal surface with subtle to emerging micropolyploid changes were present in the apical urinary bladder likely associated with age related mural changes and not considered pathologic. 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

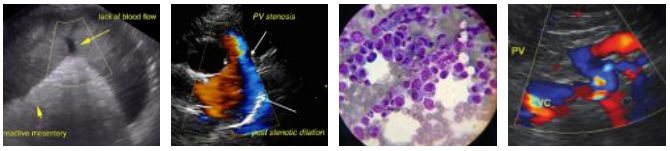
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the cranial pole and 0.87 cm width in the caudal pole. The right adrenal gland measured 0.70 cm width in the caudal pole.

Spleen

The spleen presented overall normal in size with mild areas of asymmetrical lateral and medial capsule contour and generalized mild splenic parenchyma heterogeneity. A subtly expansive hypoechoic nodule was noted in the craniolateral spleen measuring 1.5 cm in diameter. A mildly expansive isoechoic nodule was noted in the subjective caudomedial spleen with mild symmetrical associated medial splenic capsule distortion measuring 4.0 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver / Gallbladder

The liver exhibited subjective mild enlargement. 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. Transdiaphragmatic view revealed focal mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung



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disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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. Minor retained ingesta/chyme was present in the stomach with no evidence 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 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 was evident.

Free Abdomen

Intermittent mild to moderately prominent medial iliac lymph nodes adjacent to the iliac trifurcation were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 2.9 x 1.4 cm.

No evidence of omental masses or peritoneal effusion were present.

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild chronic renal changes.
- Mild to moderately prominent yet isoechoic medial iliac lymph nodes.
- Variably echogenic splenic nodules.
- Mild hepatomegaly - subjectively benign.
- Focal mild nonspecific transdiaphragmatic comet tail artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of a splenic mass. The visualized variably echogenic splenic nodules were nonspecific with considerations including areas of hyperplasia, hematopoiesis, small hematomas, infection, focal acute infarct, or neoplasia.

The mild to moderately prominent medial iliac lymph nodes may indicate benign hyperplasia or mild lymphadenitis, although emerging neoplastic criteria cannot be excluded.

Assuming normal clotting status, and using a 25 gauge needle, ultrasound guided FNA of the splenic parenchyma and nodule as well as medial iliac lymph node, if accessible, warranted for screening cytology.

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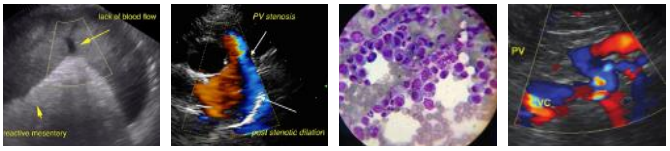

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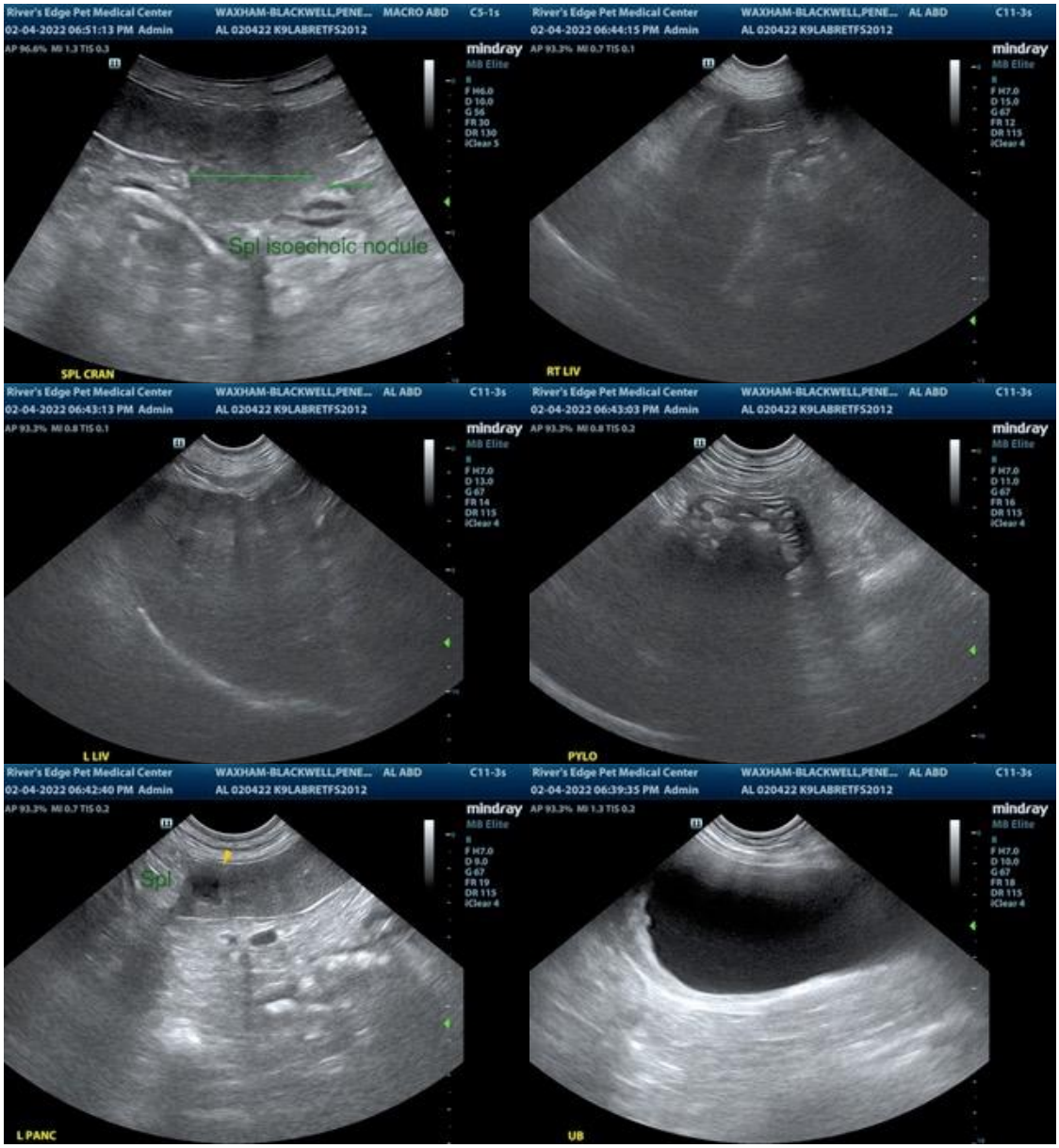
Pending cytology, CBC pathology review with potential additional workup of the anemia (infectious disease serology, etc.) may be considered.



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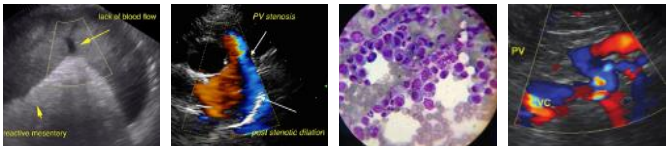

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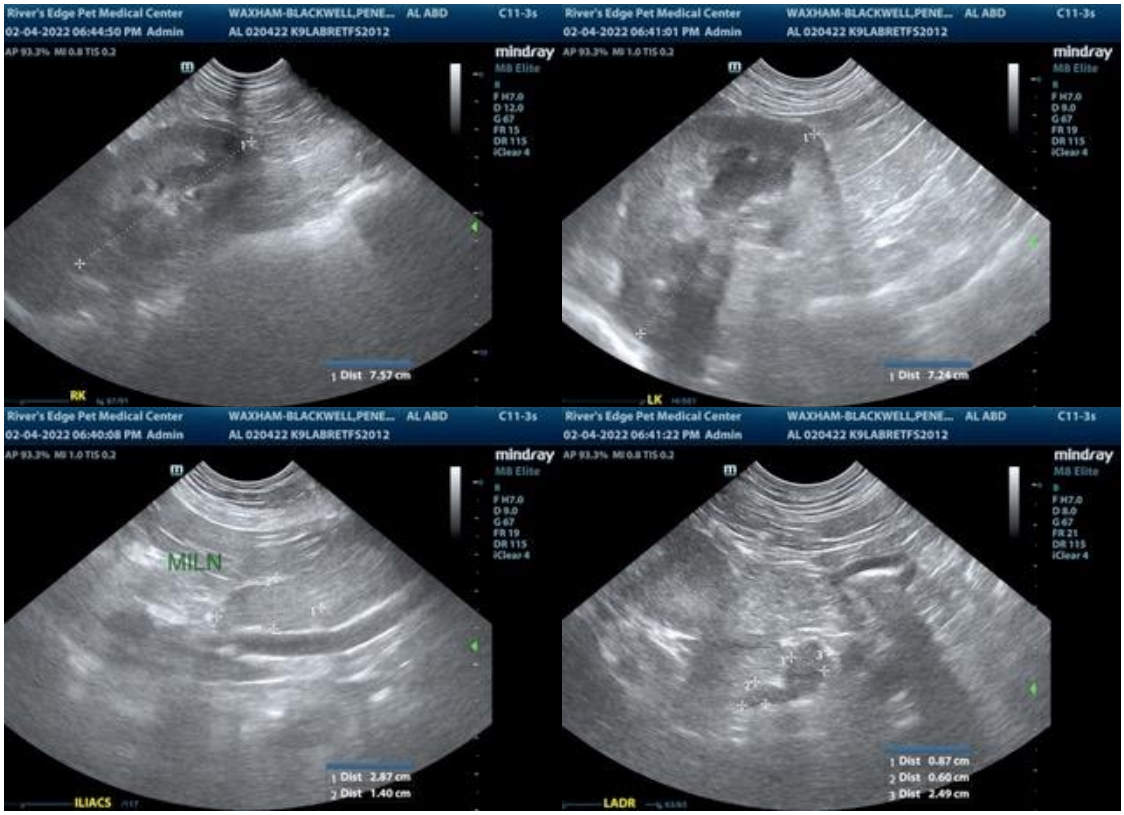

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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