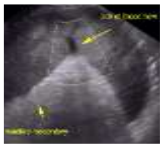
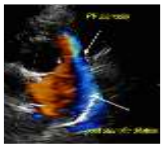
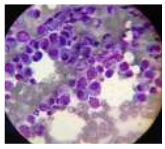
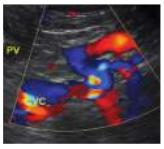
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Scout Stambaugh

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

13 years

WEIGHT

40.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary EC

REFERRING VET

Dr. Moser

INVOICE

DATE

2/4/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. History of lipomas on each side, started to become more and more lethargic within the last year. Not eating for a few days at the end of January, took to rdvm and took rads, concern for abdominal mass vs one of his lipomas. Still very picky with eating, seams weak. Regurgitates water occasionally. Previous Health Concerns: skin allergies Current Medications: Prozac, Zyrtec, Glycoflex, Clavamox Appetite/When did they eat last: last night
Abnormal PE/Chem/CBC/UA Results: Tense on abdominal palpation, full feeling abdomen. Rdvm rads: circular mass ventral mid abdomen Rdvm bloodwork: AlkPhos 669; HGB 12.0; Platelet ct 410; UCCRatio 16

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction 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 8.4 cm in length. The right kidney measured 9.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

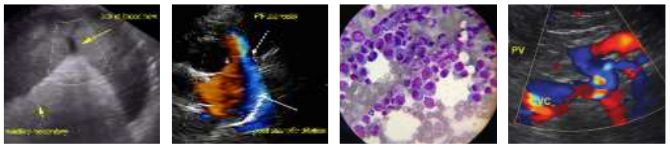
Spleen

A moderately sized, primarily spherical mass subjectively originating from the mid medial spleen with secondary capsule expansion and disruption was present and measured approximately 10.0 cm in diameter. The parenchyma of the mass exhibited mixed echogenicity without overt evidence of cavitation. Concurrent non-expansive variably echogenic splenic parenchymal nodules not associated with the mass were present. 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 exhibited generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and moderate generalized parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, nonmineralized, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Scout Stambaugh

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

13 years

WEIGHT

40.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary EC

REFERRING VET

Dr. Moser

INVOICE

DATE

2/4/22

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 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

A large, expansive, nonhomogeneously hypoechoic mass occupying the majority of the mid cranial abdomen measuring approximately 17.0 cm in diameter was present. Regional reactive mesentery was noted around the undifferentiated mass. No evidence of significant lymphadenopathy was noted. Small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mixed echogenic splenic mass with concurrent variably echogenic parenchymal nodules
- Unspecified nonhomogeneously hypoechoic mid cranial abdominal mass
- Hepatomegaly exhibiting generalized moderate parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes

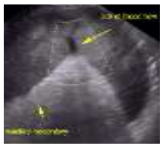
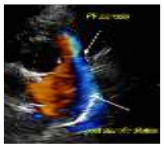
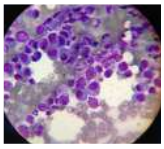
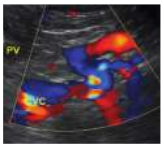
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplasia is favored.

The unspecified mid to cranial abdominal mass is likely consistent with neoplastic criteria, although definitive organ of origin, given the size of the mass, was not definitively evident. The mid to cranial abdominal mass did not overtly appear to originate from the spleen exhibiting non-similar echogenicity. The potential for nonobvious hepatic origin potentially originating from the right lateral to caudate liver is suspected, given the hepatic enzyme elevations in this patient, although not definitive.

Assuming normal clotting status, ultrasound-guided FNA of the splenic mass and undifferentiated mid to cranial mass for screening cytology could be considered. Alternatively, if potential surgical options are being considered, further assessment, as well as surgical planning with abdominal CT would be warranted. However, given the likelihood of multicentric neoplasia, a very guarded to unfavorable prognosis Is likely indicated.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Scout Stambaugh

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

13 years

WEIGHT

40.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary EC

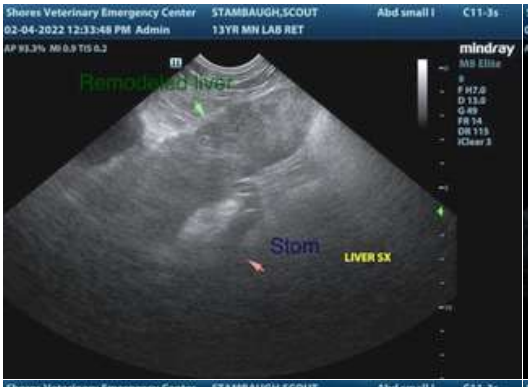
REFERRING VET

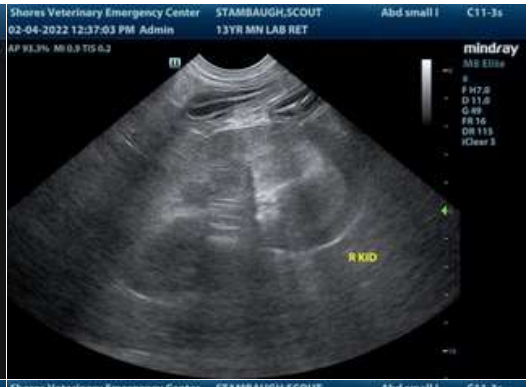
Dr. Moser

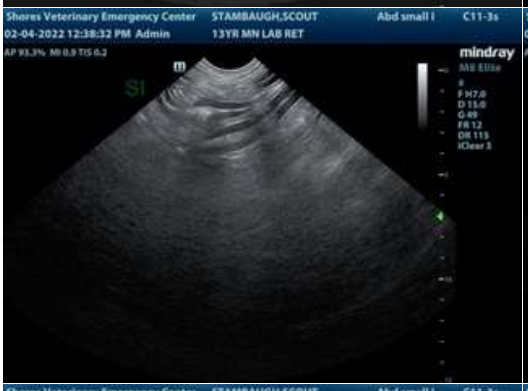
INVOICE

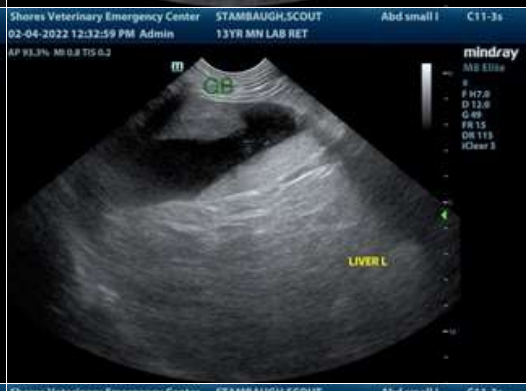
DATE

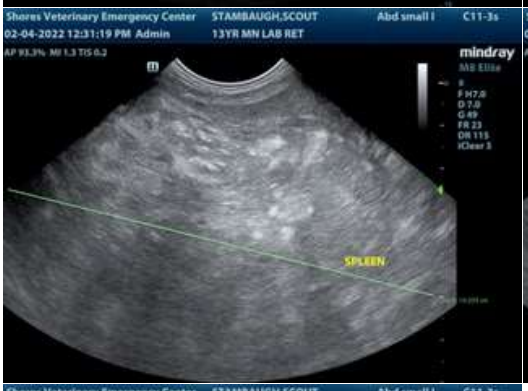
2/4/22

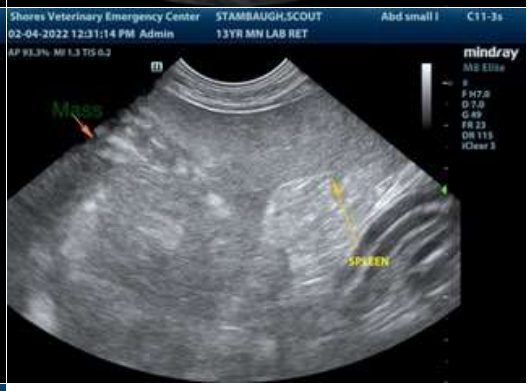


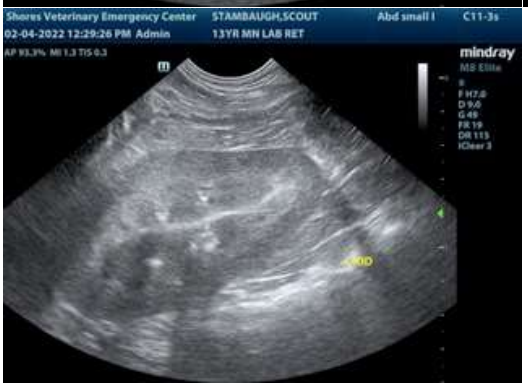






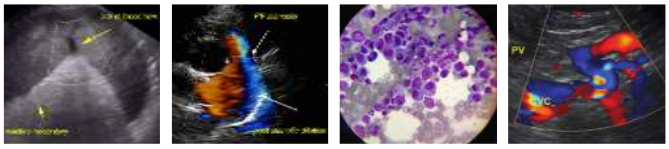






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Scout Stambaugh

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

13 years

WEIGHT

40.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary EC

REFERRING VET

Dr. Moser

INVOICE

DATE

2/4/22

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