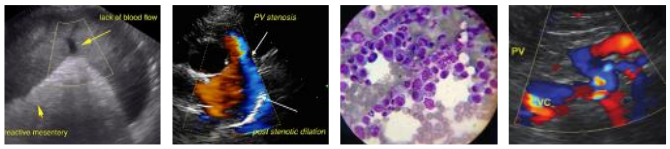
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




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

**PATIENT**
Ivy Stackus

**SPECIES**
Canine

**BREED**
Samoyed

**SEX**
FS

**AGE**
9yr

**WEIGHT**
17kg

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

**IMAGING PERFORMED BY**
Hayley Heindel CVT

**HOSPITAL NAME**
Mason Dixon Animal ER

**REFERRING VET**
Dr. de Cordon

**INVOICE**
13236ag

**DATE**
03/21/2023

## PRESENTING CLINICAL SIGNS

collapse, pale MM, hx of IMTP, abdominal fluid sent for cytology, pale yellow with a creatinine the same as plasma sample

Abnormal PE/Chem/CBC/UA Results: WBC 19.4 Neu 16.8 RBC 4.1 HCT 26 Phos 5.3 Albumin 1.6 ALP 275 GGT 16

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was normal in size and tone. The 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 minor particulate sediment. A small sessile based non-homogenous mass present in the mid dorsal wall extending into the bladder lumen measuring 2.1 cm in diameter. Confirmed blood flow within the mass present on Doppler.

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 or evidence of renal neoplastic criteria was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of overt pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the uterine remnant appeared normal and free of pathology.

### *Adrenal Glands*

The left adrenal gland was mildly prominent at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.47 cm width in the cranial pole and 0.95 cm width in the caudal pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.65 cm width in the caudal pole.

### *Spleen*

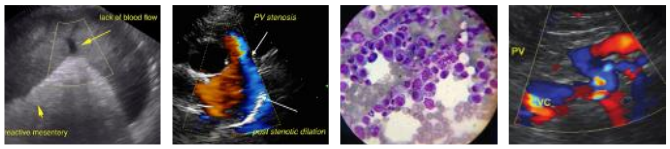
An indistinctly visualized non-homogenous solid suspected caudal splenic mass was present measuring ~ 4-5 cm in diameter. The remainder of the spleen exhibited subtle asymmetrical contour and generalized parenchymal heterogeneity with overtly normal vascularity.

### *Liver/Gallbladder*

The liver was borderline/mildly enlarged with areas of capsule asymmetry and generalized non-homogenous to mixed echogenic hyperechoic parenchyma exhibiting moderate coarse echotexture. No distinctly visualized mass or nodules. The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content with moderate mildly inspissated non-organized hyperechoic debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

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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 semi 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*

Generalized hyperechoic omentum with mild volume peritoneal free fluid was present. No visualized omental masses/lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Small sessile based dorsal urinary bladder mass-primary concern for neoplastic criteria i.e., transitional cell carcinoma, metastatic disease or other.
- Probable non-homogenous solid caudal splenic mass-hyperplasia, hematopoiesis, focal splenitis, primary vs metastatic neoplasia possible.
- Non-homogenous hyperechoic liver.
- Moderate inspissated gallbladder debris-potential early to emerging mucocele.
- Non-specific bilateral chronic renal changes.
- Possible mild gastroenteritis pattern.
- Non-specific peritonitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A screening BRAF assay and full urinary workup to include UA, C/S and baseline UPC is suggested.

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic mass FNA for screening cytology is warranted for further assessment. Correlation with pending effusion analysis cytology +/- C/S is suggested.

No obvious evidence of primary adrenal pathology. Screening BP recommended to assess for evidence of hypertension.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology or cardiomegaly as a contributing factor.

An extremely guarded prognosis is indicated.

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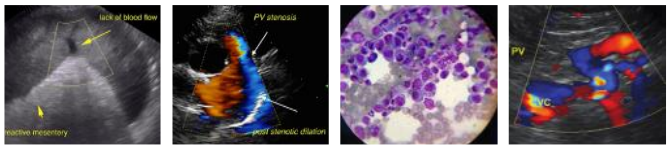


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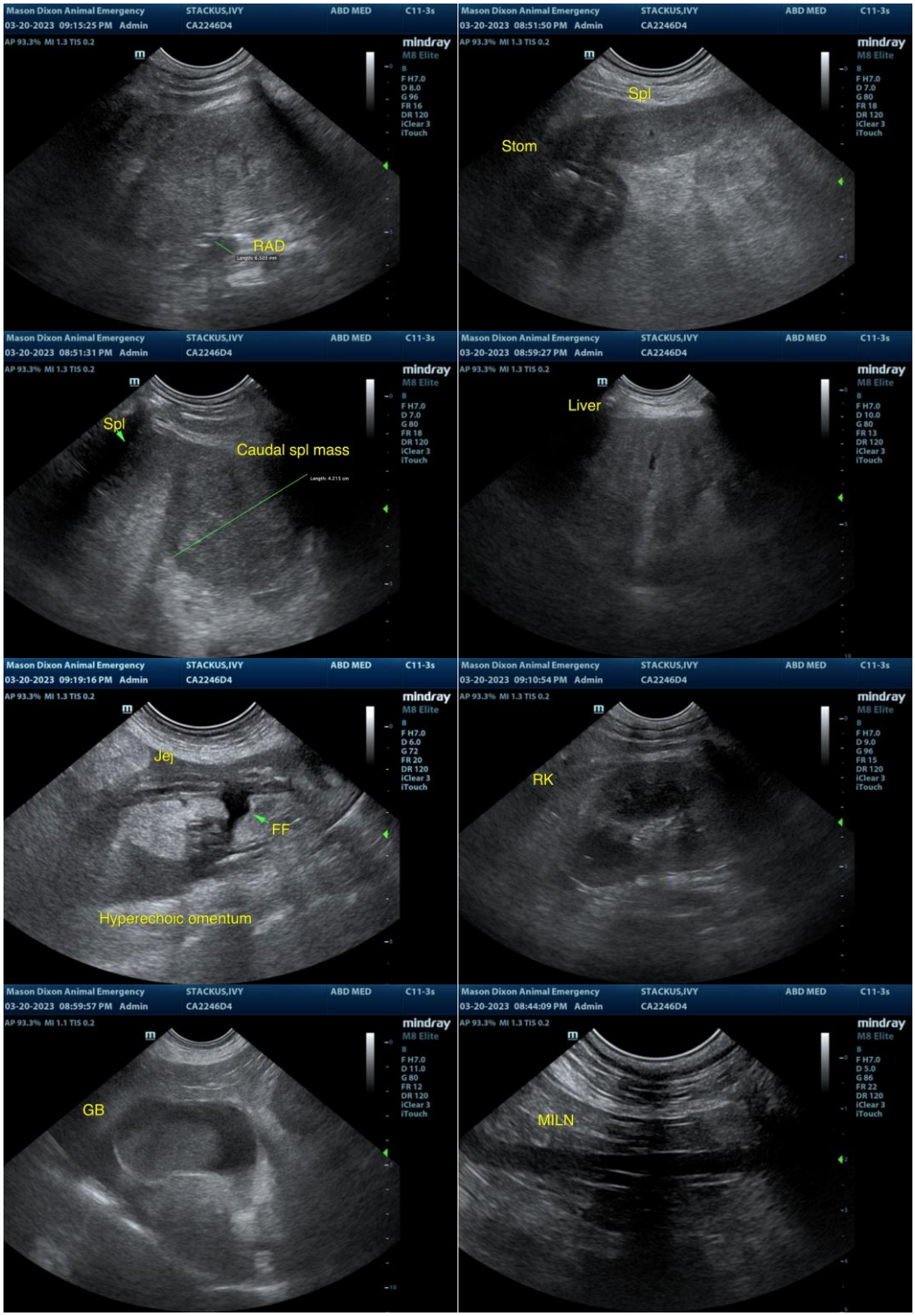

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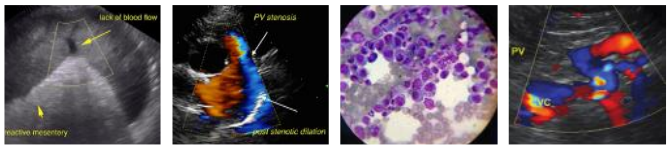

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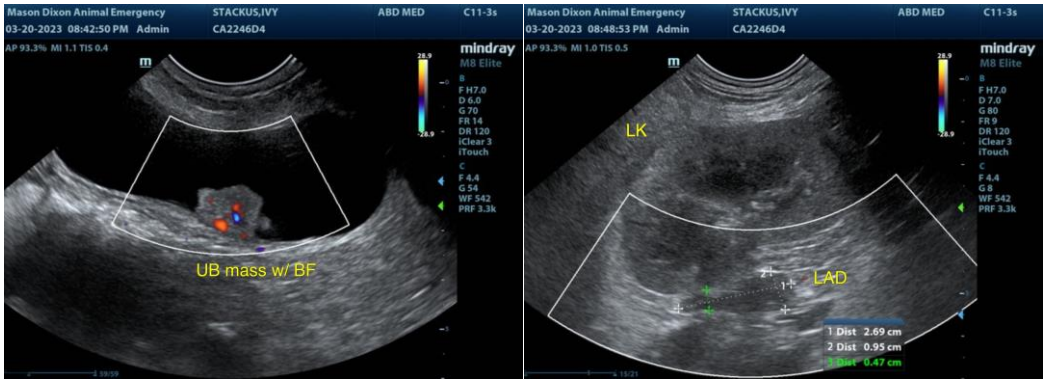


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
mac.daniel@sonopath.com