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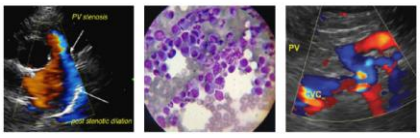

SonoPath
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PATIENT

Bella Hintz

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

62.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Sarah Burkindine

INVOICE

10235ag

DATE

03/25/2022

PRESENTING CLINICAL SIGNS

History: Was at the ER last week for vomiting and anorexia. They thought they saw an abdominal mass on radiographs. Has now been vomiting and not eating for 2 weeks. Was 76 lb last November, and is now 62.5 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mild ventroapical to dorsoapical thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal 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.

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 mildly 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 6.6 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.69 cm width at the cranial pole.

Spleen

A moderately sized spherical expansive mass involving the caudal lateral spleen with primarily symmetrical secondary capsule expansion and disruption was present and measured 6.0 cm in diameter. The parenchyma of the mass was isoechoic to mildly nonhomogeneous without areas of cavitation. Potential for a concurrent similar appearing mass in the cranial lateral spleen is possible yet not definitive.

Liver

The liver presented normal in size. The hepatic parenchyma revealed mildly reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mildly increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited generalized thickening with hypoechoic mural echogenicity and loss of discernable wall layering. The ventral gastric body wall measured up to 2.0 cm in width. The lumen of the stomach was primarily empty with mild luminal gas and potential minor retained anechoic fluid.

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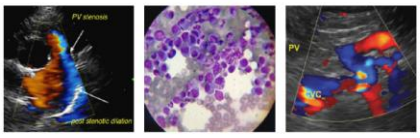

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. The ileum exhibited intact yet mildly prominent wall layering to the level of the ileocolic junction. The ileum wall measured 0.45 cm in width. 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 of the pancreas was mildly prominent in size. Otherwise, the pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia

Free Abdomen

Regional peri gastric to peri splenic reactive mesentery was noted. No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass to potential masses.
- Thickened stomach exhibiting hypoechoic mural echogenicity and loss of discernable wall layering.
- Subjectively nonspecific mildly hypoechoic liver.
- Regional peri gastric to peri splenic reactive mesentery.

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).

The gastric presentation is strongly suggestive of infiltrative gastric neoplasia such as lymphoma or other round cell neoplasia, adenocarcinoma or other with inflammation or benign gastric hypertrophy thought less likely. Concern for multicentric neoplasia involving the stomach, spleen and potentially liver is warranted with benign etiologies for the splenic mass (hyperplasia, hematopoiesis, granuloma, etc.) possible. Assuming normal clotting status, an ultrasound guided FNA of the splenic mass, gastric wall if accessible, as well as screening hepatic FNA using a 25g needle is suggested for further clarification and potential for oncology consult is warranted. Early small intestinal involvement cannot be excluded given the patient's weight loss yet may be less likely given the lack of gastrointestinal signs.

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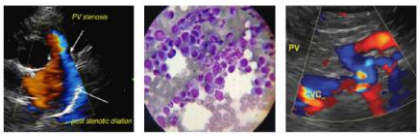

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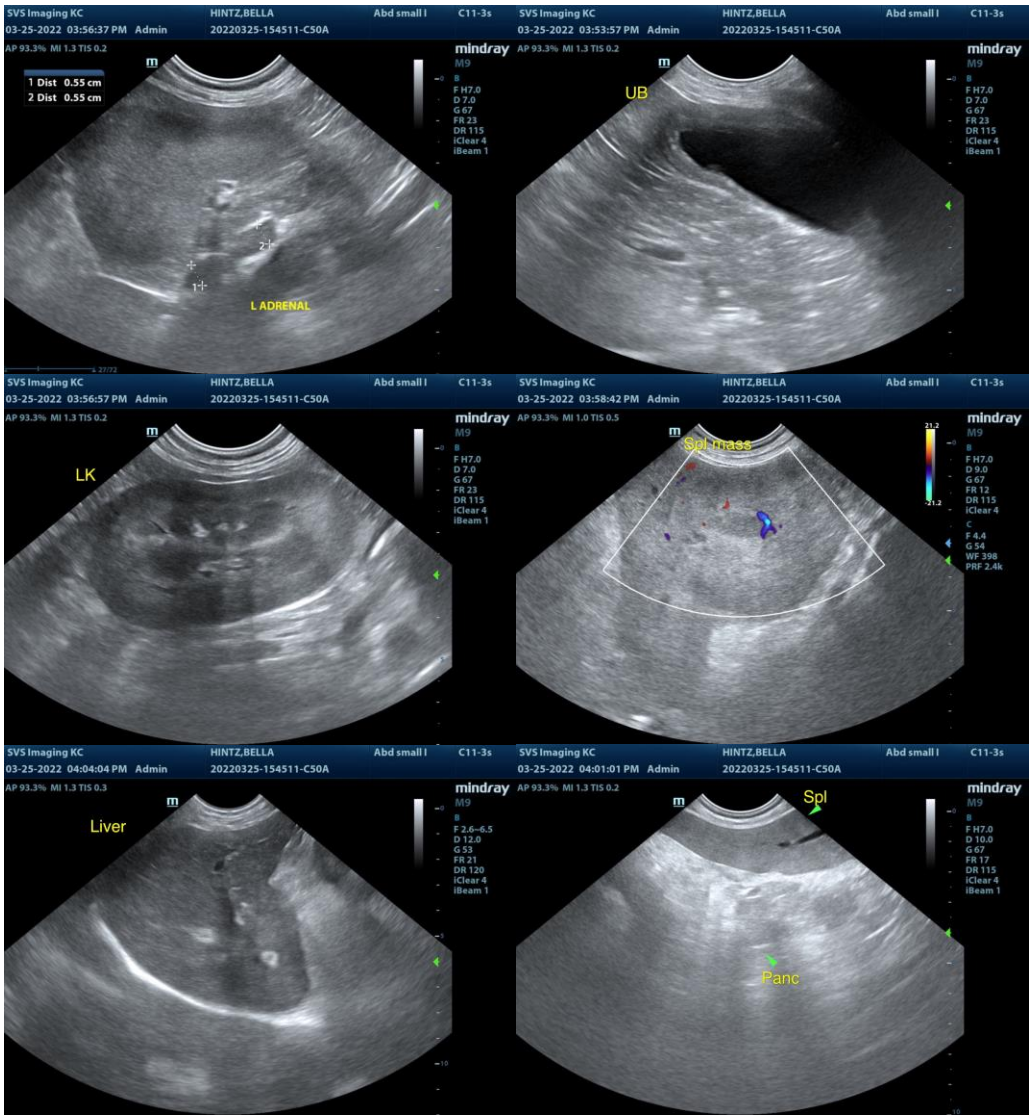

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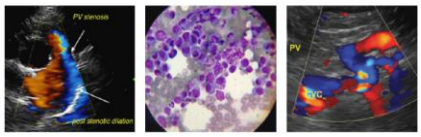

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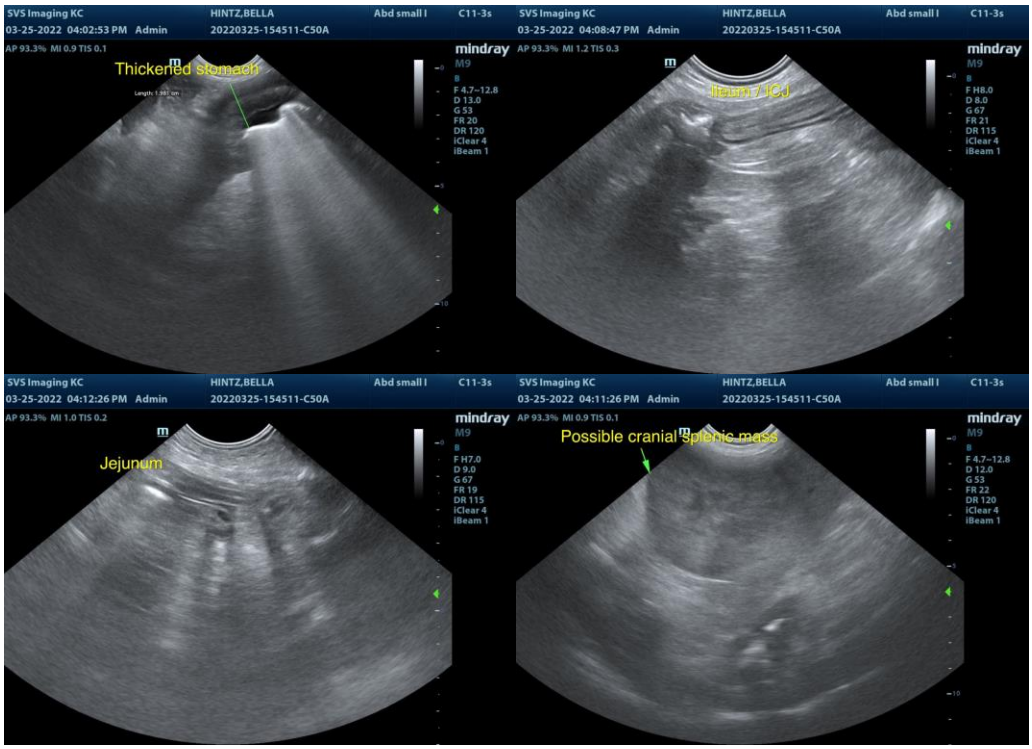

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com