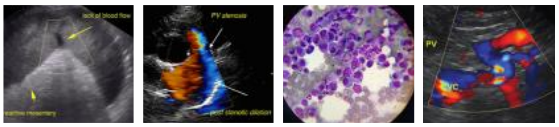


PATIENT

Kali Ma Dubois

SPECIES

Canine

BREED

Heeler

SEX

FS

AGE

7 years

WEIGHT

54 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Community VC

REFERRING VET

Dr. Titterington

INVOICE

13582

DATE

3/30/22

PRESENTING CLINICAL SIGNS

Pt had radiographs taken mid February during visit for diarrhea and lethargy showing large tumor in cranial abdomen. Pt is currently doing good at home; playful, eating , comfortable.
Abnormal PE/Chem/CBC/UA Results: RBC 4.05 L 5.5 8.5 10^12/l HGB 8.5 L 12.0 18.0 g/dl HCT 26.19 L 37.0 55.0 %l PLT 33 L 165.0 500.0 10^9/l

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

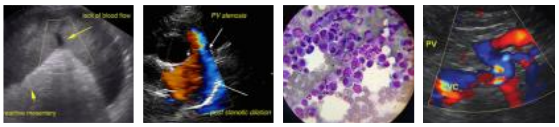
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.71 cm width at the cranial pole.

Spleen

An expansive, nonhomogeneous mass exhibiting mixed echogenic parenchyma with potential focal microcystic component was present in the spleen measuring approximately 13.0 cm in diameter, without areas of cavitation. Potentially, the mass appeared to derive from the mid to caudal spleen with splenic folding and extension of the mass into the cranial abdomen directly effacing the caudal aspect of the mid to left liver. A small amount of scant free fluid was noted around the cranial aspect of the mass, as well as between the mass and the caudal liver margins. 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Potential for small cystic lesions in the right pancreatic limb were noted.

Free Abdomen

Subtle evidence of perisplenic reactive mesentery was noted. No overt evidence of omental adhesions was evident. Potential for cystic to benign appearing pancreaticoduodenal lymph node was present.

Rapid view of the heart (SDEP 3 position) revealed subjectively normal function without pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Expansive, nonhomogeneous splenic mass
- Associated minor perisplenic free fluid and reactive mesentery
- Minor gallbladder debris (non-mucocele) - incidental
- Mildly remodeled to cystic pancreas - subjectively benign

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).

No overt evidence of Intra-abdominal or pericardial metastasis was noted. In general, FNA of these masses may be unrewarding. Assuming no evidence of thoracic pathology on three-view chest radiographs, laparotomy with splenectomy, gross inspection of the liver, and perisplenic omentum would be warranted.

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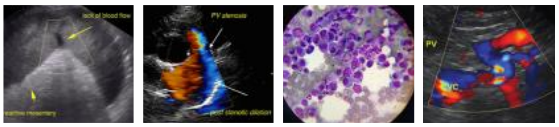

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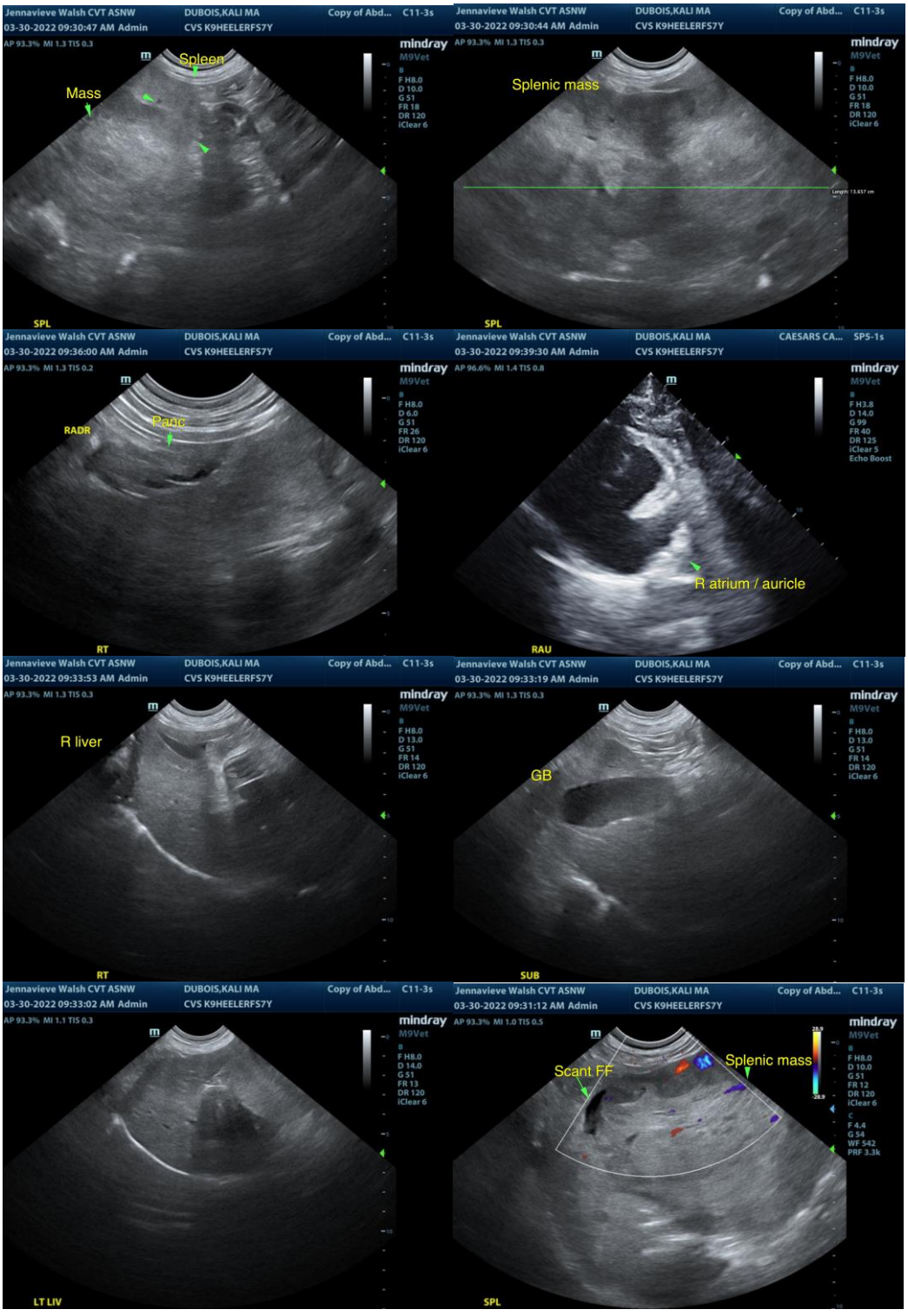

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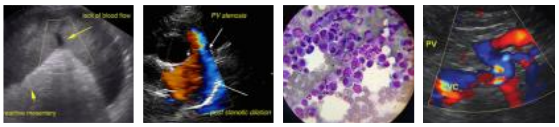

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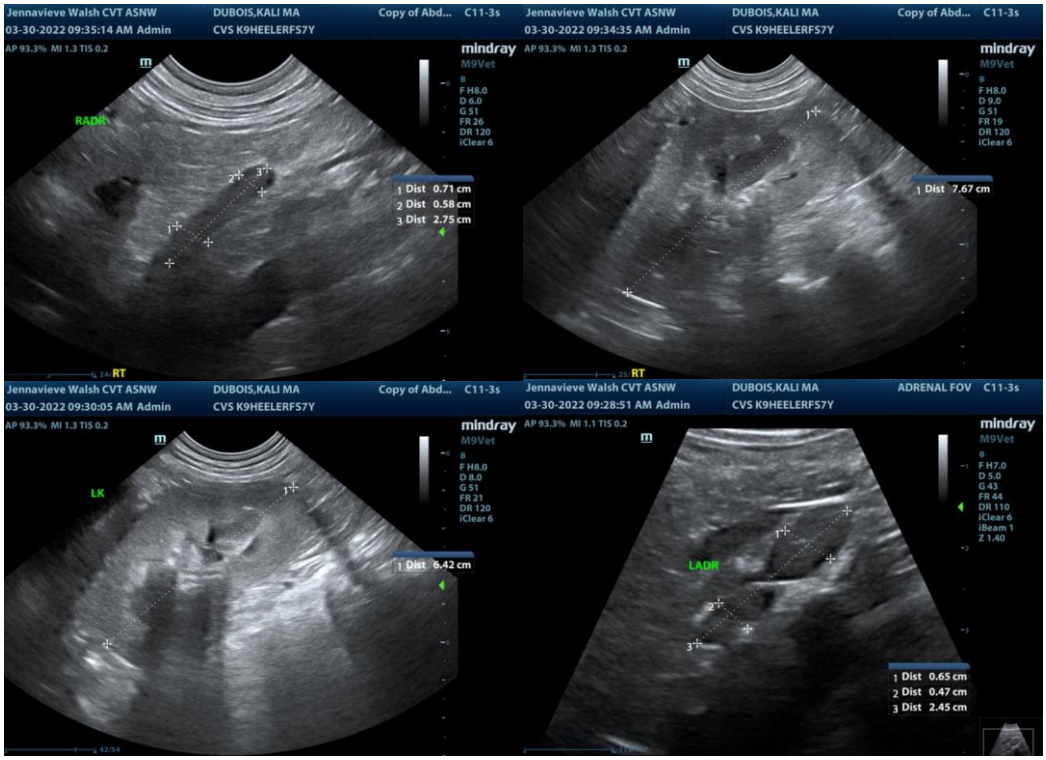

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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