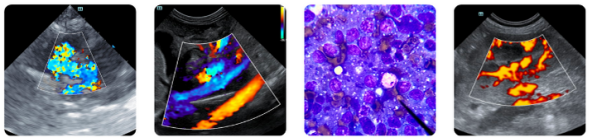

PATIENT

Oreo Lopez

SPECIES

Canine

BREED

Mixed

SEX

Male Intact

AGE

11y

WEIGHT

48.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Andrea Ramos

INVOICE

13431

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PRESENTING CLINICAL SIGNS

History: Px presented as a referral for an abdominal ultrasound due to splenomegaly and elevated hepatic enzymes. Px originally visited rDVM due to inappetence and when radiographs and bloodwork were performed splenomegaly and elevated hepatic enzymes were noted. Px also presented with an ulcerated mass in the perianal region. Owner reports weight loss. Focal echocardiogram was performed, no masses were observed macroscopically, nor pericardial effusion.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.5 cm in diameter.

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 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 7.3 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

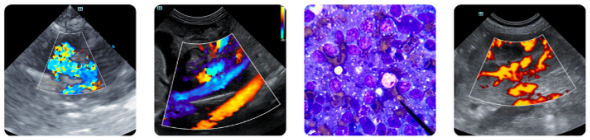
The left adrenal gland was mildly enlarged in size with non-homogeneous hypoechoic to focally hyperechoic measuring 0.77 cm width at the caudal pole. The right adrenal gland was mildly enlarged in size with non-homogeneous hypoechoic to focally hyperechoic measuring 2.0 cm x 0.92 cm.

Spleen

Splenic mass was present exhibiting moderate size to expansive, mixed echogenic, hypoechoic to hyperechoic mass. Associated, asymmetrical splenic capsule distortion measuring at least 8-9 cm in diameter. Concurrent separate non-capsule deforming, discrete, hypoechoic nodules with an example measuring 1.2 cm in diameter.

Liver

The liver presented subjective mildly enlarged in size. 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. Probable thinly walled intraparenchymal cysts present in the left liver measuring 1.6 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic,



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nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta and lumen gas.

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, mildly prominent to enlarged mesenteric and medial iliac nodes 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 lymph node measurement 2.3 cm x 0.55 cm. No evidence of peritoneal effusion present.

Heart

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

PRIMARY FINDINGS

- Splenic mass with concurrent splenic nodules
- Hepatopathy with probable intraparenchymal cysts – subjective benign, suggestive of vacuolar/cholestatic hepatopathy given ALP elevation
- Mild, non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Bilateral variable adrenomegaly
- Normal gastrointestinal tract with mild gastric ingesta
- Intermittent mild mesenteric/medial iliac lymphadenopathy – subjective benign

SECONDARY FINDINGS

- Mild benign prostatic hyperplasia pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass and nodules are most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / macrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted. Adrenal workup indicated if clinical signs consistent with Cushing's

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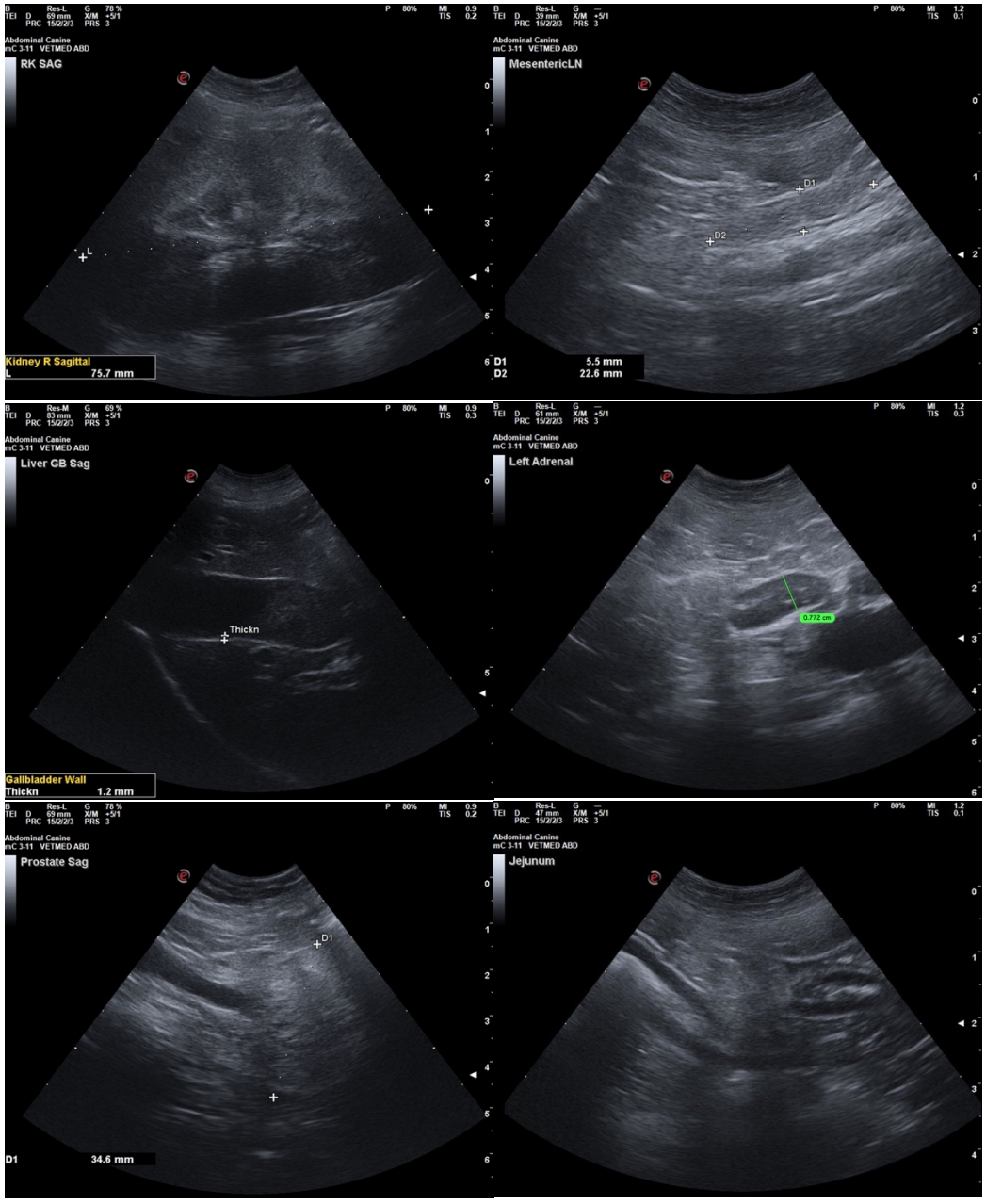
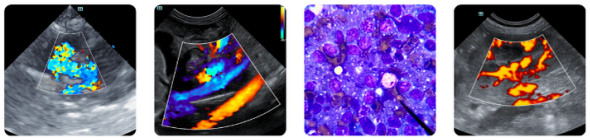
Syndrome. If surgery is elevated and assuming normal clotting status, concurrent hepatic biopsies at time of surgery may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult disease as a contributing factor to the weight loss may be considered.





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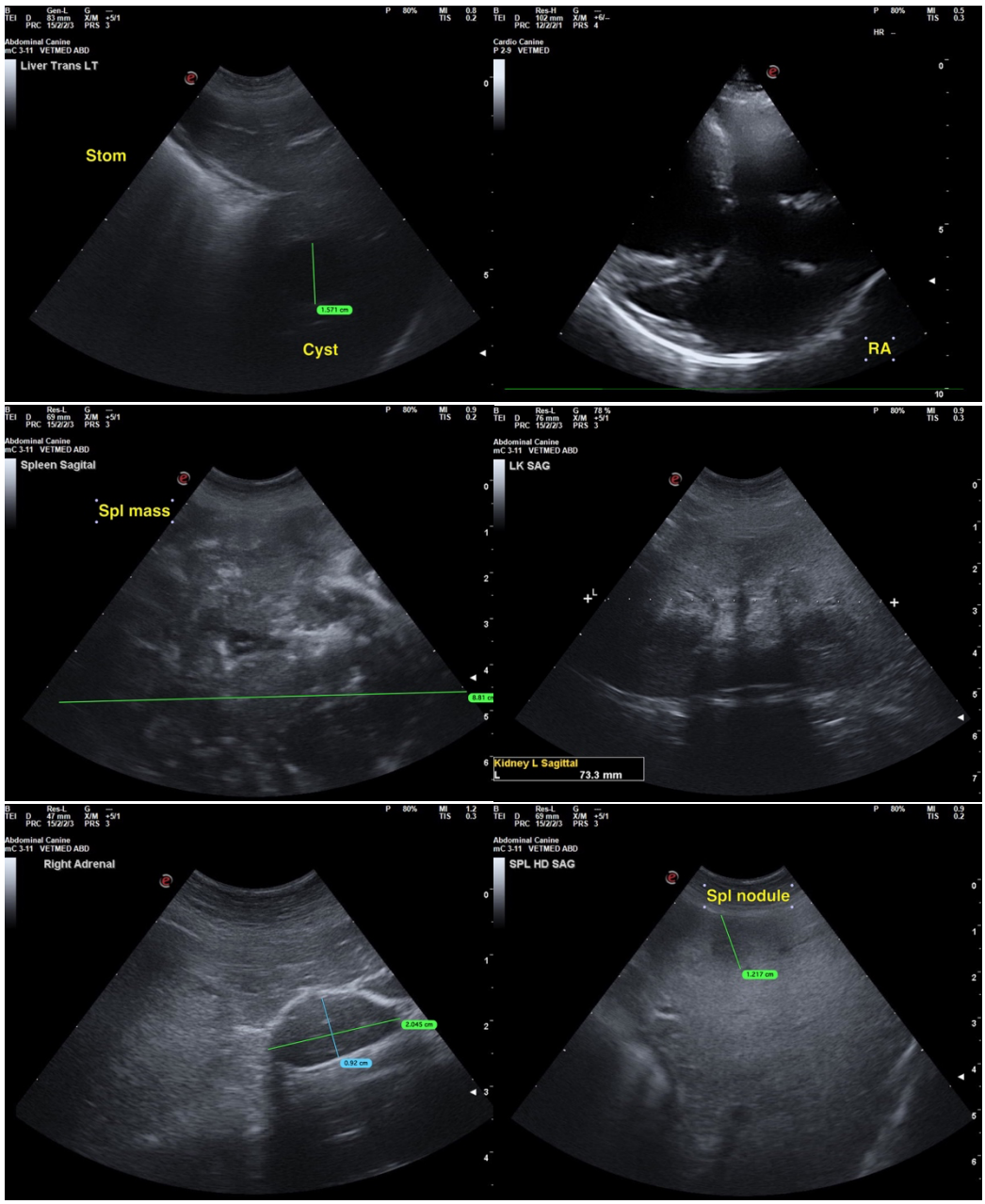

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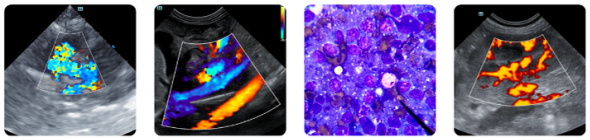

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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