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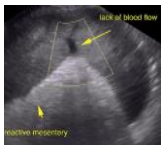
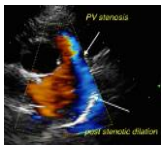
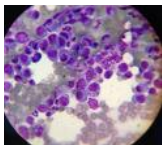
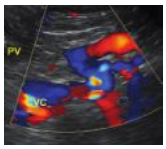

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1-800-838-4268 info@sonopath.com

PATIENT
Lucy Garofalo

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed female

AGE
9 years

WEIGHT
95.8 pounds

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Lake Hopatcong Animal Hospital

REFERRING VET
Dr. Batta

INVOICE
10459ag

DATE
04/27/2022

PRESENTING CLINICAL SIGNS

History: Anemia, decreased appetite. Current meds: Amoxi 500mg (2 bid)
Abnormal PE/Chem/CBC/UA Results: Hct 28.6, Hgb 10.4, Wbc 34

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 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.

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 variable echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Evidence of bilateral cortical infarcts was observed. Mild left kidney pyelectasia was noted. The left kidney measured 5.9 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland measured 1.1 cm width at the caudal pole.

Spleen

A mass involving the spleen with secondary capsule expansion and disruption was present and measured 8-9 cm in diameter. Concurrent mildly expansive splenic nodules were present in the non-associated splenic parenchyma, an example measuring 2.4 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. 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

The liver presented 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. The gallbladder was non-distended in size with primarily anechoic luminal content. 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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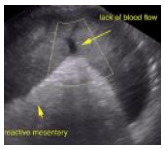

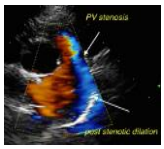

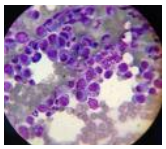
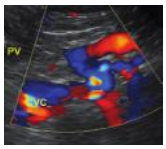

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor duodenal ileus was noted. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

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

Regional peri splenic hyperechoic mesentery was observed. No overt evidence of overt splenic omental adhesions was noted yet cannot be excluded. No evidence of peritoneal free fluid or splenic mass rupture.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Infiltrative spleen exhibiting large nonhomogeneous to expansive mass with concurrent hypoechoic parenchymal nodules.
- Perisplenic reactive mesentery.
- Mild vacuolar hepatopathy pattern.
- Bilateral chronic degenerative kidneys exhibiting cortical infarcts and mild left kidney pyelectasia.
- Gastritis/gastroduodenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic presentation is consistent with neoplastic criteria (sarcoma, round cell neoplasia or other). Benign pathologies are possible but considered less likely. Overt evidence of intra-abdominal metastasis was not evident yet potential for regional omental seeding or non-visualized metastasis cannot be definitively excluded. Assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the liver and perisplenic omentum could be considered.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

If surgery is elected, appropriate perioperative fluid administration is recommended given the sonographic appearance of the kidneys.

A guarded prognosis is indicated for this patient.

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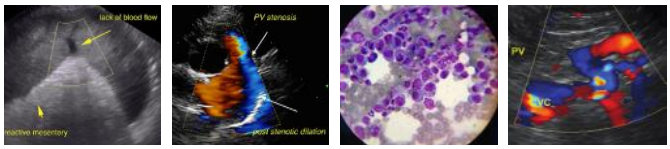

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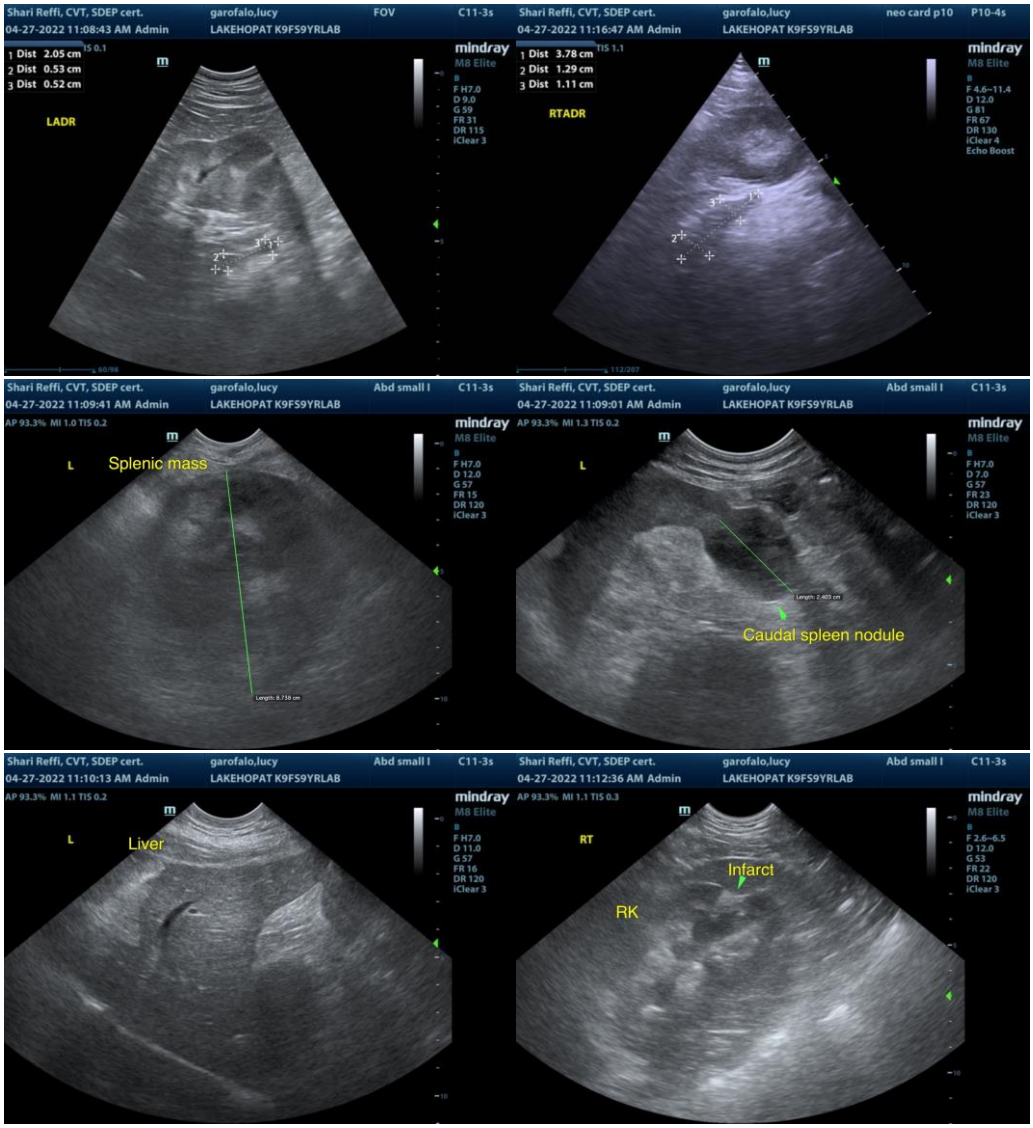

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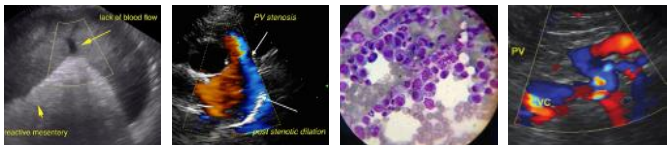

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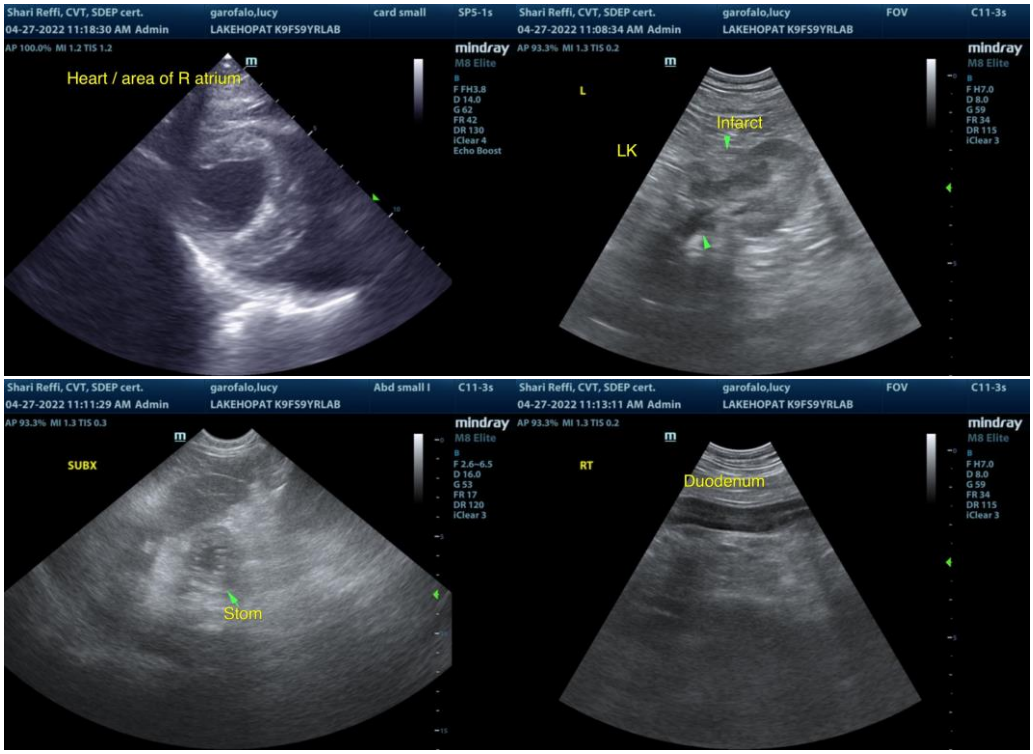

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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