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Clinical Sonography & Telecytology
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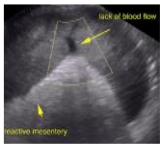

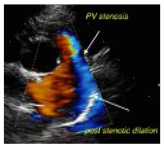

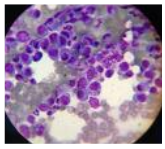
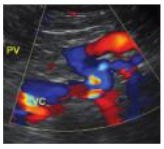

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Mae Garenz

SPECIES

Canine

BREED

German Shepard

SEX

FS

AGE

8 years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr Koya, Fox Lake Animal Hospital

INVOICE

13648

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Presented for collapsing and breathing heavy. Radiographs suspicious of cranial abdominal mass.
Abnormal PE/Chem/CBC/UA Results: Low PLT high WBC Chronic elevated kidney values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention. No sediment or calculi was noted. The urethra was normal in structure and tone to a depth of 3.0 cm.

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 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 pyelectasia was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 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 0.46 cm width at the caudal pole and 0.56 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 0.50 cm width at the caudal pole and 0.46 cm width at the cranial pole.

Spleen

The spleen exhibited generalized enlargement with nonhomogeneous to mottled parenchyma exhibiting focal areas of parenchymal cystic change to cavitation and multiple, variably sized to expansive masses. An example of a splenic mass measured 6.0-7.0 cm. in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size and contour with generalized moderately nonuniform to remodeled parenchyma. The hepatic and portal vasculature were 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 exhibited sonographically unremarkable and intact visualized wall layering with subjective moderate gas distention.

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.

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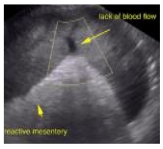

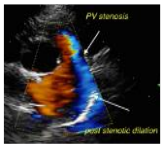

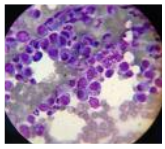
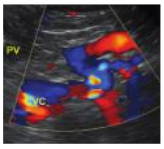

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Pancreas

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 were evident.

Free Abdomen

Mild volume subjectively cellular peritoneal free fluid was present. Evidence of overt lymphadenopathy was not obvious yet potential for mild isoechoic mesenteric lymphadenopathy cannot be excluded. Regional perisplenic to generalized reactive mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Mild nonspecific chronic renal changes
- Infiltrative splenic pattern with multifocal, variably sized masses
- Nonuniform liver
- Moderate volume peritoneal free fluid and generalized reactive mesentery - suspect hemoabdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic presentation is consistent with generalized splenic neoplasia with sarcoma and is considered the primary differential diagnosis vs. other neoplastic etiologies. The potential for non-neoplastic splenic presentation, i.e., hyperplasia, hematopoiesis, breed associated hypersplenism, splenitis, hematoma, or other, are possible yet thought less likely.

The nonuniform hepatic parenchyma may indicate benign remodeling, although concern for potential multicentric hepatosplenic neoplasia is warranted. Ultrasound-guided FNA of the liver, assuming normal clotting status, could be considered for screening cytology.

Effusion analysis, three view chest radiographs, and ideally sonographic assessment of the heart for evidence of pericardial disease, +/- ECG assessment is recommended. If no evidence of additional pathology, laparotomy with splenectomy, gross inspection of the perisplenic omentum and liver could be considered.

However, a very guarded to unfavorable prognosis is likely indicated.

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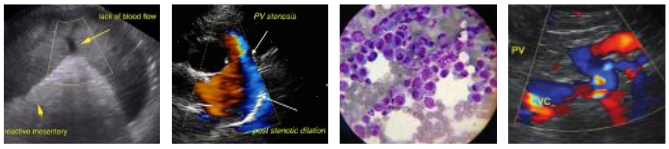

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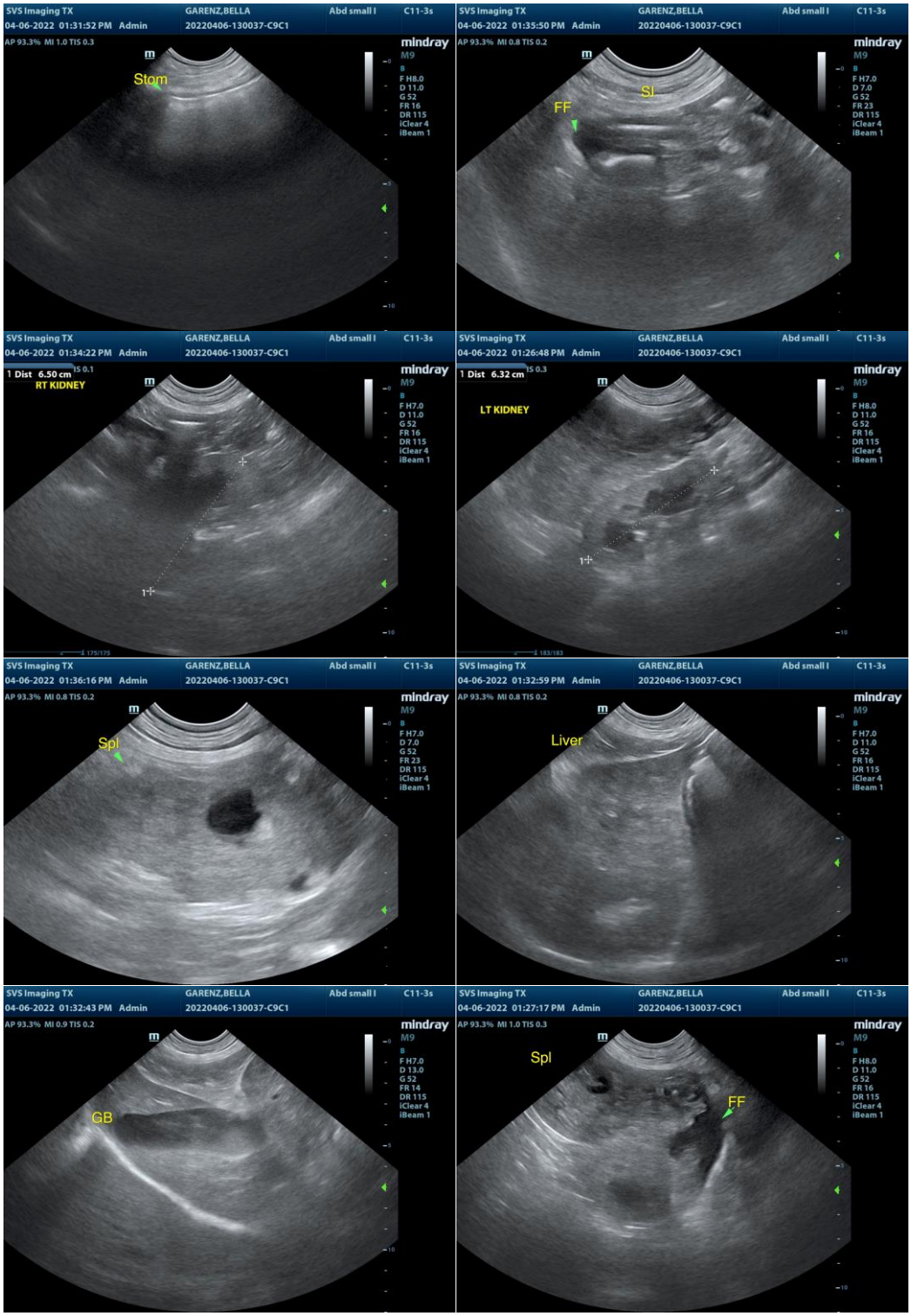

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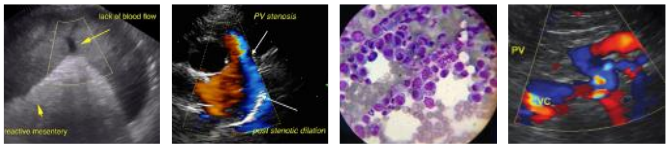

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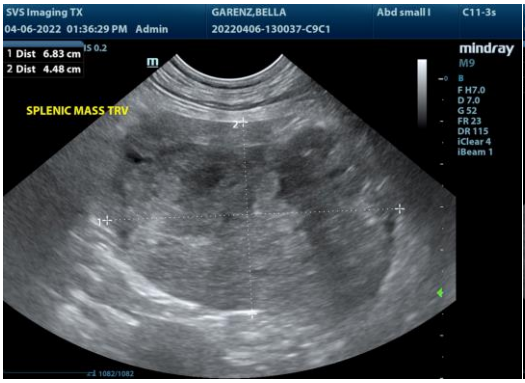

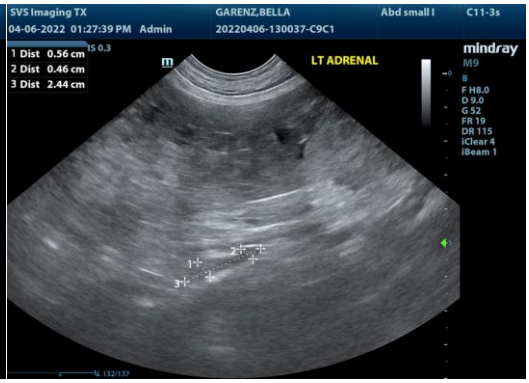

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com