



**PATIENT**

Daisy Haskell

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

14.5 y

**WEIGHT**

70.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Katherine Pietsch, DVM

**INVOICE**

16537

**DATE**

4/6/23

**PRESENTING CLINICAL SIGNS**

Patient became acutely disoriented and weak on 3/22. PE the patient was very lethargic and weak. She had an arrhythmia with pulses alternans and VPCs were noted on EKG. On x-rays a large mid abdominal mass was noted. Brief AUS showed a large cavitated mass suspected to be splenic in origin. No free fluid noted. The owner wants AUS to confirm suspected diagnosis of hemangiosarcoma and also would like the heart examined to see if hemangiosarcoma is present there as well. On Yunnan Baiyao, Galliprant, Gabapentin and multiple herbal medications from holistic veterinarian. Having bi-cavity ultrasound exams.

**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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.5 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly enlarged exhibiting asymmetrical capsule contour and nonhomogeneous nodular parenchyma. No evidence of parenchymal mineralization was noted. The left adrenal gland measured 0.76 cm width at the caudal pole and 1.1 cm width at the cranial pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.65 cm width in the caudal pole and 0.63 cm width in the cranial pole.

**Spleen**

Generalized, marked asymmetrical splenic enlargement with generalized nonhomogeneous variably echogenic nodular parenchyma was present. A moderately sized, irregular, nonhomogeneous to cavitated mass was present in the spleen measuring 8.0 cm in diameter. The splenic width in the area of the mid-spleen measured approximately 6.0 cm in diameter. Regional perisplenic hyperechoic omentum was present with scant perisplenic free fluid.

**Liver/ Gallbladder**

The liver presented possible borderline enlargement yet maintained a symmetrical capsule contour with nonuniform increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture with evidence of parenchymal remodeling. Intermittent discrete nondisruptive hypoechoic hepatic nodules were noted with an example measuring 1.3 cm in diameter. The gallbladder was non-



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distended in size containing primarily anechoic content with mild, nonorganized, echogenic gallbladder debris. The cystic and common bile ducts were normal.

***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained gastric anechoic to echogenic fluid was noted 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. Minor segmental nonobstructive intestinal ileus.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

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***Free Abdomen***

No overt or visualized omental lymphadenopathy was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Generalized marked irregular splenomegaly with nonhomogeneous nodular to cavitated mass, regional perisplenic peritonitis
- Nonhomogeneous hyperechoic to discretely nodular liver
- Mild gallbladder debris (non-mucocele)
- Moderate chronic renal changes
- Mild irregular to nodular left adrenal gland - suspect adenoma

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Although histopathology is required for definitive diagnosis, the generalized splenomegaly and splenic mass are most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely.

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The hepatic parenchymal changes are nonspecific and may indicate benign changes i.e., age-related parenchymal remodeling, hyperplasia, hematopoiesis, or similar, although the possibility of early to discrete hepatic metastasis cannot be definitively excluded. Screening systemic BP is suggested to assess for evidence of hypertension, which may allude to an emerging more aggressive left adrenal pathology, i.e., pheochromocytoma.

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Pending echocardiogram and assuming no evidence of pathology on three view chest radiographs, screening hepatic FNA cytology could be considered, assuming normal clotting status with potential surgical and/or oncology consult. Even with consideration for potential splenectomy pending additional diagnostics, an extremely guarded to potentially unfavorable long-term prognosis is likely.



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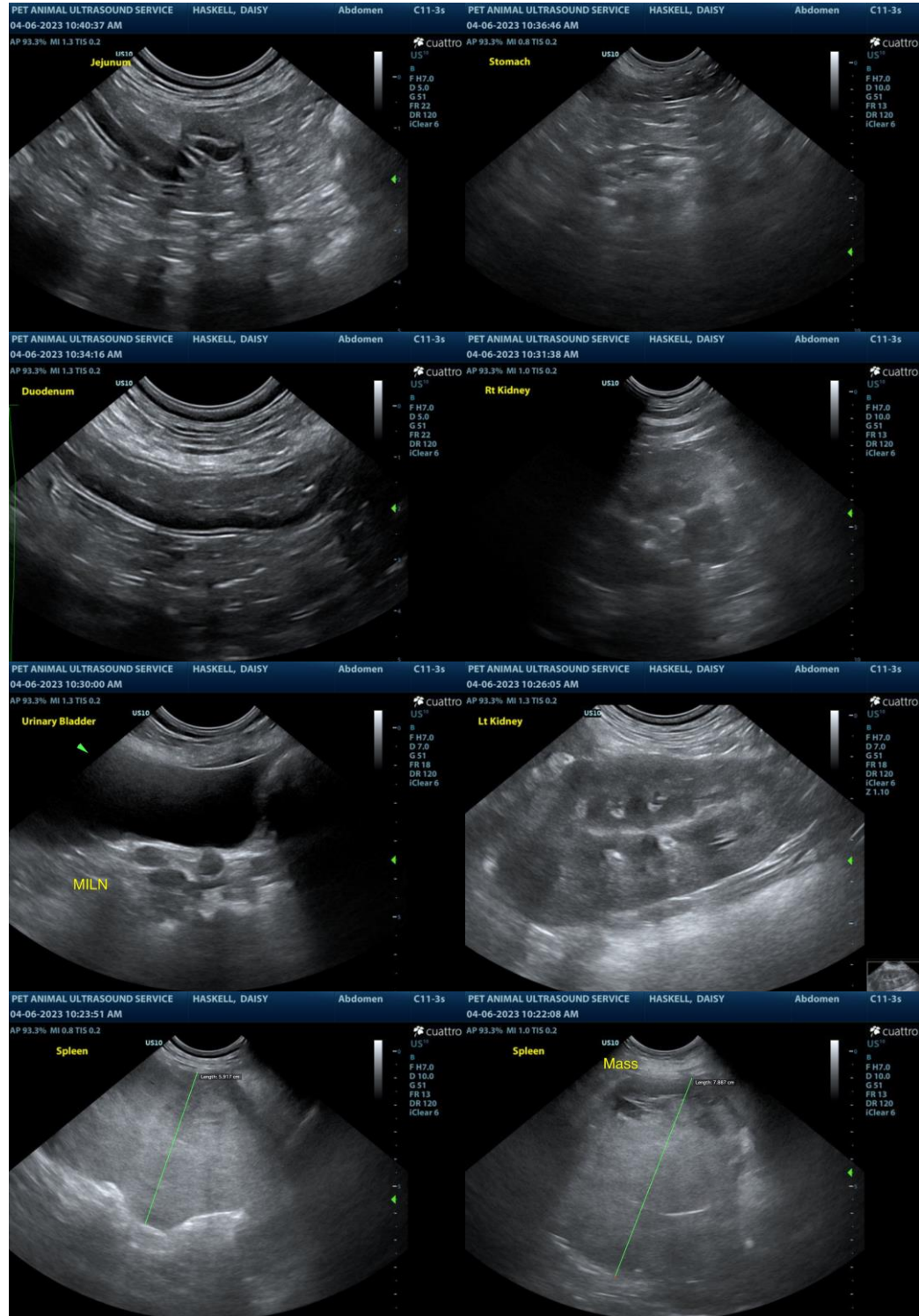
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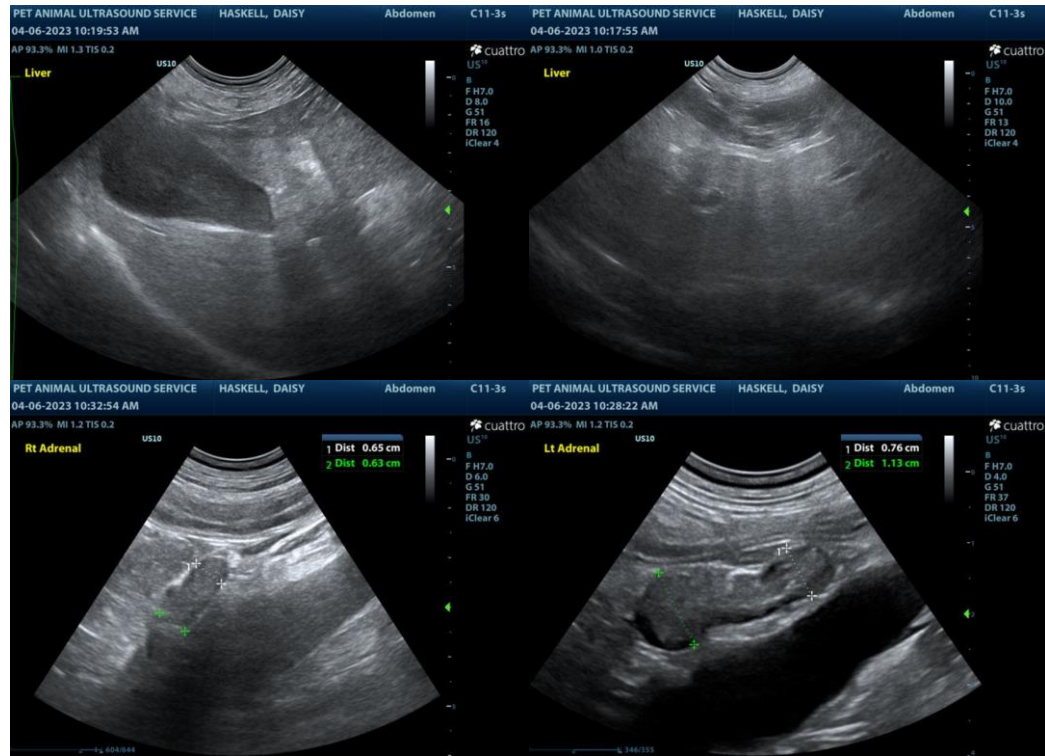
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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.

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 info@SonoPath.com

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