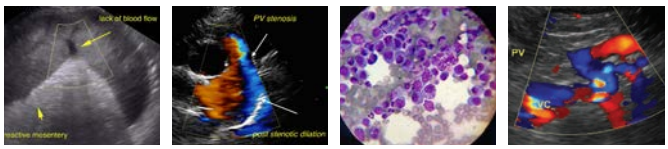
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rupert Waters

SPECIES
Canine

BREED
Rhodesian Ridgeback X

SEX
Neutered Male

AGE
11 Years

WEIGHT
32.5 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Glamorgan Animal Clinic

REFERRING VET
Dr. Tan

INVOICE
46475

DATE
4/6/23

PRESENTING CLINICAL SIGNS

Hyporexia since April 4, now vomiting.
Abnormal PE/Chem/CBC/UA Results: Mild anemia and borderline elevated bilirubin with bilirubinuria.

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 were noted.

No overt pathology in the area of the residual prostate.

No overt medial iliac or sublumbar lymphadenopathy.

The left kidney was not definitively visualized owing to artifact secondary to the splenic mass.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 8.0 cm.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm at the cranial pole and 0.60 cm at the caudal pole.

The left adrenal gland was not definitively visualized owing to artifact secondary to the splenic mass.

Spleen

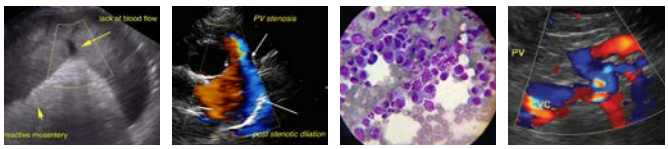
A large, non-homogeneous, nodular to cavitated, mixed echogenic mass involving the caudal spleen with secondary asymmetrical capsule expansion and disruption was present. The mass measured potentially 13 cm in diameter. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma 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. Regional perisplenic hyperechoic omentum noted around the splenic mass.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 primarily empty with mild luminal gas. Ventral gastric body wall measured 0.53 cm.



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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 mechanical/metabolic ileus, obstruction or foreign material. Jejunum wall measures 0.30 cm.

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

Minor volume peritoneal free fluid noted. No overt visualized omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

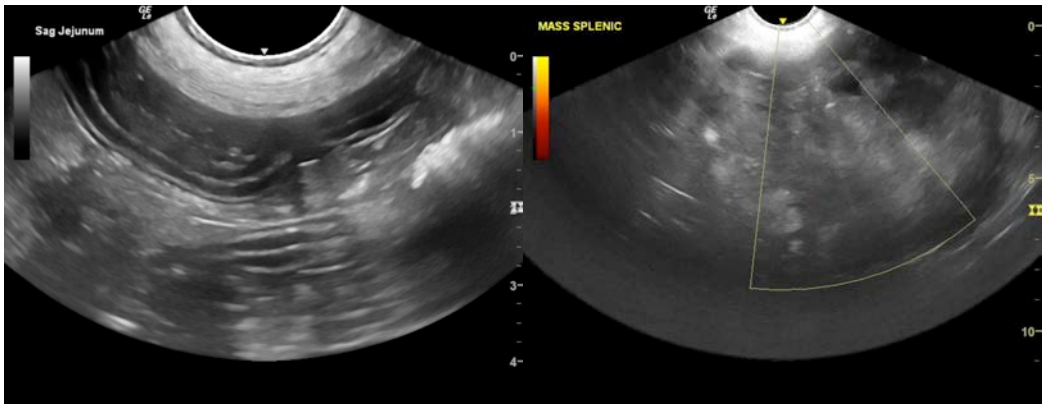
- Large, mixed echogenic, cavitated splenic mass
- Associated peripheral perisplenic hyperechoic omentum and mild volume peritoneal free fluid – suspect mild hemoabdomen.
- Mild hepatic parenchymal remodeling
- Mild age related right kidney
- Sonographically unremarkable visualized gastrointestinal tract – possible low-grade gastroenteritis.

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 visualized major organ metastasis, although the possibility of non-visualized metastasis, micrometastasis, or early perisplenic omental seeding cannot be definitively excluded.

Assuming no evidence of pathology on 3-view chest radiographs, and ideally no evidence of pericardial metastasis or tumors on brief subjective echocardiogram, laparotomy with splenectomy, gross inspection of the perisplenic omentum and liver +/-hepatic biopsy (given elevated bilirubin levels without evidence of post-hepatic obstruction) could be considered. Guarded prognosis.



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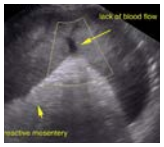
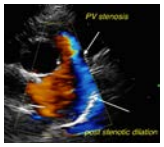
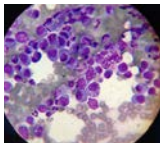
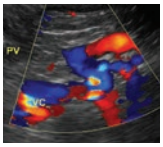

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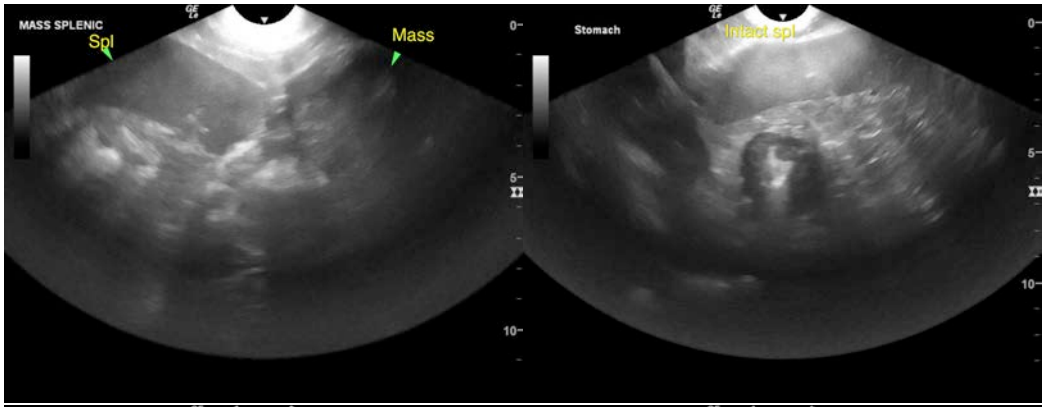

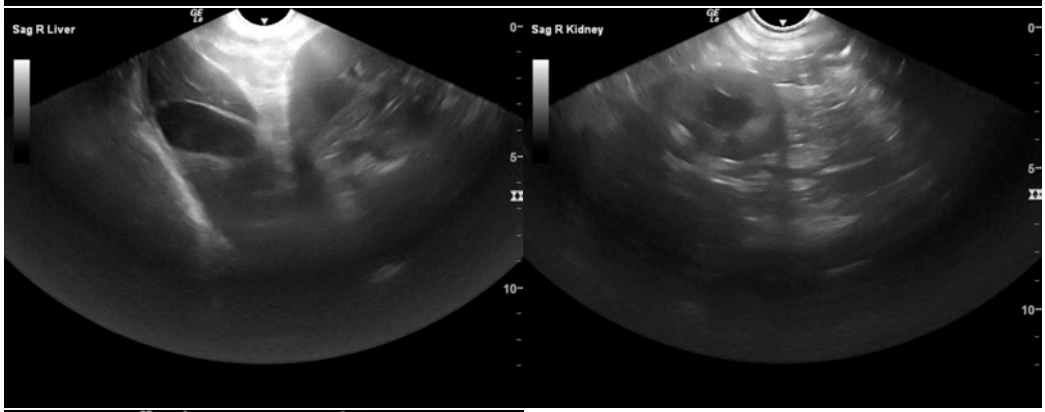

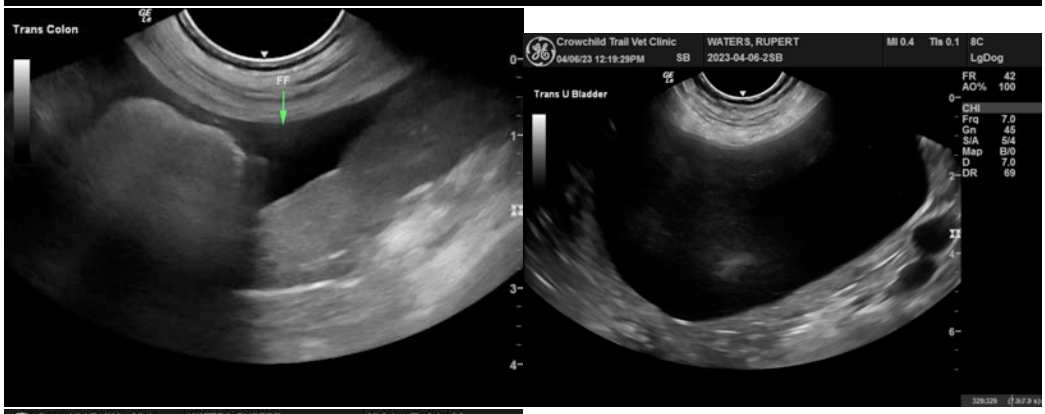

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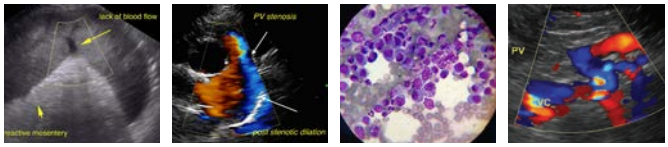

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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