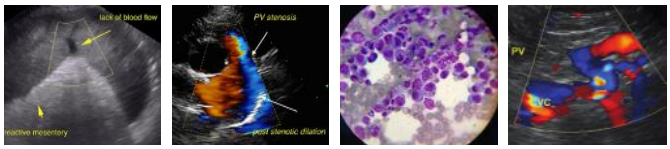
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Aries Miller

SPECIES
Canine

BREED
Doberman Pinscher

SEX
MN

AGE
10 yr

WEIGHT
73.7 lb

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Legacy Animal Hospital

REFERRING VET
Dr. Potenzone

INVOICE
10665ag

DATE
05/25/2022

PRESENTING CLINICAL SIGNS

History: Abdominal mass suspected splenic mass. No current meds.

Abnormal PE/Chem/CBC/UA Results: Alb 2.6, no anemia, rest WNL

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.

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 8.0 cm in length. The right kidney measured 7.7 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 0.72 cm width at the caudal pole and 2.6 cm length.

The right adrenal gland was indistinctly visualized exhibiting potential for mild prominent size measuring 3.6 cm x 1.3 cm.

Spleen

The spleen exhibited enlarged in size with decreased parenchyma echogenicity and moderate coarse echotexture. Asymmetrical lateral medial capsule contour was noted. A caudal splenic mass exhibiting nonhomogeneous cystic to cavitated appearing parenchyma measuring approximately 10 cm in diameter was present.

Liver

The liver was subjectively enlarged in size with areas of capsule asymmetry and hypoechoic parenchyma with moderate coarse echotexture. Multifocal mildly expansive uniform hypoechoic intraparenchymal nodules were noted, an example measuring 3.0 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic debris. The cystic and common bile ducts were normal.

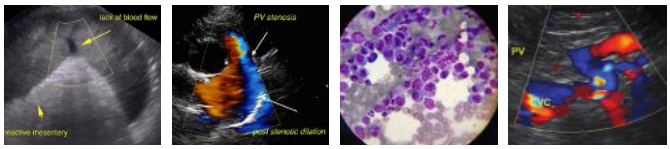
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty 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.

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

Pancreas



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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

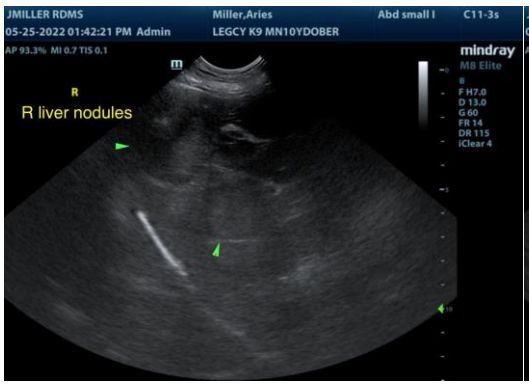
Peri splenic to peri hepatic nonuniform hyperechoic mesentery was present. Mild cranial omental lymphadenopathy suspected. Small pockets of scant peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatosplenic infiltrative neoplasia pattern
- Peri splenic to peri hepatic reactive mesentery with scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the appearance of the spleen and liver are consistent with multicentric neoplasia. Considerations include sarcoma, round cell neoplasia such as lymphoma or other. Possibility for regional peri splenic to peri hepatic omental seeding cannot be excluded and is of concern yet nor definitive. Regardless, surgical options are precluded in this case. An ultrasound guided hepatosplenic FNA using a 25g needle and assuming normal clotting status could be considered for screening cytology and potential oncology consult with immediate chemotherapeutic intervention. An unfavorable prognosis is likely indicated.



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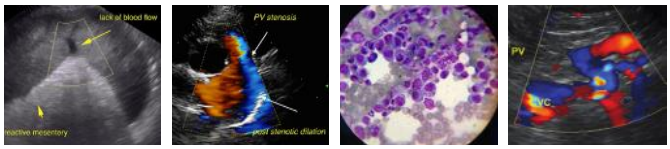

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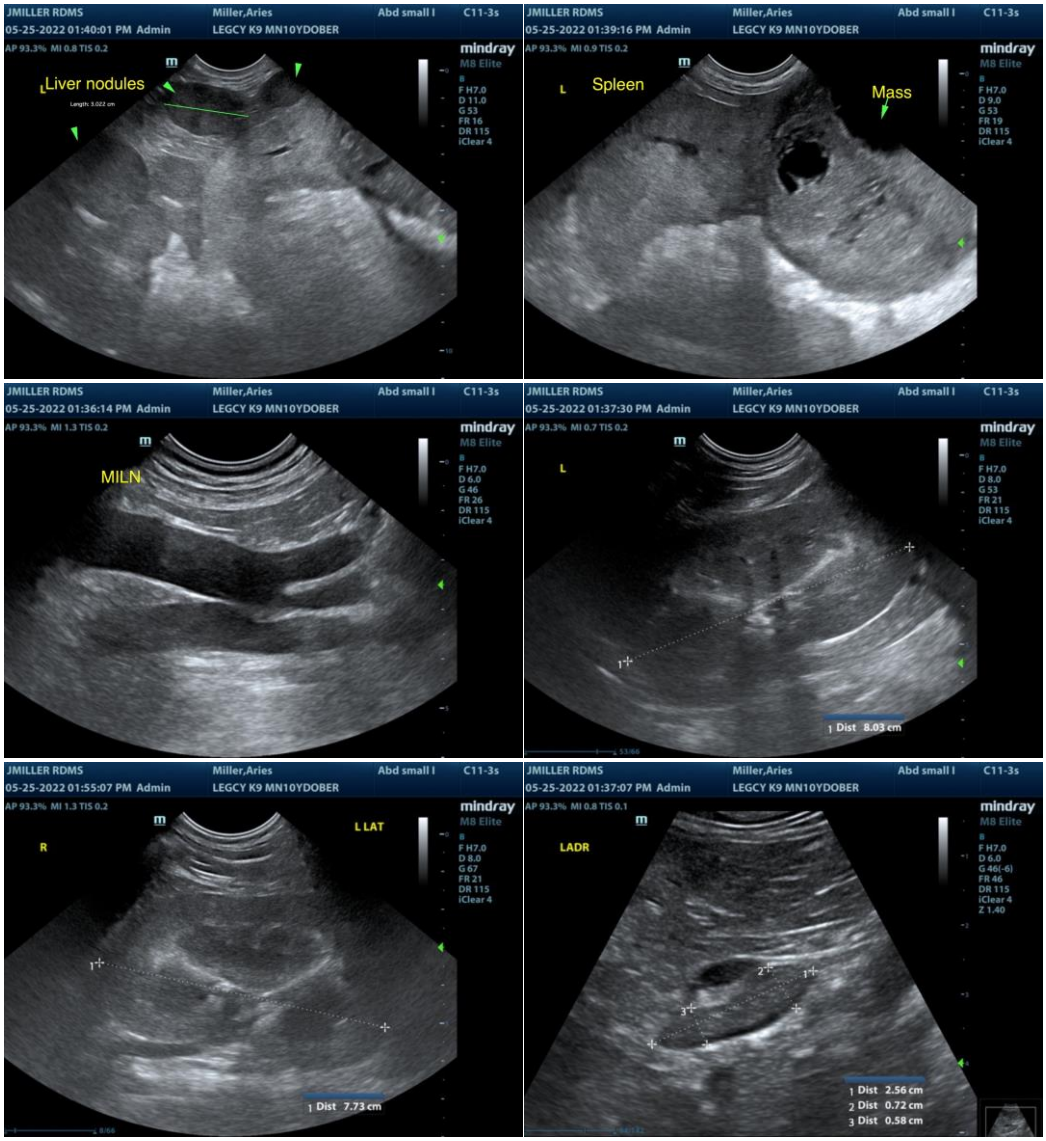

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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