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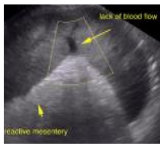
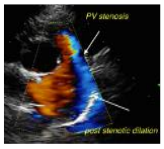
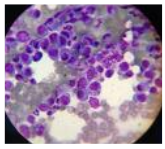
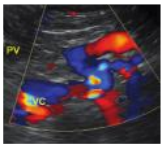

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1-800-838-4268 info@sonopath.com

PATIENT

Mocha Rios-Huaman

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

11 Years

WEIGHT

25 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

15826

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Intra-abdominal mass effect on radiographs.

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 aortic trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy.

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 pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 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 0.51 cm width at the caudal pole and 0.49 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 0.63 cm width at the caudal pole and 0.85 cm width at the cranial pole.

Spleen

A large nonhomogeneous to mixed echogenic splenic mass was present, exhibiting subjective subtle areas of intramass cavitation. The mass measured approximately 12.0 cm in diameter. Regional perisplenic reactive mesentery and mild volume perisplenic to peritoneal free fluid present. Concurrent hyperechoic well-demarcated splenic nodules not involved with the mass, consistent with probable myelolipomas were present.

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 mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme without signs of 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.

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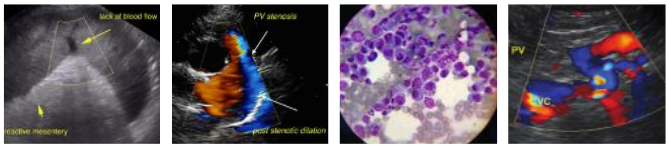

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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

No overt lymphadenopathy was present. Mild volume perisplenic to peritoneal free fluid noted. Regional perisplenic hyperechoic mesentery was present, which could indicate perisplenic omental reactive, mild inflammation, while the possibility of omental adhesions to the splenic mass cannot be excluded.

Other

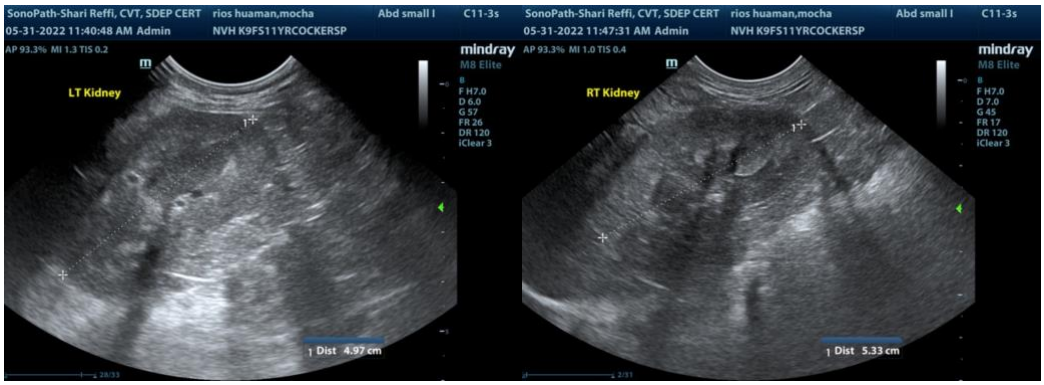
A rapid view of the heart was normal.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous to mildly cavitated splenic mass
- Regional perisplenic hyperechoic mesentery and mild volume perisplenic/peritoneal free fluid
- Minor hepatic parenchymal remodeling
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies such as hyperplasia, hematopoiesis, granuloma, etc. possible yet considered less likely. No obvious evidence of intraabdominal or pericardial metastasis. Potential for nonobvious metastasis or regional perisplenic omental seeding cannot be definitively excluded in these cases. Assuming no evidence of pathology on three-view chest radiographs, splenectomy with gross inspection of the liver, as well as perisplenic omentum is recommended. Guarded prognosis, pending splenic histopathology.



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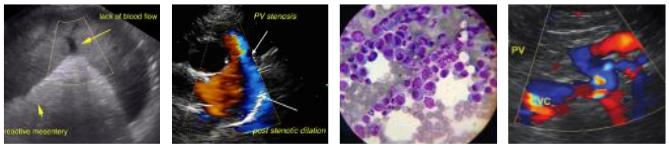

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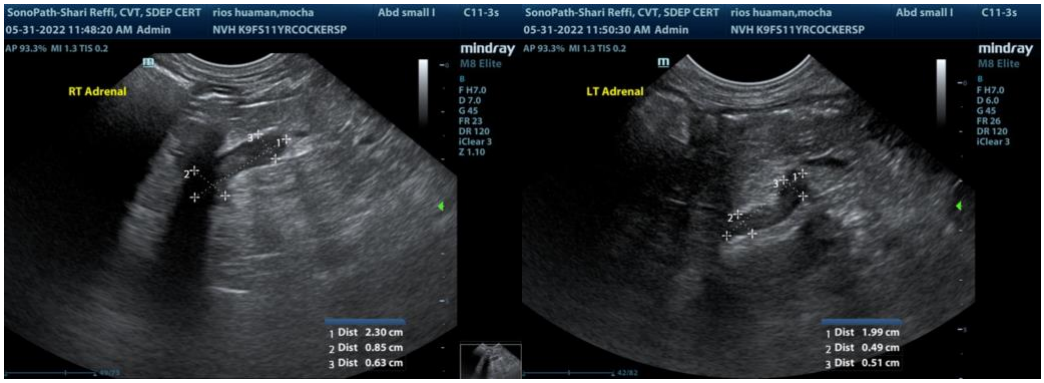

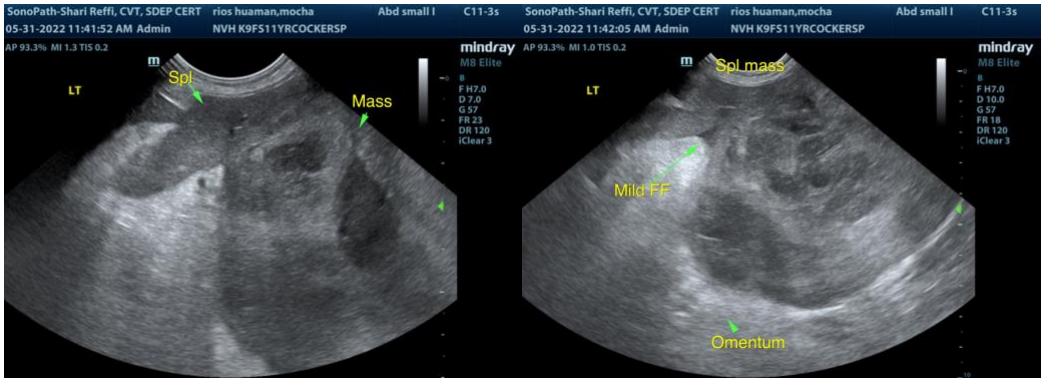

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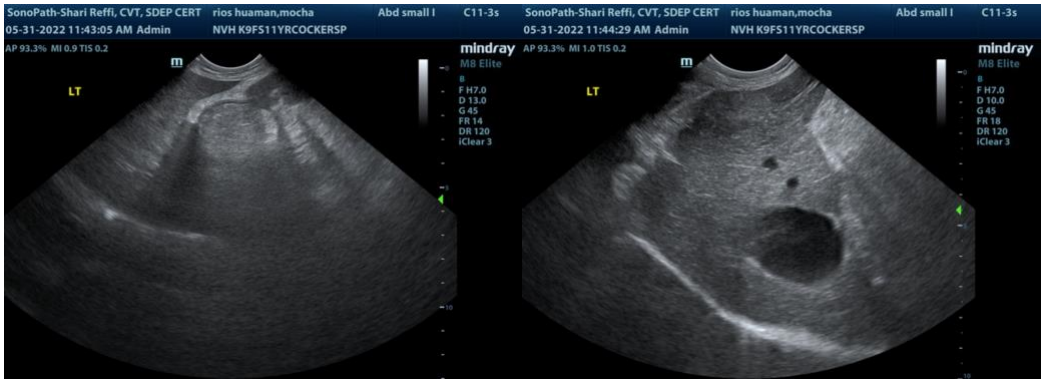

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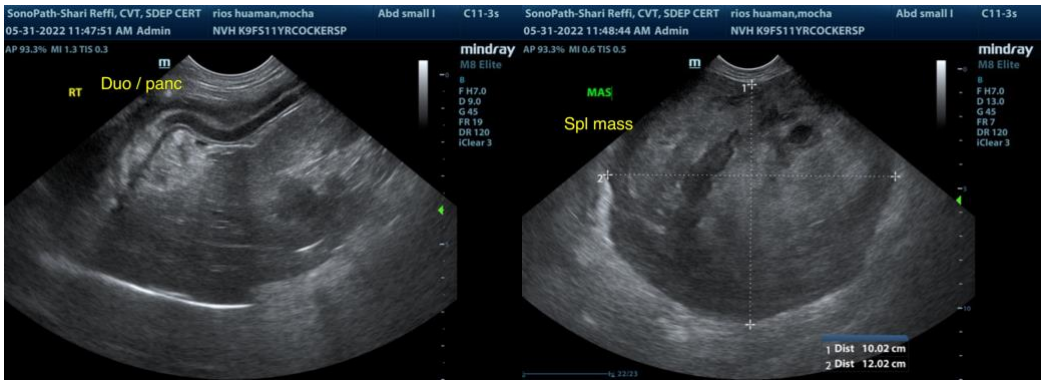

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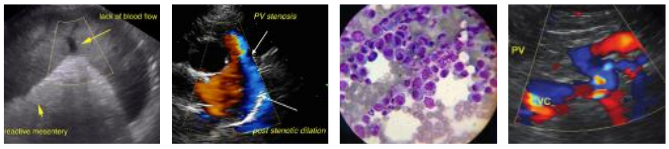

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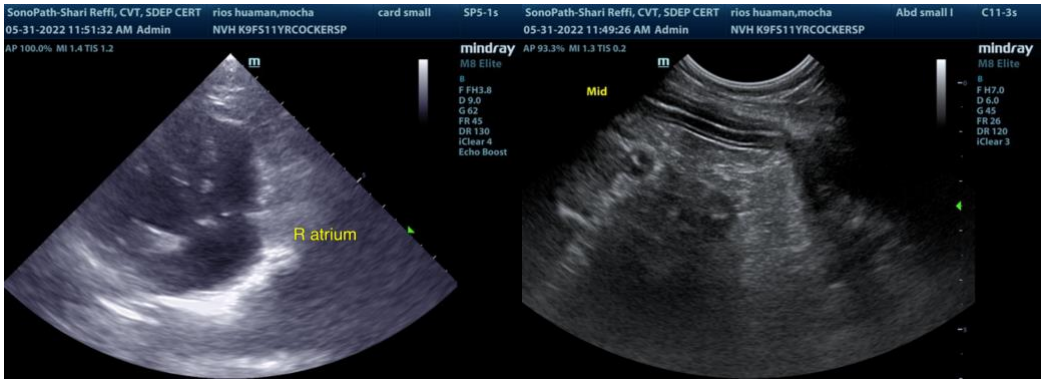

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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