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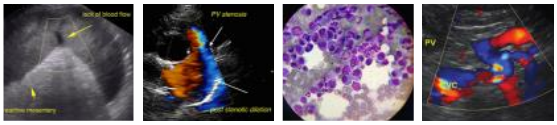


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Penny Johnson

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

11yr

WEIGHT

68.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Q street animal Hospital

REFERRING VET

Dr. Cone

INVOICE

13705ag

DATE

05/04/2023

PRESENTING CLINICAL SIGNS

Presented for annual exam. Concern for weight loss. Patient lost 8.5 lbs in the last 6 months and 17.4 lbs total over the last year. Normal appetite, thirst, urination, and defecation. Slower and less active than usual. Current Medications Cosequin

Abnormal PE/Chem/CBC/UA Results: Urine specific gravity= 1.019. Otherwise normal CBC/chem/UA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

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 6.5 cm in length. The right kidney measured 6.8 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 2.3 cm length.

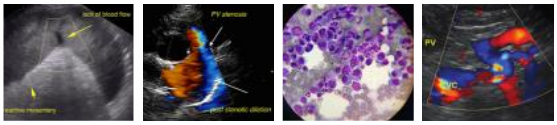
Spleen

The spleen exhibited multiple variably sized to expansive mixed echogenic potentially coalescing nodules/masses. Some of the masses resulted in distortion of the splenic capsule. An example of a splenic nodule measured 2.8 cm in diameter. An example of a splenic mass 4-5 cm in diameter. Subtle evidence of perisplenic hyperechoic omentum.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. 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. 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

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart was overtly normal without evidence of definitive primary or metastatic cardiac neoplasia or pericardial effusion.

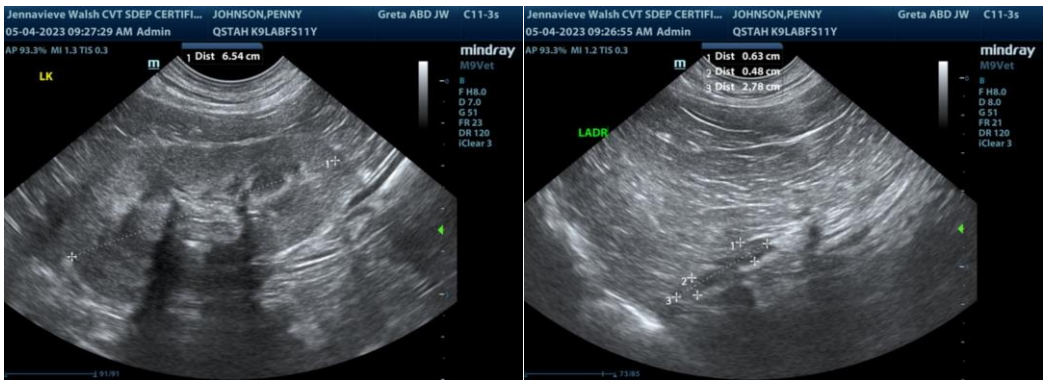
ULTRASONOGRAPHIC FINDINGS

- Multiple variably sized to echogenic potentially coalescing splenic nodules/masses.
- Hepatic parenchymal remodeling-overtly benign.
- Sonographically unremarkable GI tract.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for a definitive diagnosis, the multiple splenic nodules/masses are sonographically consistent with neoplastic criteria is sarcoma, round cell neoplasia or other. Benign etiologies i.e., hyperplasia, hematopoiesis, granuloma etc. possible yet thought less likely. No overt evidence of cardiac or major organ metastasis. The possibility of early micrometastasis cannot be definitively excluded.

Assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum and liver could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a thorough musculoskeletal and neurological examination to rule out occult disease as a potential contributing factor to the weight loss.



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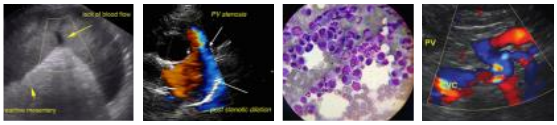

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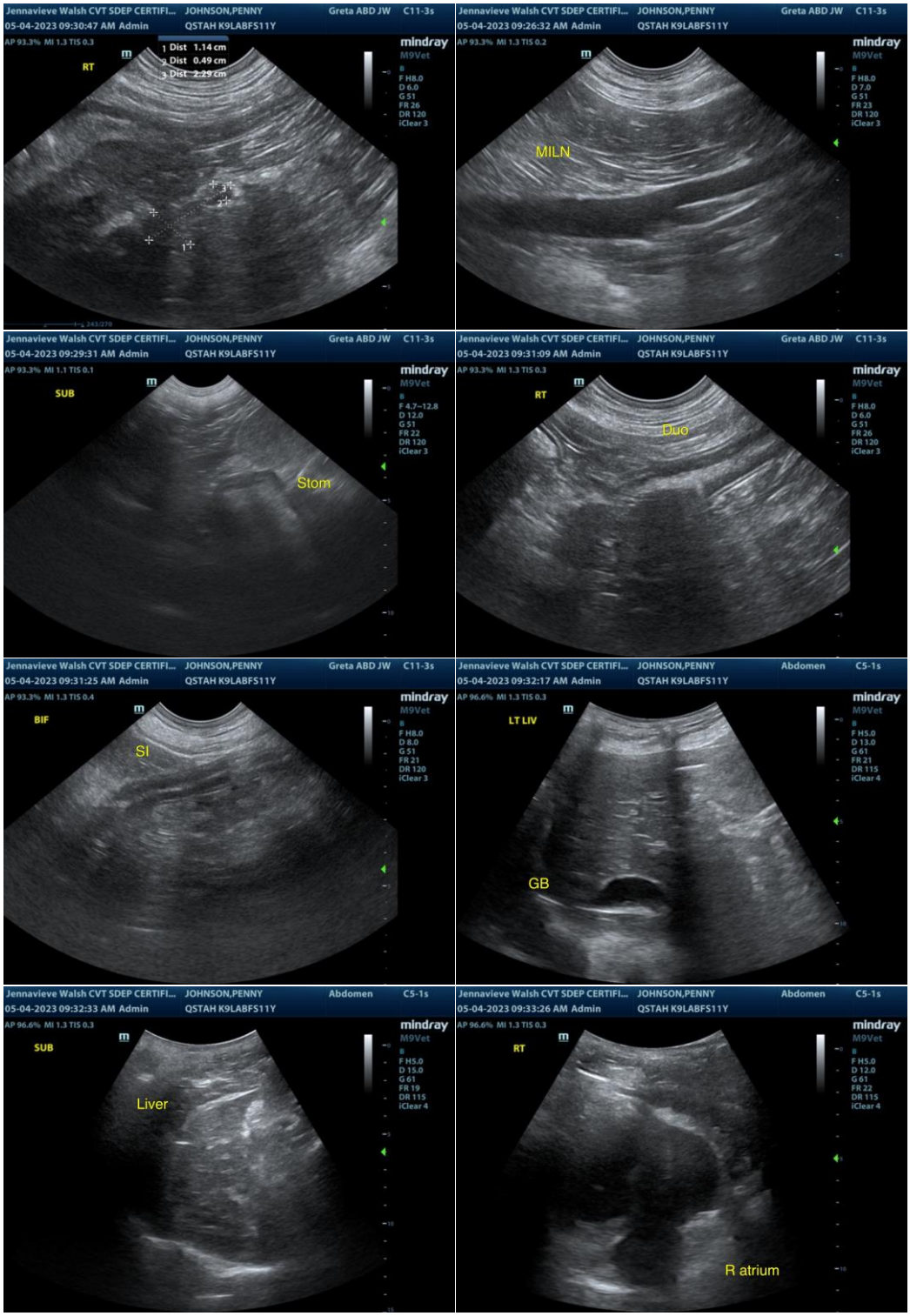

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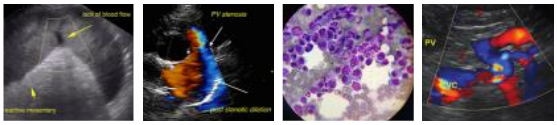

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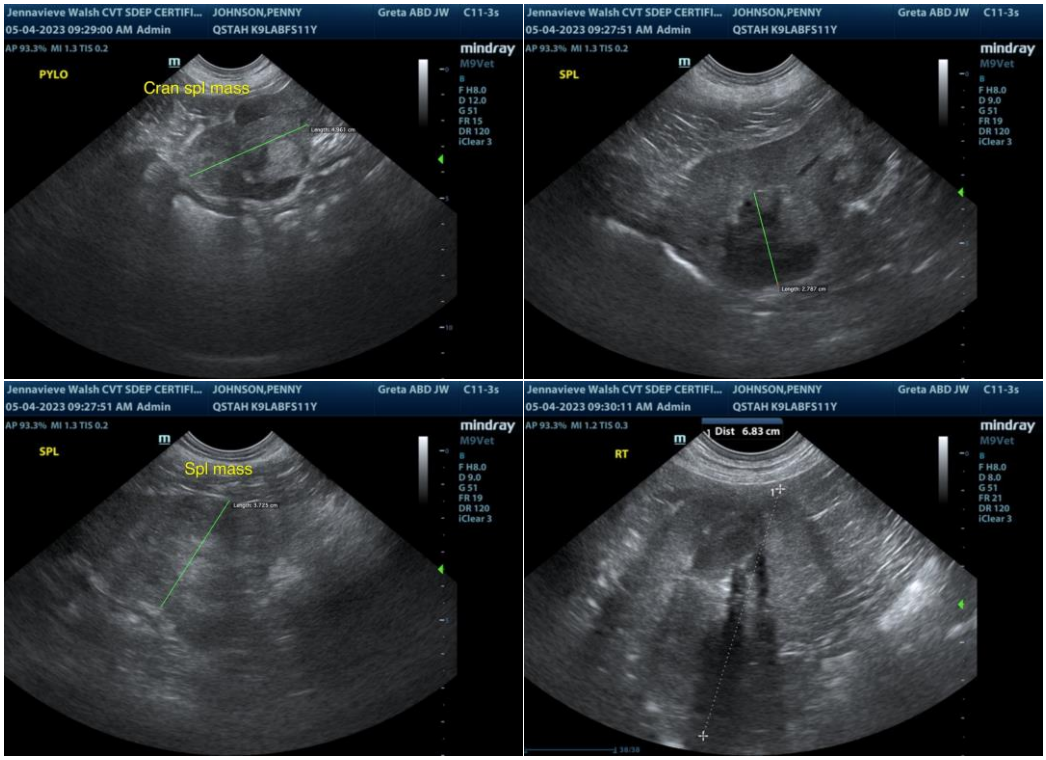

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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