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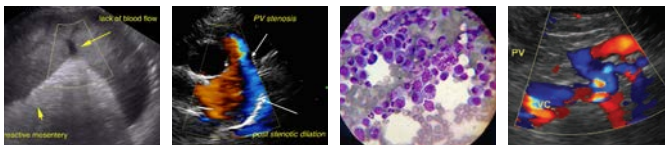


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Daisy Rhodes

SPECIES
Canine

BREED
Lab

SEX
Spayed Female

AGE
12 Years

WEIGHT
67 Pounds

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Hummel

INVOICE
38900

DATE
6/20/22

PRESENTING CLINICAL SIGNS

Large abdominal mass seen on radiograph- originally scheduled appt for blood in urine. Current meds; Proin, Incurin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A moderately sized, subjectively sessile based primarily spherically, non-homogeneous mass occupied the majority of the urinary bladder lumen. The mass measured approximately 3.7 cm in diameter. Blood flow confirmed within the mass on color doppler. No overt pathology associated with the proximal urethral. 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.

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. Focal areas of hyperechoic cortex echogenicity noted, consistent with probable infarcts. The right kidney measured 6.8 cm. The left kidney measured 7.5 cm.

No overt pathology in the area of the iliac trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.3 cm x 1.0 cm at the caudal pole. The left adrenal gland measured 2.8 cm length x 0.69 cm at the caudal pole.

Spleen

A large mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present, measuring approximately 18 cm in diameter, but potentially larger, as the entire mass would not fit into a single viewing window. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. 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 omental inflammation was present around the mass.

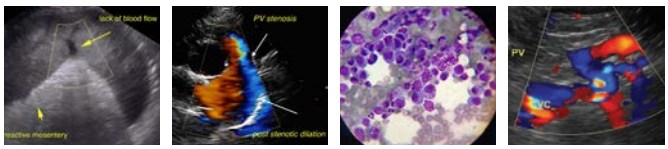
Liver

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 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.



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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

Scant to mild volume peritoneal free fluid present. No overt lymphadenopathy.

Rapid view of the heart revealed no overt evidence of pericardial free fluid or overt tumors.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass
- Large to expansive cavitated splenic mass
- Mild chronic renal changes with right kidney cortical infarct
- Scant to mild volume peritoneal free fluid
- Hepatic parenchymal remodeling

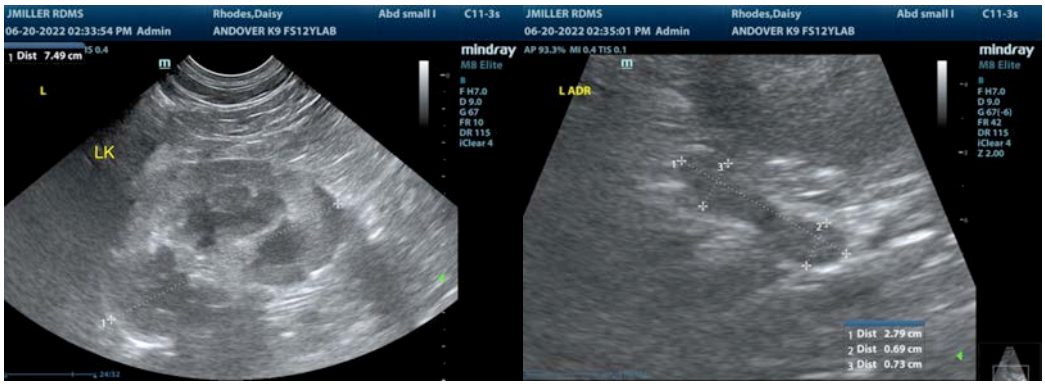
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is strongly consistent with neoplastic criteria (i.e., transitional cell carcinoma). Screening BRAF assay and/or cytospin cytology of free catch urine sample recommended to assess for evidence of neoplastic transitional cells.

The splenic mass, although non-specific and with potential for benign etiologies, is most concerning for neoplasia such as sarcoma or other. Based on sonographic appearance, suspect concurrent neoplastic etiologies involving both the spleen and urinary bladder.

Overt evidence of additional intraabdominal neoplastic or metastatic criteria was not overtly evident. However, given the splenic mass, potential for non-sonographically evident metastasis/micrometastasis in the surrounding perisplenic omentum or elsewhere cannot be definitively excluded.

3-view chest radiographs suggested if not done. Surgical and/or oncology consult could be considered in this case.



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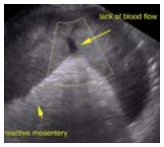
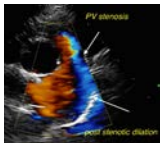
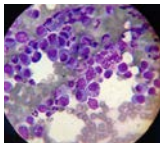
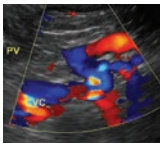

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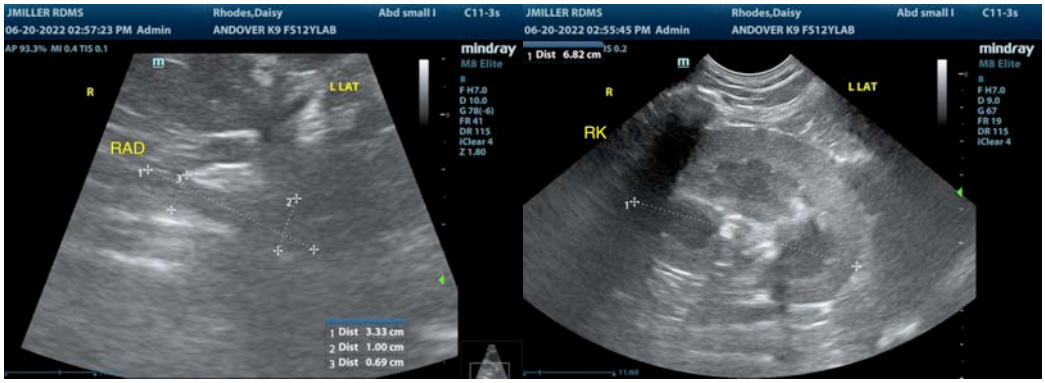

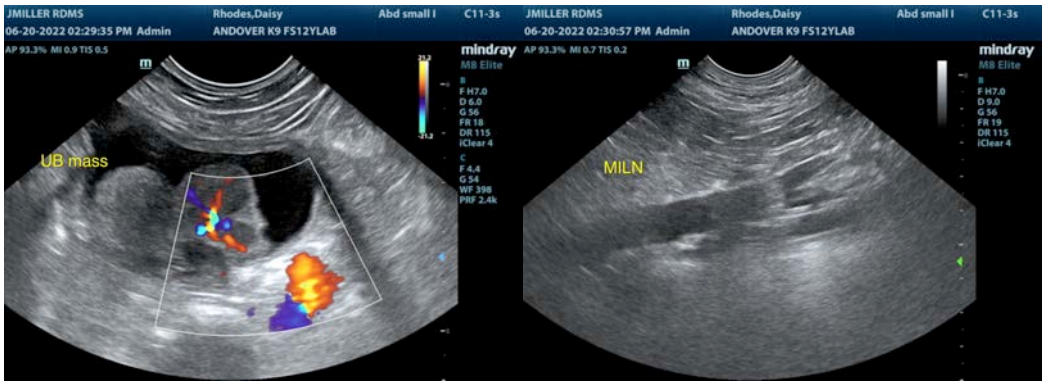

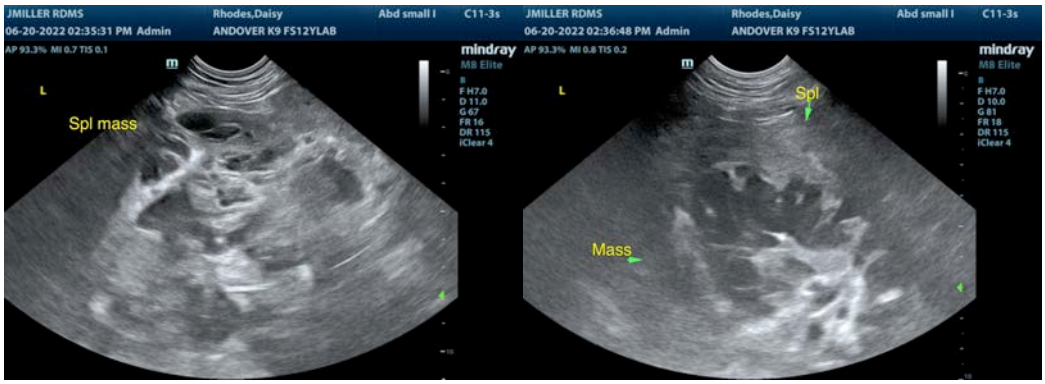

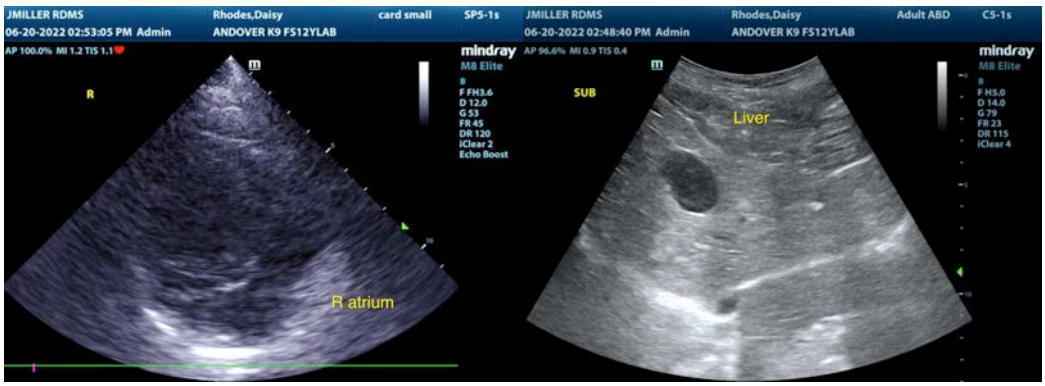

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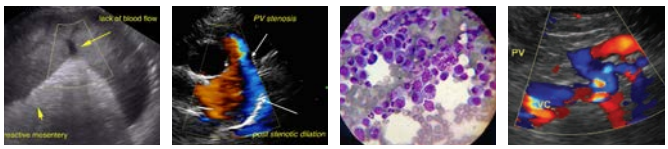

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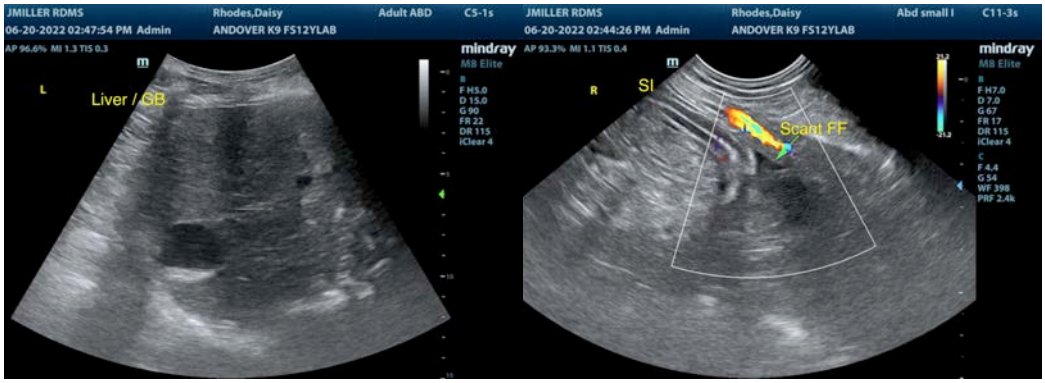

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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