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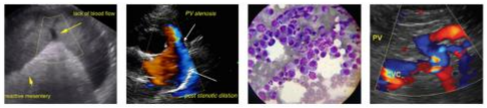

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PATIENT

Emma Rodriguez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.32 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Kristen Lavin, DVM

INVOICE

16262

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: Progressive weight loss. 6.8 lb Nov 2021, now 4.5 lb. Mild non-regenerative anemia. Hypoalbuminemia. Glob 6.4; Alb 1.6; UPC 0.7; RBC 4.78; HCT 31; HGB 9.9; retic 62K

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 were present in the left 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. Very minor left kidney pyelectasia was present. A solitary thinly walled cyst was present in the caudolateral left kidney containing anechoic fluid, measuring 0.8 cm in diameter. The overall left kidney measured 3.4 cm in length.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.5 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 0.44 cm width at the caudal pole.

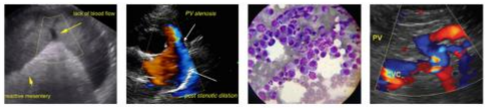
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 0.38 cm width at the cranial pole.

Spleen

An asymmetrical solid nonhomogeneously hypoechoic mass was present in the subjective mid to caudal spleen with distortion of the splenic capsule yet without overt evidence of parenchymal escape or hemorrhage. Mild regional perisplenic reactive mesentery was noted around the mass. The mass measured approximately 5-6 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.

Liver

The liver exhibited mild generalized enlargement. 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.



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The gallbladder was non distended in size with mild hyperechoic 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 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

A focal scant pocket of perisplenic free fluid was present without evidence of splenic mass rupture and/or secondary hemoabdomen. No evidence of significant perisplenic or peritoneal free fluid. No overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- A solid expansive splenic mass, regional perisplenic reactive mesentery. A focal scant pocket of perisplenic free fluid was present without evidence of splenic mass rupture and/or secondary hemoabdomen.
- Sonographically unremarkable gastrointestinal tract
- Bilateral mild chronic renal changes with left kidney cyst
- Minor hyperechoic gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is the expansive solid splenic mass. Although sampling is required for further assessment, the splenic mass is most suggestive of neoplastic criteria, such as round cell neoplasia, sarcoma or other. Benign etiologies, i.e., hyperplasia, hematopoiesis, granuloma is possible yet considered less likely.

Assuming normal clotting status, ultrasound guided FNA of the splenic mass, using a 25-gauge needle, could be considered for screening cytology with potential for oncology consult. No overt evidence of intraabdominal metastasis. Three-view chest radiographs are recommended to assess for or rule out concurrent thoracic pathology, a GI panel, given the patients weight loss could also be considered to assess for or rule out occult gastrointestinal or pancreatic disease as a contributing factor. If no evidence of thoracic pathology, and assuming normal cardiopulmonary status, splenectomy +/- intestinal biopsies, if clinically indicated and pending additional diagnostics, could be considered.

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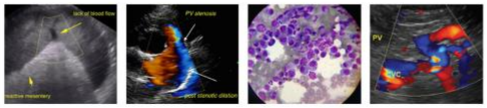

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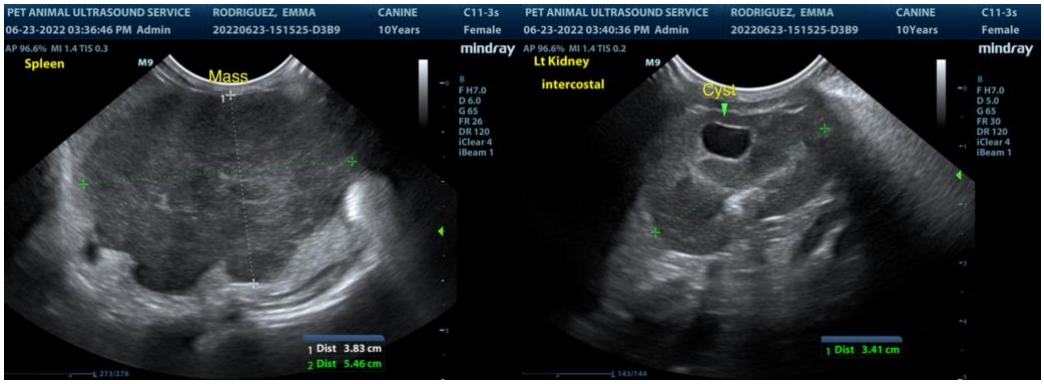

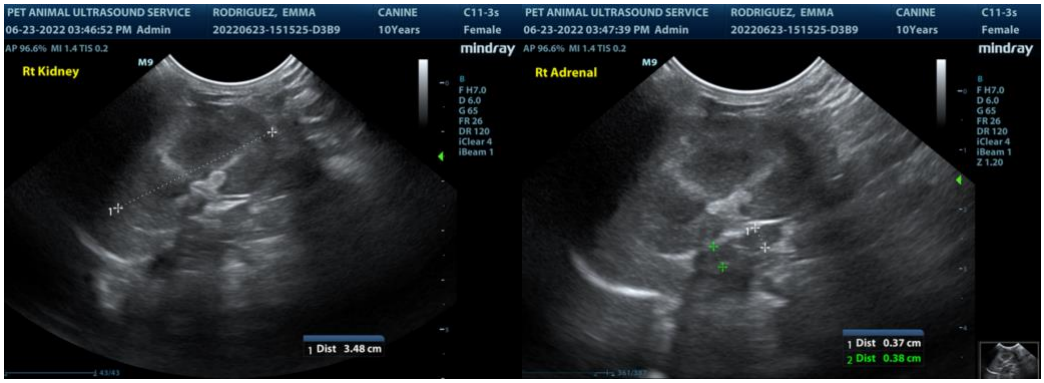

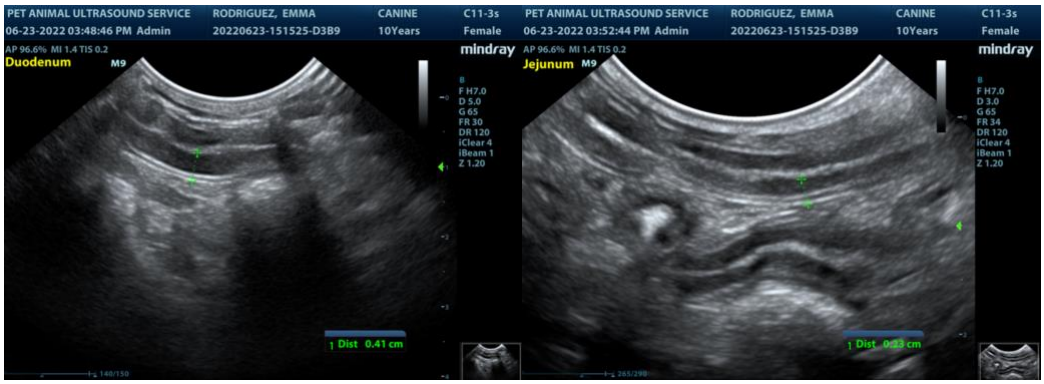

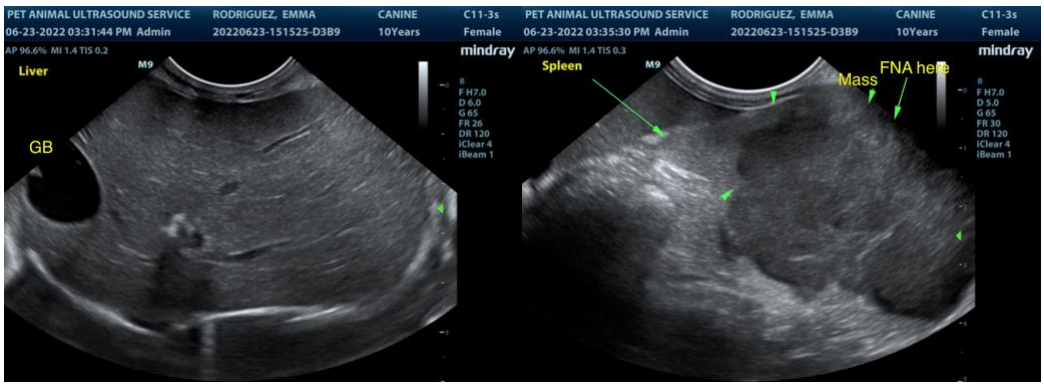

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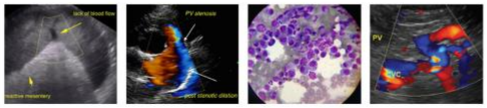

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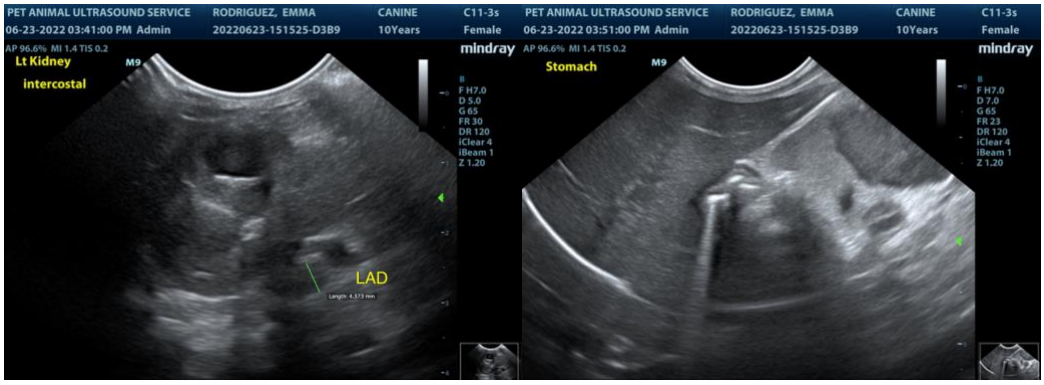

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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