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Clinical Sonography & Telecytology
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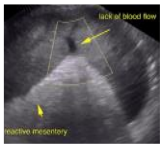
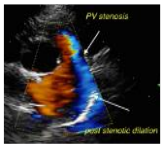
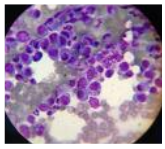
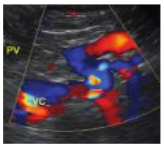

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bandit Bandazian

SPECIES

Canine

BREED

Siberian Husky

SEX

MN

AGE

12.5 years old

WEIGHT

65.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Mildand Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

14141

DATE

6/28/22

PRESENTING CLINICAL SIGNS

Patient presents for very tense abdomen on 6/21/22. Very sensitive to palpation during routine wellness visit. Gradual decline in appetite with occasional diarrhea. Since visit client reports PU/PD. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 763, Alk. Phos. 528, BUN:creat. 34 with normal BUN and creatinine individually, glucose 56, PrecisionPSL 171, platelets 419. U/A: pending.

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

The area of the aortic trifurcation was free of pathology.

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 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 was indistinctly visualized owing to patient size without overt pathology measuring 5.5 cm in diameter.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.0 cm length x 0.9 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length x 0.94 width in the caudal pole. No evidence of neoplastic criteria was noted.

Spleen

The visualized discernable spleen exhibited subtle parenchyma heterogeneity with maintained symmetrical capsule contour and normal splenic vascularity.

Liver/ Gallbladder

The liver exhibited mild enlargement with normal 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, likely incidental potentially secondary to fasting. The gallbladder was not consistent with a mucocele. The cystic and common bile ducts were normal.

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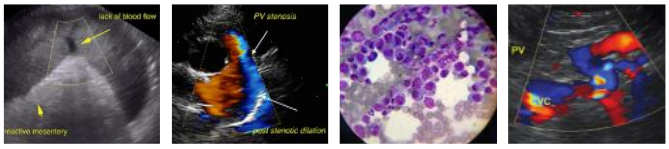

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Gastrointestinal

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 visualized 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 were evident.

Free Abdomen

A large, expansive, asymmetrical, mixed echogenic mass occupying the majority of the mid to cranial abdomen, measuring at least 12.0 cm in diameter but potentially larger as the entire mass would not fit into a single viewing window, was present. The mass was noted Immediately adjacent to the spleen and subjectively caudal to the liver without evidence of a hepatic connection. Potentially, the mass appeared to possibly displace the stomach dorsally. No evidence of associated peritoneal free fluid or overt lymphadenopathy was noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Large mixed echogenic mid to cranial abdominal mass
- Hepatopathy
- Mild chronic renal changes
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the mass, the definitive origin was difficult to ascertain. Splenic origin of the mass is considered most likely, given its location and subjective similar echogenicity compared to the adjacent spleen. Potential for non-splenic origin of the mass i.e., nonobvious hepatic, omental, lymphatic, etc., origin cannot be definitively excluded. The mass meets neoplastic criteria, which is considered probable.

Concurrent vacuolar hepatopathy, hepatic inflammatory disease, or other hepatopathy Is possible. No overt evidence of hepatic intraparenchymal masses or nodules was noted.

Assuming normal clotting status, ultrasound-guided FNA of the mass could be considered for initial screening cytology. Three view chest radiographs are recommended. If no evidence of thoracic pathology on three view chest radiographs, laparotomy for gross inspection of the mass and potential resection vs. biopsy could be considered.

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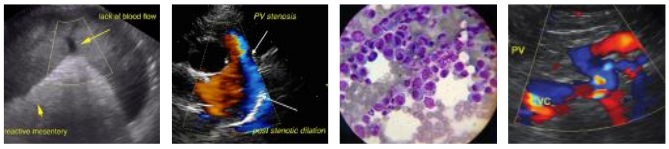

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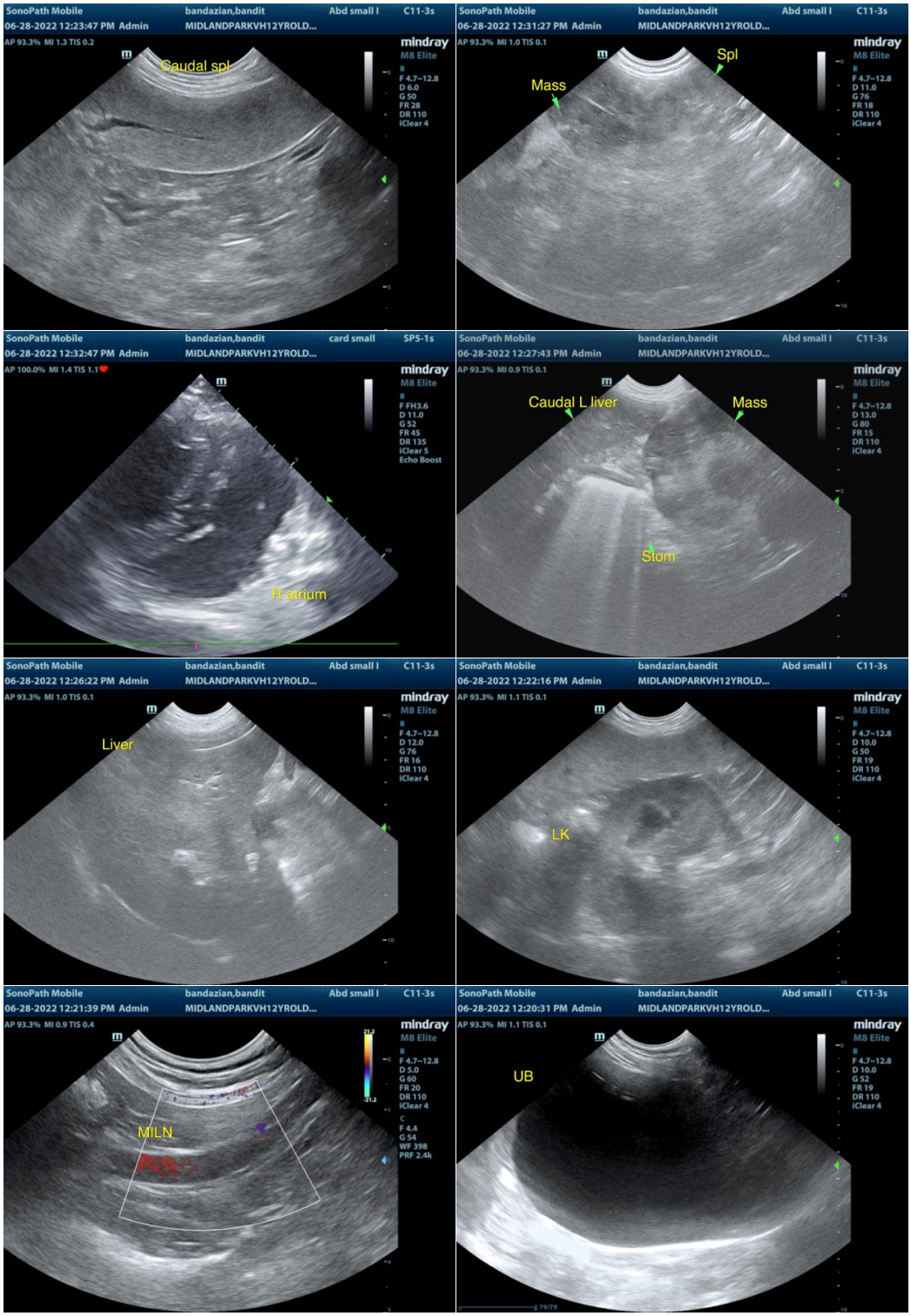

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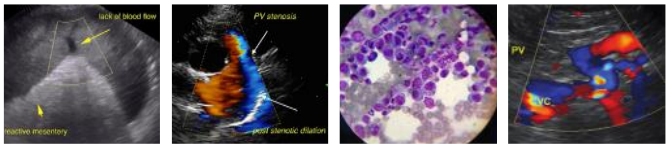

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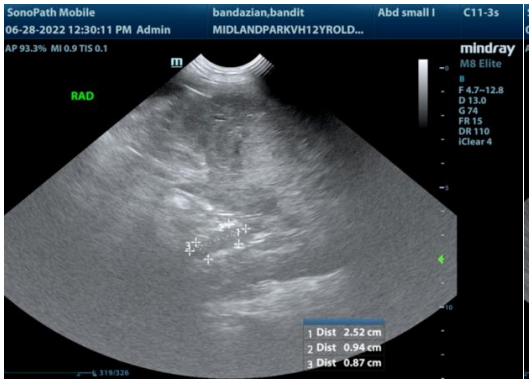

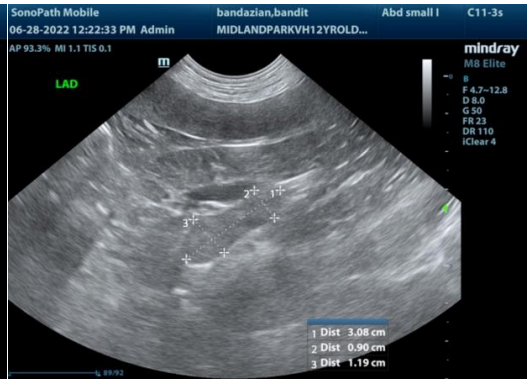

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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