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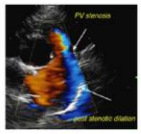
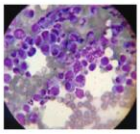
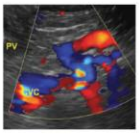

SonoPath
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PATIENT

Charlie Massel

SPECIES

Canine

BREED

Labradoodle

SEX

Male Neutered

AGE

12 years

WEIGHT

49 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Badger Veterinary Clinic - Dr. Perkins

INVOICE

14181

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Recent history of IMTP (currently in remission, not on prednisone currently), gradual progressive hyporexia, and weight loss.
Abnormal PE/Chem/CBC/UA Results: Globulins 4.2 (1.6-3.6) Euthyroid sick syndrome

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 measuring 1.0 cm in diameter.

Intermittent to several medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.9 cm x 0.8 cm.

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 6.2 cm in length. The right kidney measured 7.0 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 0.63 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation without overt pathology subjectively measuring 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited generalized enlargement with subjective folding. Mildly expansive, spherical, nonhomogeneous, hypoechoic mass was present in the medial spleen measuring 3.1 cm in diameter. The mass appeared to symmetrically distort the medial splenic capsule. Concurrent separate non-expansive hypoechoic to nonhomogeneous splenic nodules were present in the splenic parenchyma not involved with the mass. An example measured 0.82 cm in diameter. Some of the nodules exhibited subtle central hyperechogenicity with indistinct hypoechoic periphery.

Liver/ Gallbladder

The liver exhibited potential for 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

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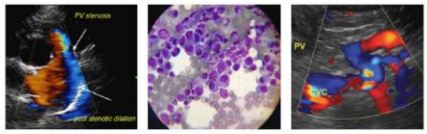

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in appearance without signs of congestion. Focal to intermittent discrete mildly hyperechoic nondisruptive intraparenchymal nodules. An example measured 0.83 cm in diameter.

The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. 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 stomach exhibited subjective mild to moderate gas distention with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

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. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.28 cm width.

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

No omental masses, perisplenic or peritoneal lymphadenopathy was noted. No evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive nonhomogeneous hypoechoic splenic mass with concurrent separate nondisruptive hypoechoic to nonhomogeneous nodules
- Hepatic parenchyma remodeling with intermittent discrete nonspecific yet subjectively benign intraparenchymal nodules
- Mild chronic renal changes
- Mild nonspecific yet subjective benign medial iliac lymphadenopathy
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and concurrent splenic nodules were nonspecific with multiple etiologies including hyperplasia, hematopoiesis, areas of infection / splenitis, hematoma, granuloma, or neoplasia. A higher potential for neoplastic mass and associated nodules with potential for Intrasplenic metastasis Is warranted given the sonographic appearance and expansiveness of the splenic mass, yet not definitive.

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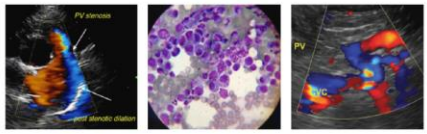

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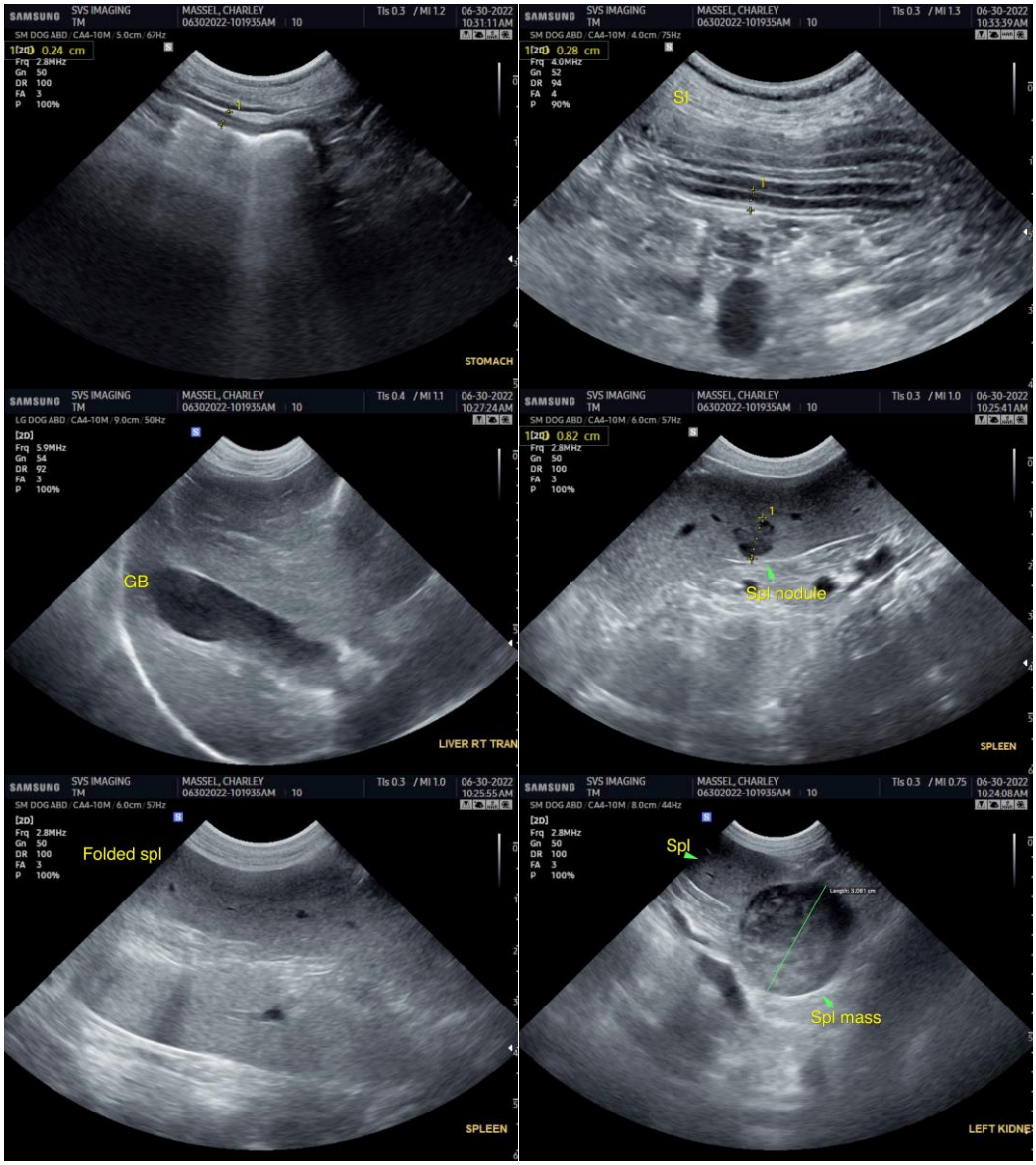
Assuming normal clotting status, ultrasound-guided FNA of the splenic mass +/- screening hepatic FNA to rule out concurrent hepatic pathology could be considered. Three view chest radiographs are suggested to rule out concurrent thoracic pathology and assess cardiopulmonary status.

If adequate platelet numbers and if no evidence of thoracic pathology, splenectomy with gross inspection of the liver +/- hepatic biopsies could be considered.



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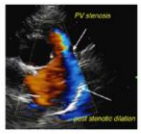
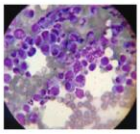
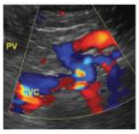

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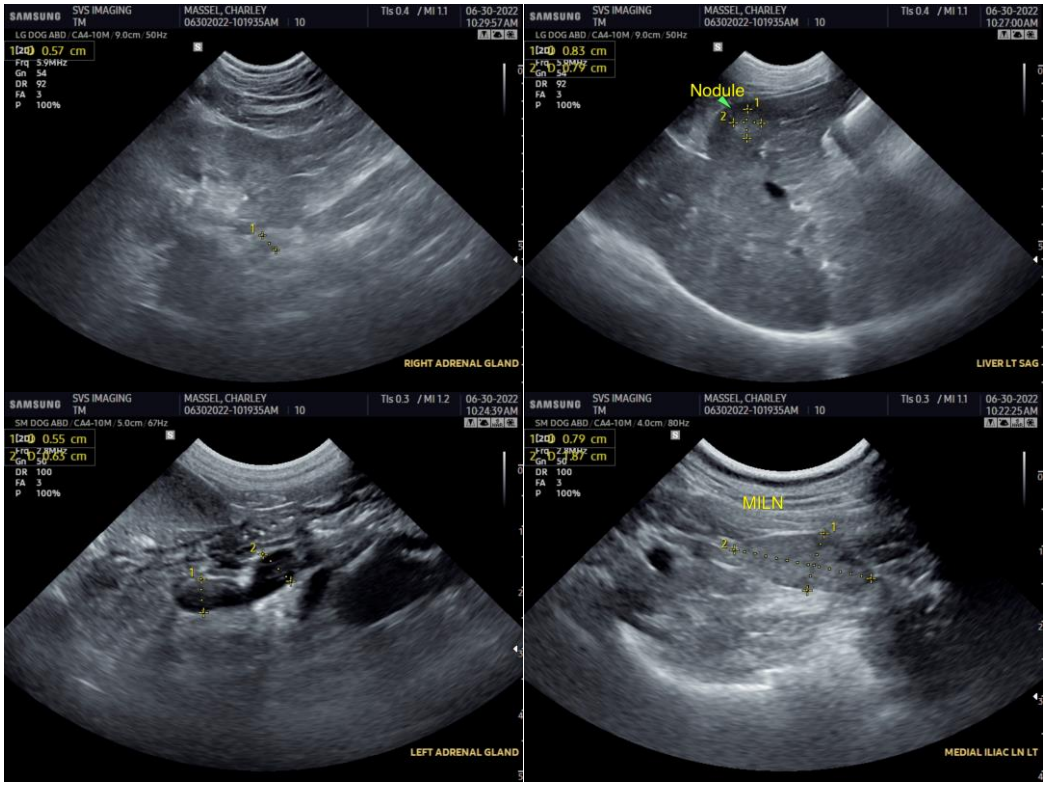

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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