



PATIENT

Hannah Karaout

SPECIES

Canine

BREED

Yorkie

SEX

FS

AGE

15 years

WEIGHT

7.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Elmhurst Animal
Emergency Hospital

REFERRING VET

Dr. Suci

INVOICE

14037

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: Hannah is vomiting for 3-4 days (bile), her appetite is decreased (for a week, last time ate a decent meal 2 days ago) and she has diarrhea for 3-4 days (stool varies from clear liquid to blood). No change in the diet (home-made beef mixed with vegetables and added vitamins). She is drinking more water than usual. Energy level is decreased. No coughing or sneezing. Hannah lost weight (she was 12 lbs July 2021)

Abnormal PE/Chem/CBC/UA Results: Muscle waste, BCS 4/9, DDZ gr 3, Mid-abdominal mass
EPOC: low hematocrit (28%)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 area of the aortic trifurcation was free of pathology. No overt evidence of medial iliac or sublumbar lymphadenopathy was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

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 1.4 cm length x 0.55 cm width at the caudal pole. The right adrenal gland measured 1.4 cm length x 0.60 cm width at the caudal pole.

Spleen

The spleen presented generalized enlargement with reduced echogenicity and coarse echotexture. The capsule contour was rounded and asymmetrical or scalloped. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver exhibited subjective mild generalized 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 containing primarily anechoic content with mild nonorganized, nonmineralized, gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.



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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 gastric body wall width measured 0.34 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 width measured 0.26 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes and considered incidental.

Free Abdomen

No omental masses, significant or overt lymphadenopathy was present. No overt peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Splenic infiltrative neoplasia pattern
- Hepatomegaly exhibiting nonhomogeneous to remodeled parenchyma
- Minor gallbladder debris - non-mucocele, likely Incidental or secondary to fasting
- Bilateral moderate chronic renal changes with mild left kidney pyelectasia
- Mild gastroenteritis pattern
- Pancreatic remodeling - suspect age-related pancreatic changes and Incidental potential for low-grade pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this study is the enlarged hypoechoic spleen which, although sampling is required for further assessment, is strongly suggestive of infiltrative splenic neoplasia such as lymphoma vs. other round cell neoplasia. The potential for hepatic involvement is possible although not definitive. Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is recommended for screening cytology and potential oncology consultation.

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Benign etiologies for the spleen i.e., hyperplasia, hematopoiesis, incidental splenitis, etc., are possible yet thought less likely.

Continued gastrointestinal supportive care is recommended. If hepatosplenic neoplasia is ruled-out, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to assess for or rule out occult thoracic pathology as contributing factor to the patient's clinical signs would be recommended.



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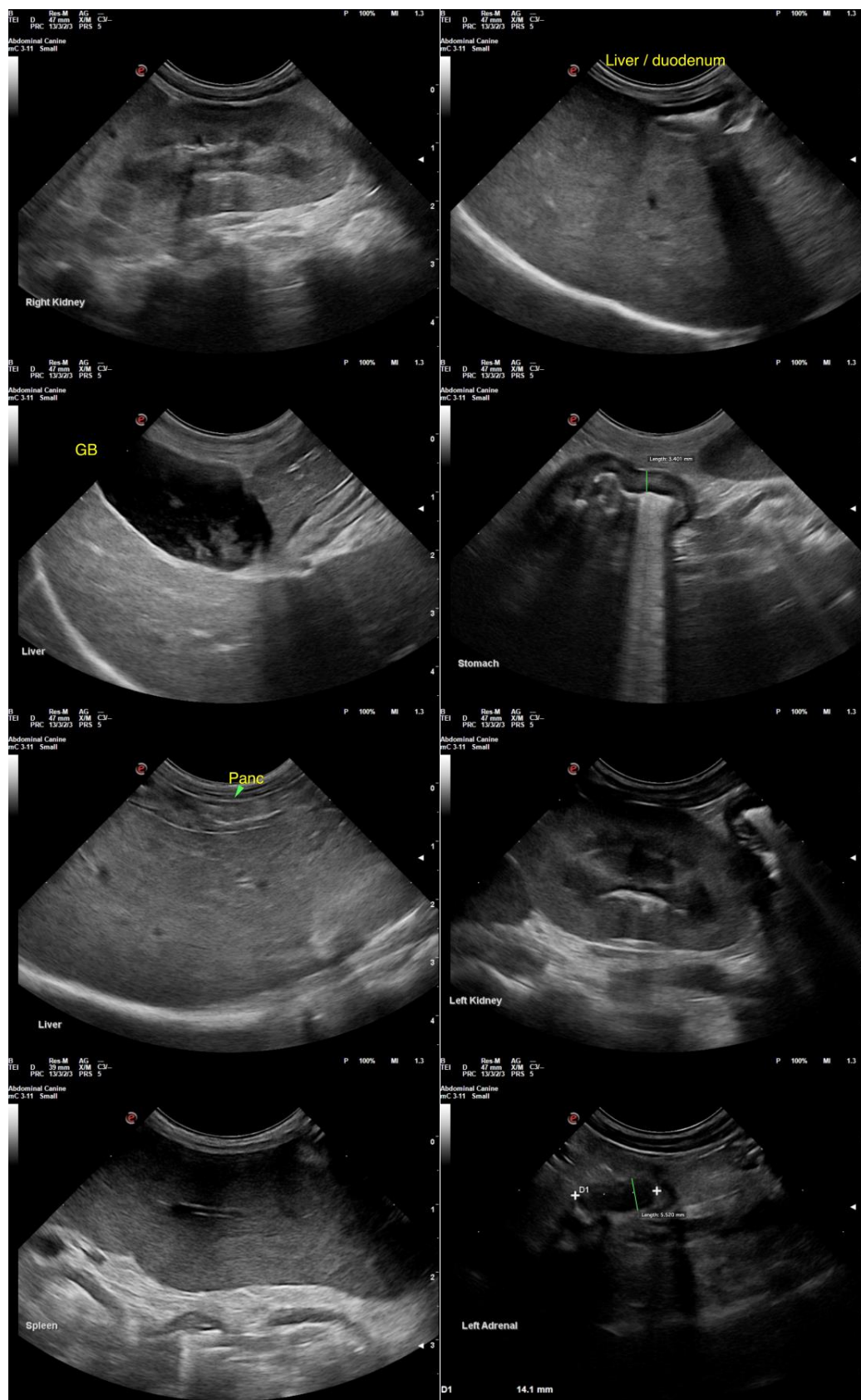
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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