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Clinical Sonography & Telecytology
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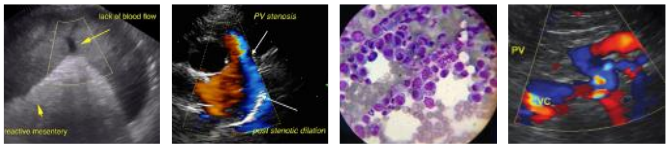

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1-800-838-4268 info@sonopath.com

PATIENT

Sadie Pulawski

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

FS

AGE

10 years

WEIGHT

88.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Brenda King VS

REFERRING VET

Dr. Brenda King

INVOICE

14277

DATE

7/12/22

PRESENTING CLINICAL SIGNS

Mass right side/caudal abdomen.
Abnormal PE/Chem/CBC/UA Results: CBC: WNL. Chem: Globulins 4.2, A/G ratio 0.7.

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 mild dependent to nondependent hyperechoic sediment to pinpoint mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.8 cm x 0.70 cm. The medial iliac lymph node was not consistent with inflammatory or neoplastic criteria and suspected to be Incidental.

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 7.6 cm in length. The right kidney measured 7.3 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 2.6 cm length x 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.34 cm width at the caudal pole.

Spleen

Expansive, nonhomogeneous to cystic caudal splenic mass extending caudally into the area of the urinary bladder with mild impingement upon the apical aspect of the urinary bladder was present. This mass measured at least 11.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. A separate solid cranial splenic mass which appeared to directly efface the caudal aspect of the left liver measuring 11.0 cm in diameter was also present. Splenic parenchyma not involved with either the cranial or caudal mass exhibited mild parenchymal heterogeneity with normal splenic vascularity.

Liver/ Gallbladder

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.

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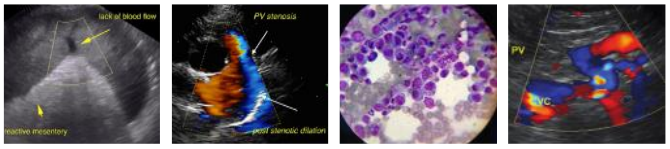

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas and with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.72 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.

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 small pocket of scant, free fluid was noted between the cranial spleen and caudal left liver. No evidence of additional peritoneal free fluid was noted. No overt lymphadenopathy was present. The omentum exhibited normal echogenicity.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial and caudal splenic masses
- Hepatic parenchymal remodeling - subjectively benign
- Small pocket of scant perisplenic free fluid

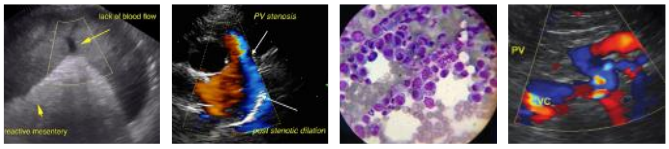
Secondary Findings

- Mild age-related kidneys
- Mild urinary bladder sediment / pinpoint mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for a definitive diagnosis, the cranial and caudal splenic masses were nonspecific with considerations Including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia such as sarcoma, round cell neoplasia, or other. Neoplastic criteria is favored although not definitive.

Given the size of the caudal splenic mass which extended into the area of the urinary bladder, potential involvement of the caudal abdominal structures or vasculature cannot be definitively excluded. Likewise, potential adhesion or nonobvious involvement of the caudal left liver associated with the cranial splenic mass could be possible.



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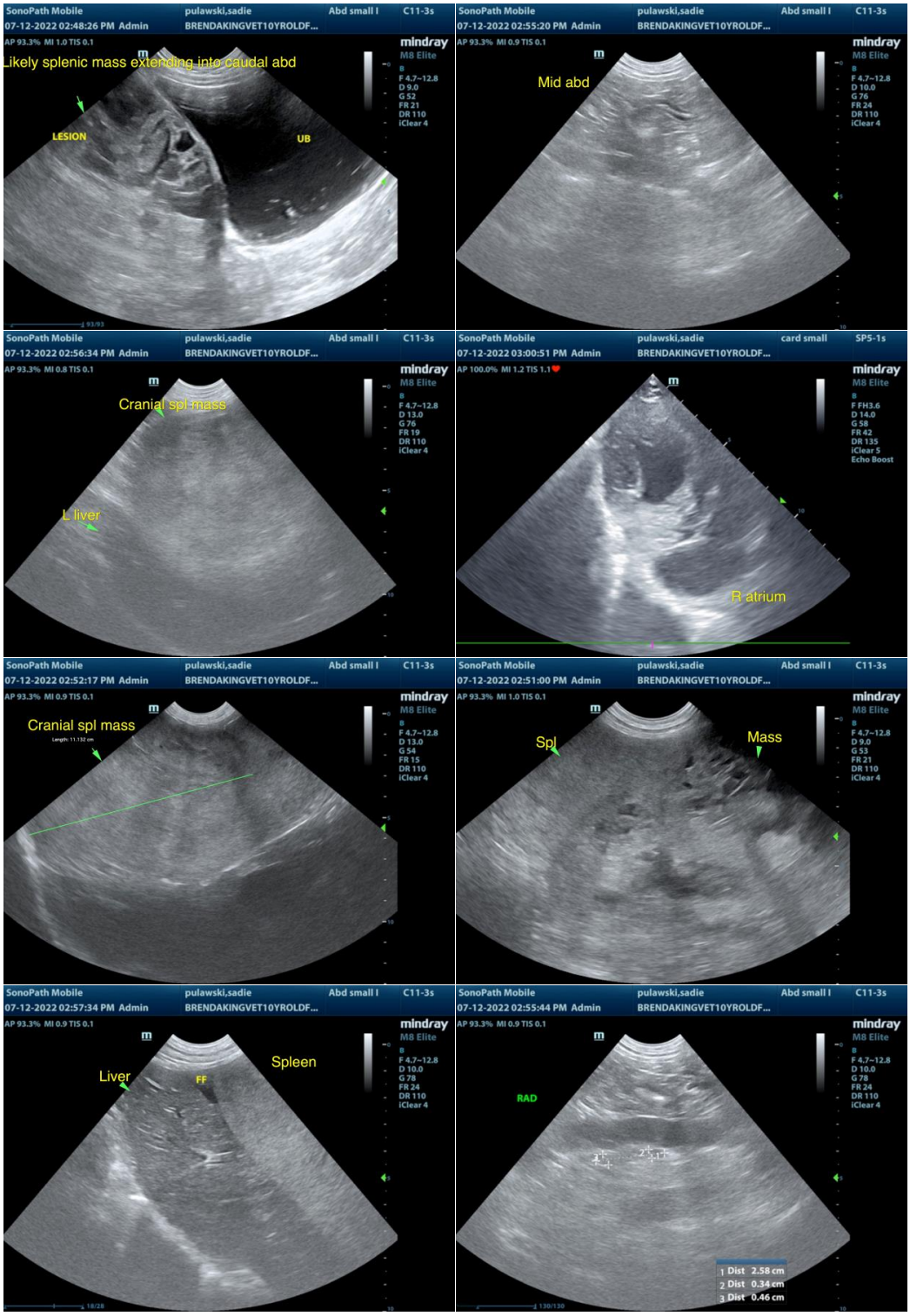
Ideally, given this presentation and if surgery is an option, abdominal CT for further assessment of the splenic masses and for surgical planning is suggested. Otherwise, assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy with expectation towards splenectomy, gross inspection of the liver, and area of the urinary bladder would be warranted.



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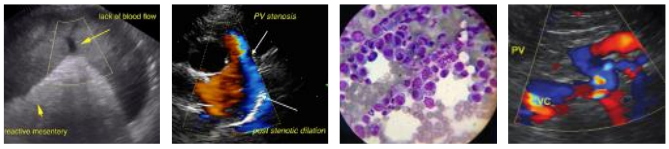

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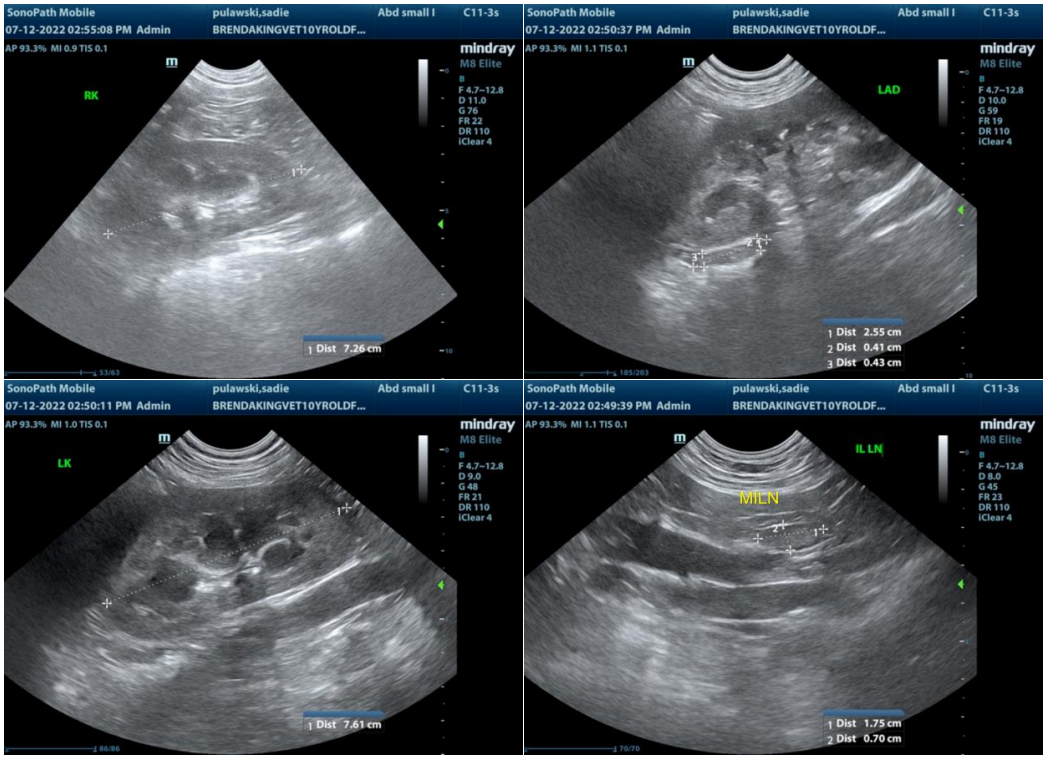

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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