



PATIENT

Franki Madej

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

13 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Robert Thomas

INVOICE

17282

DATE

7/18/23

PRESENTING CLINICAL SIGNS

Seen at the family veterinarian for hyporexia, lethargy, diarrhea.

Abnormal PE/Chem/CBC/UA Results: Large abdominal mass palpated. Bloodwork 7/17/23: high BUN (73), high creatinine (1.8), high SDMA (23.5), high phosphorus (6.9), high globulin (4.0), high WBC (16.9), with neutrophilia (12,844) and monocytosis (1,183), low hemoglobin (11.2), with hematocrit at the low end of normal (37%). Low T4 (<0.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology was noted in the area of the prostate gland.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.46 cm width in the cranial pole and 0.55 cm width in the caudal pole. The right adrenal gland measured 0.46 cm width in the cranial pole and 0.47 cm width in the caudal pole.

Spleen

A moderately sized, asymmetrical, mixed echogenic, nodular to cavitated splenic mass occupying the area of the subjective mid to caudal spleen was present and measured 6.0 cm in diameter. The visualized cranial spleen exhibited maintained symmetrical capsule contour and subtle parenchyma heterogeneity. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with areas of mild capsule asymmetry and generalized nonhomogeneous to mixed echogenic hepatic parenchyma and intermittent to multiple primarily subtle hypoechoic parenchymal nodules. An example of a liver nodule measured 1.0 cm in diameter.

The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.



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Gastrointestinal

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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.

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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.

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Normal visible colon wall layers were present with subjective semi-formed fecal matter.

SEX

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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.

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Free Abdomen

Mild volume peritoneal effusion was present. Generalized primarily peri splenic mild nonuniform hyperechoic omentum was noted. Potential for omental adhesions to the splenic mass is possible.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass with peri splenic nonhomogeneous hyperechoic omentum
- Hepatomegaly exhibiting nonhomogeneous to nodular parenchyma
- Mild gallbladder sediment (non-mucocele)
- Subjective gastroenterocolitis pattern
- Mild to moderate chronic renal changes
- Mild volume peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Hepatic considerations may include vacuolar hepatopathy, chronic inflammatory disease, hyperplasia, hematopoiesis, or fibrosis, while the possibility of infiltrative or metastatic neoplasia, given the splenic mass, is possible. Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology, as well as three view chest radiographs if not done, may be considered.

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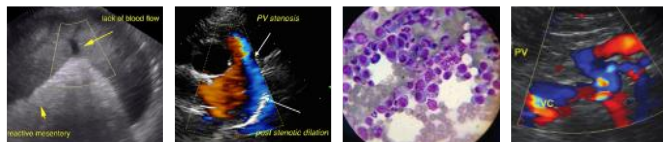
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Full urinary workup including urinalysis, screening C/S, and baseline UPC level, if evidence of proteinuria, are warranted. Pending additional diagnostics, and assuming no evidence of pathology on three view chest radiographs, splenectomy with hepatic +/- gastrointestinal biopsies, assuming normal clotting status, could be a consideration in this patient. However, given the suspected malignant splenic neoplasia, an extremely guarded to potentially unfavorable prognosis is suspected.

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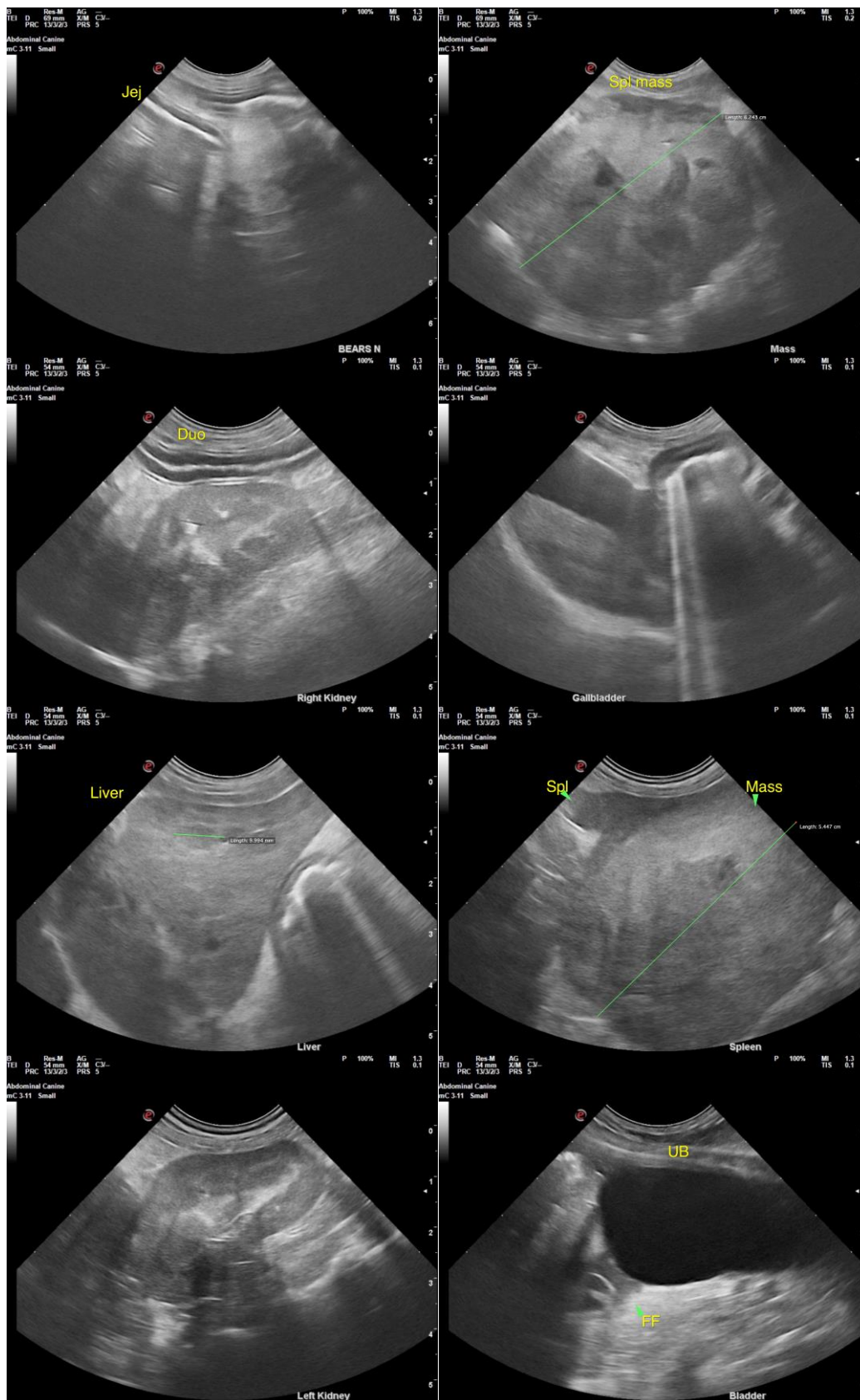
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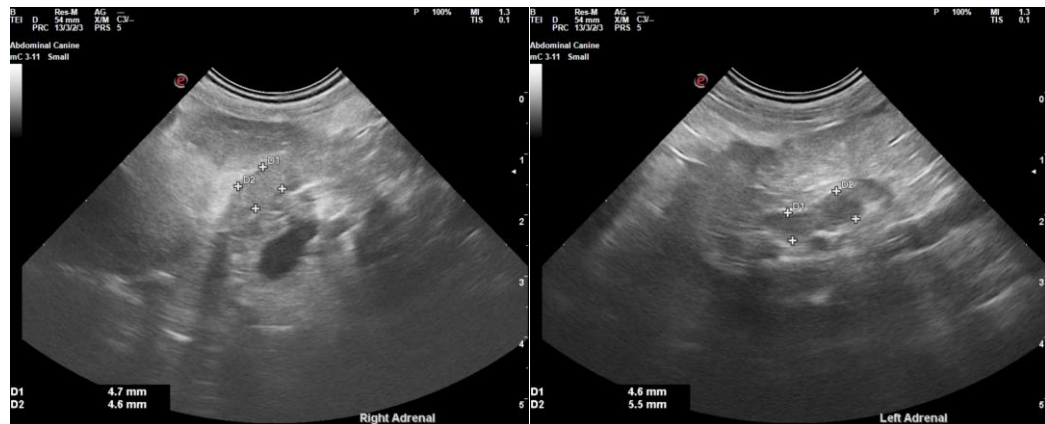
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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