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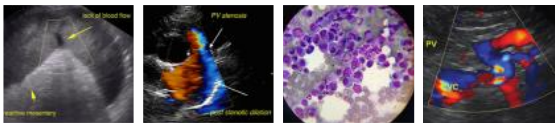


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Sheldon Brown Taylor

SPECIES
Canine

BREED
Cockapoo

SEX
MN

AGE
9 years

WEIGHT
17.5 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Eugene AH

REFERRING VET
Dr. Powers

INVOICE
17319

DATE
7/20/23

PRESENTING CLINICAL SIGNS

Intermittent lethargy, anorexia, and possible shallow breathing for the past 10 days. One episode of diarrhea when the lethargy first started, but stools have been formed since then. No vomiting. Starting at the same time as the lethargy, O noted an acute development of five 7-8mm firm, mobile intradermal masses with dark blood visible through the skin. Cytology of one of the masses indicated a suspected sarcoma with hemangiosarcoma considered the most likely differential. PE findings: heart/lungs auscult WNL, abdomen soft and non-painful, mucous membranes pink/moist, no petechia noted, rectal exam WNL. Has lost 1 lb in the last 9 days.

Abnormal PE/Chem/CBC/UA Results: Chemistry/CBC: total protein 7.6, globulins 3.7, HGB 11.3, HCT 36, nRBC 5, platelets 59 (a few small clumps, but appear decreased on blood smear). UA: protein 2+, RBCs 21-50, occult blood 3+, squamous epithelia 4-10. FNA/cytology of new cutaneous mass: atypical mesenchymal cells with criteria of malignancy, suspect sarcoma, particularly concerned about possible hemangiosarcoma.

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 free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

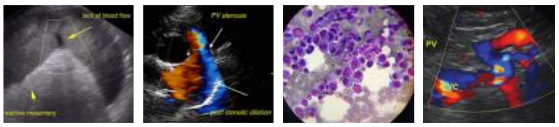
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm in length. The right kidney measured 5.2 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 1.8 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.35 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal subjective size with a primarily maintained symmetrical contour and a finely textured homogeneous parenchyma. A solitary, subtly expansive, nonhomogeneous



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intraparenchymal nodule was noted in the caudal spleen measuring 1.3-1.4 cm in diameter. No evidence of a primarily splenic mass was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

Transdiaphragmatic view revealed a mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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 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

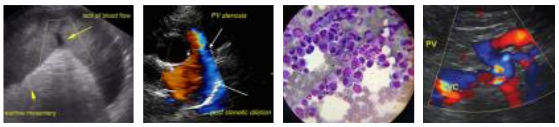
The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses or evidence of peritoneal effusion were noted. Focal to intermittent mesenteric lymph nodes were present. The lymph nodes were mildly prominent and homogeneous without evidence of peripheral inflammation and maintained a normal width: length ratio (<0.5). An example lymph node measured 0.55 cm diameter.

ULTRASONOGRAPHIC FINDINGS

- Normal splenic size with mildly expansive nonhomogeneous caudal intraparenchymal nodule
- Normal liver
- Mild transdiaphragmatic comet tail artifact
- Focal to intermittent minor homogeneous nonspecific mesenteric lymphadenopathy



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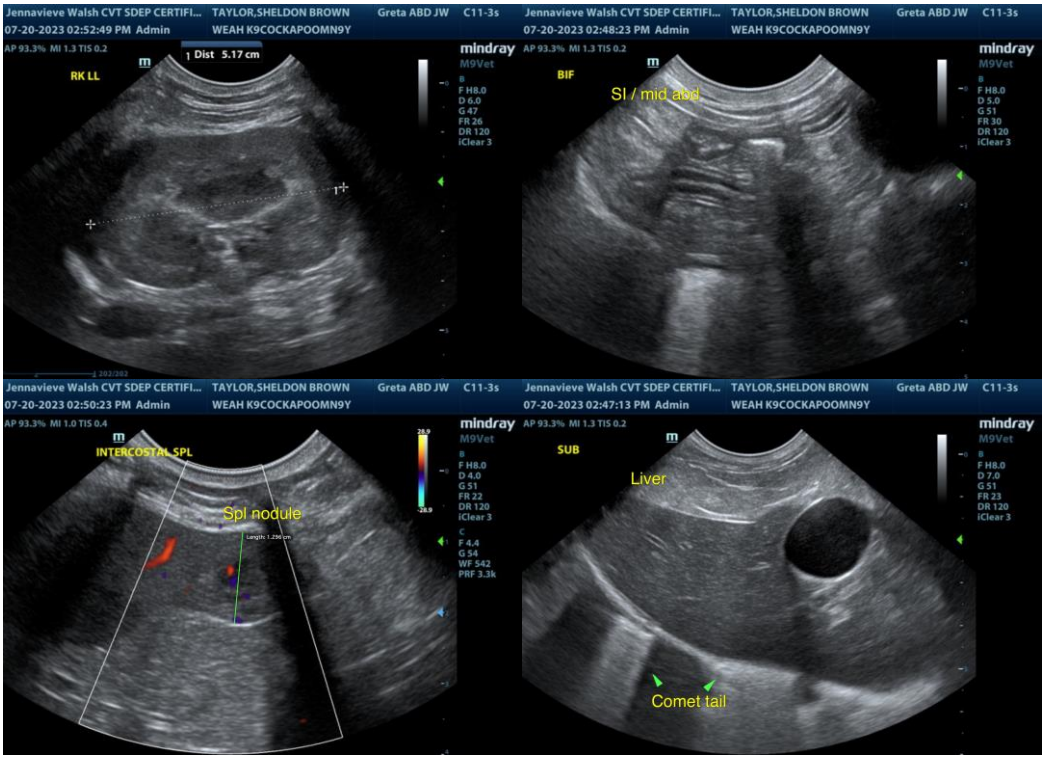
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt definitive evidence of primary intrabdominal neoplasia or masses. The splenic nodule was nonspecific with considerations including incidental hyperplasia, hematopoiesis, emerging myelolipoma, granuloma, or similar, although potential emerging primary or metastatic splenic neoplasia in light of patient history is possible.

Assuming normal clotting status and using a 25-gauge needle, screening splenic parenchyma and if accessible caudal nodule FNA cytology could be considered for further assessment.

Intermittent, incidental, minor, reactive, mesenteric lymphatic hyperplasia is suspected as the visualized minor mesenteric lymph nodes are not overtly consistent with inflammatory or neoplastic lymphatic criteria. Three-view chest radiographs are recommended. Sonographic monitoring of the spleen, as well as mesenteric lymph nodes for evidence of progression or based on oncology recommendations, is suggested.



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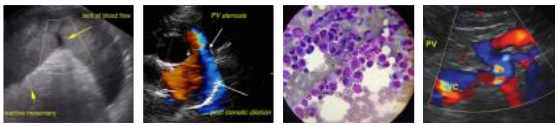

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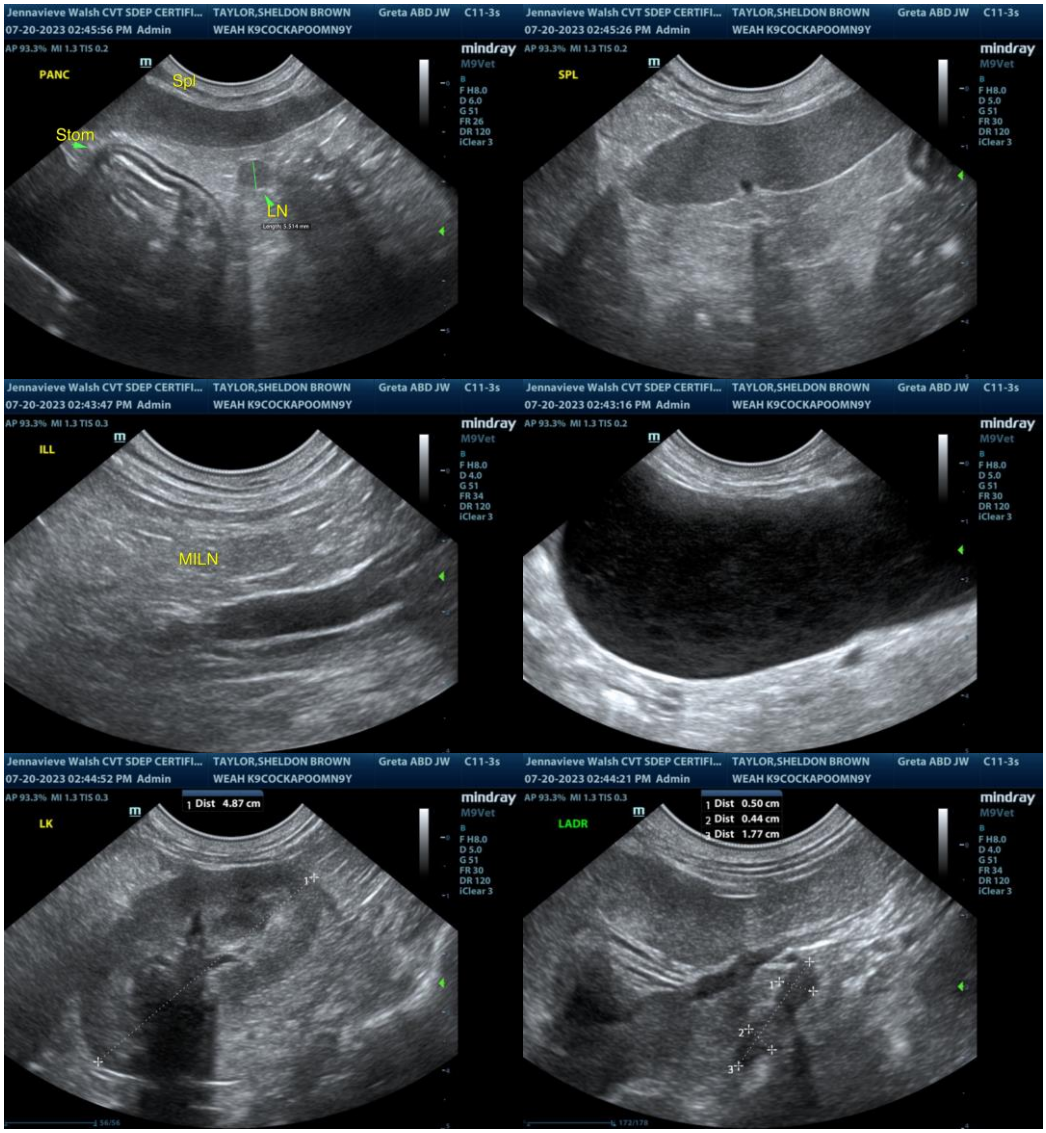

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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