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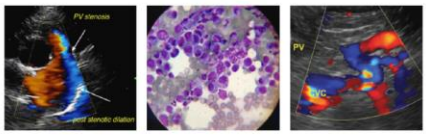

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Molly Vetch

SPECIES
Canine

BREED
Lab Mix

SEX
FS

AGE
9 years

WEIGHT
61.5 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Oxford VH

INVOICE
14350

DATE
7/21/22

PRESENTING CLINICAL SIGNS

Started about two weeks ago her back legs have been going out on her and is having a hard time moving, seems painful in lower back area and hips, has not been wanting to eat much, drinking some Abnormal PE/Chem/CBC/UA Results: 7/19/22 RBC 4.09 (was 4.43 on 7/15), HCT 33.3 (was 35.7), Reticulocytes 605 (was 594), Nucleated RBC's 36 (was 19), Platelet Count 101 7/16/22 RBC parameters improving - RBC 4.43 from 3.55, HCT 35.7 from 27.8, Retics 594 from 369, Plt 63 was 58, however clumping noted **Abdominocentesis revealed hemoabdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 0.3 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 iliac trifurcation was free of pathology including no overt evidence of distal aortic thrombosis, medial Iliac, or sublumbar lymphadenopathy / masses.

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. The left kidney exhibited a cavitated mass lesion appearing to arise from the left kidney into the area of the left retroperitoneal space measuring approximately 6.5 cm in diameter. No evidence of pelvic dilation was present. The discernable left kidney measured 8.0 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized owing to increased periadrenal artifact and free fluid. The right adrenal gland was indistinctly visualized owing to increased periadrenal artifact and free fluid subjectively measuring 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size with generalized mild splenic parenchyma heterogeneity. A solitary to possible multiple, variably expansive, nonhomogeneous, hypoechoic nodule to small mass visualized in the cranial spleen measuring 2.0-2.5 cm in diameter was present. The nodule to small mass mildly distorted the splenic capsule without overt evidence of capsular escape.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No overt hepatic masses or nodules were noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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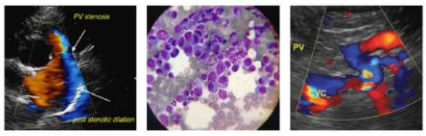

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Gastrointestinal

The stomach presented intact 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Moderate volume peritoneal to retroperitoneal free fluid exhibiting mild echogenic changes consistent with mild fluid cellularity was present. No overt lymphadenopathy was noted. Generalized mild hyperechoic mesentery was present.

Rapid view of the heart revealed no overt masses in the area of the right atrium / auricle. Potential, although not definitive, scant pericardial effusion was visualized.

ULTRASONOGRAPHIC FINDINGS

- Left kidney / left retroperitoneal cavitated mass lesion
- Cranial splenic mildly expansive hypoechoic nodule/small mass
- Moderate volume peritoneal to retroperitoneal free fluid exhibiting echogenic changes - consistent with reported hemoabdomen
- Possible, although not definitive, scant pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further prognosis, yet given the reported hemoabdomen and sonographic abnormalities, multicentric neoplasia such as multicentric sarcoma with potential early cardiac involvement / metastasis is considered the primarily differential diagnosis.

Assuming normal clotting status, ultrasound-guided FNA of the left kidney to left retroperitoneal mass lesion, as well as the splenic nodule to small mass, could be considered for screening cytology. Cytospin cytology of the hemorrhagic peritoneal free fluid could also be considered. Three-view chest radiographs are suggested if not done. A coagulation panel could be considered. However, given this presentation, a likely unfavorable prognosis is unfortunately indicated.

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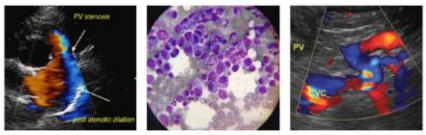

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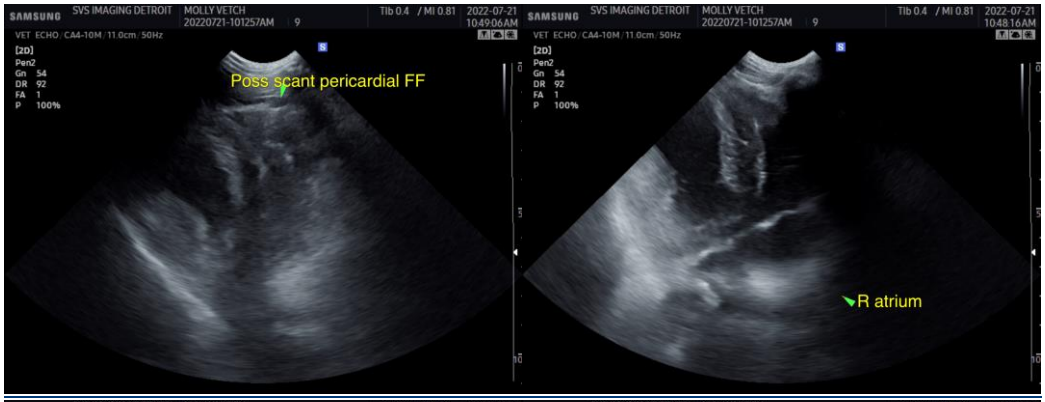

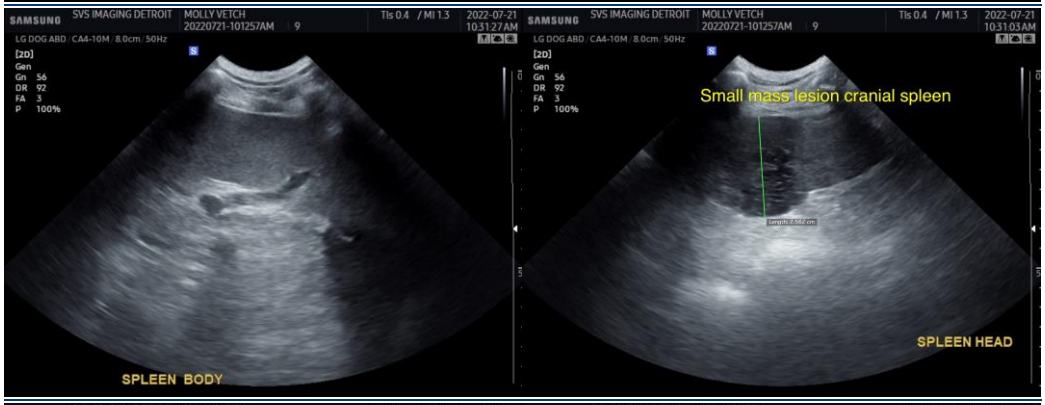

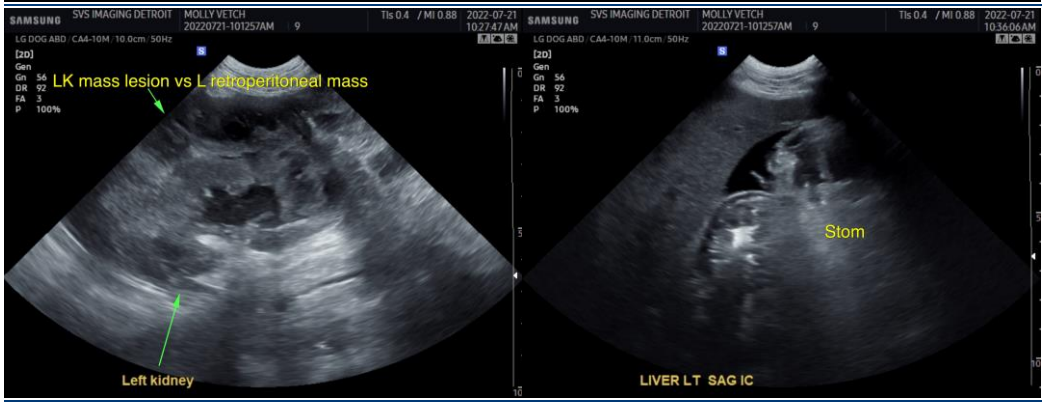

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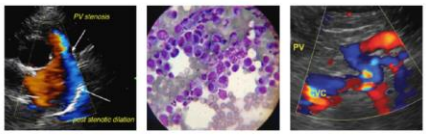

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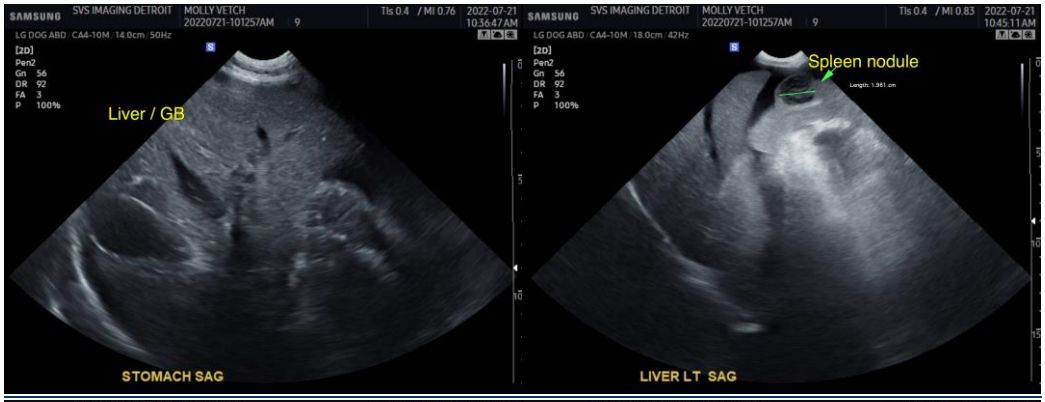

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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