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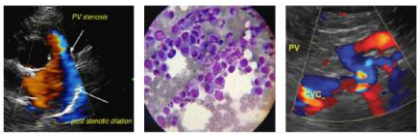

SonoPath
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PATIENT

Scout Hallier

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

9 years

WEIGHT

78 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Amy Servos

INVOICE

14371

DATE

7/22/22

PRESENTING CLINICAL SIGNS

Presented 7/19 for lack of appetite and drinking less for the last week.
Abnormal PE/Chem/CBC/UA Results: Bloodwork shows low levels of red blood cells, concerned this is due to blood loss in his abdomen. Auto immune condition ruled out by blood smear and saline .
Radiographs taken and Tallgrass report indicates mass and fluid in the abdomen, most likely liver but possibly splenic mass.

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 area of the residual prostate was free of overt pathology.

The area of the iliac trifurcation was free of pathology including no overt evidence of 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 6.5 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 0.83 cm width at the caudal pole and 0.81 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.69 cm width at the cranial pole.

Spleen

A large to expansive nonhomogeneous to cavitated splenic mass subjectively appearing to derive from the mid to caudal spleen with secondary asymmetrical capsule expansion and disruption was present and measured at least 17.0 cm in diameter but potentially larger as the entire mass would not fit into a single viewing window. The non-affected spleen exhibited maintained symmetrical capsule contour and finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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 potential for mild generalized enlargement, yet maintained symmetrical capsule contour with normal hepatic parenchymal echogenicity exhibiting moderate coarse echotexture and

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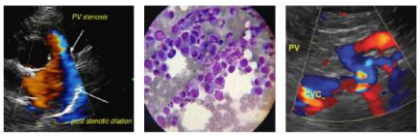

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mild parenchymal remodeling. No overt evidence of hepatic intraparenchymal masses or nodules was noted.

The gallbladder was non-distended in size with minor hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild, ingesta/chyme exhibiting subtle progressive distal acoustic shadowing.

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

Regional to generalized primarily perisplenic mild hyperechoic mesentery was present. Potential for omental adhesions to the splenic mass could be possible. Mild volume peritoneal free fluid was present primarily around the spleen and splenic mass. No overt or significant lymphadenopathy was noted. Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Large nonhomogeneous to cavitated splenic mass
- Primarily perisplenic mildly hyperechoic mesentery and mild volume perisplenic to peritoneal free fluid
- Potential mild hepatomegaly exhibiting minor parenchymal remodeling
- Mild gallbladder debris - likely incidental (non-mucocele)
- Age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. Overt sonographic evidence of major organ or intraabdominal metastasis was not obvious, yet, in these cases, the possibility of non-sonographically evident metastasis or micrometastasis cannot be definitively excluded.

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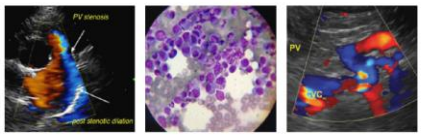

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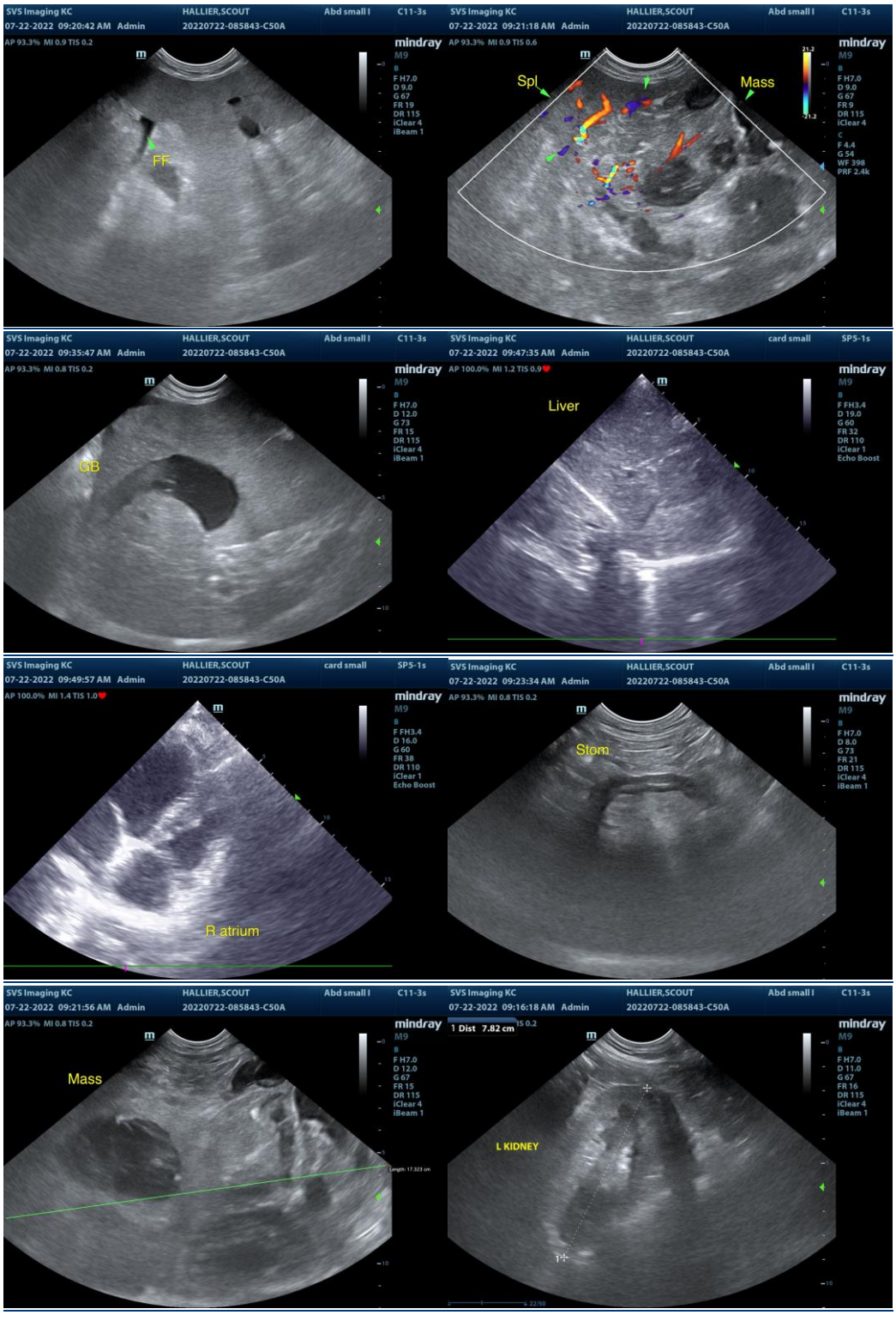
Assuming no evidence of pathology on three view chest radiographs, laparotomy with expectation towards splenectomy, gross inspection of the liver and perisplenic omentum could be considered. A guarded prognosis pending splenic mass histopathology Is warranted.



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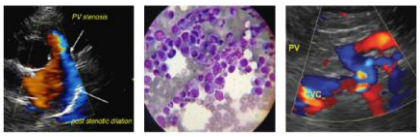

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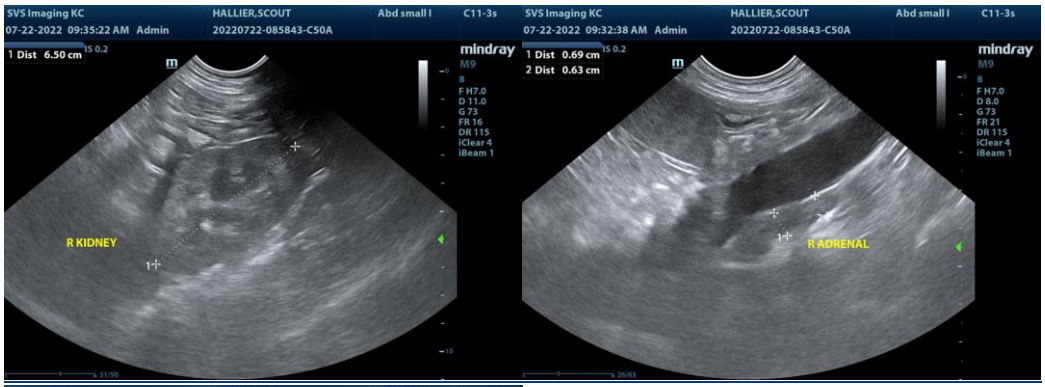

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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