



PATIENT

Lola Sanguinetti

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10yr

WEIGHT

70lb

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

A. Rodriguez

INVOICE

11172ag

DATE

07/25/2022

PRESENTING CLINICAL SIGNS

History: Hyporexia

Abnormal PE/Chem/CBC/UA Results: ALT; 200, ALK: 267, WBC: 14.15,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

Normal size and margination was 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 7.1 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.83 cm width in the cranial pole and 2.5 cm length. The right adrenal gland measured 1.0 cm width in the caudal pole and 2.4 cm length.

Spleen

The spleen exhibited areas of variable enlargement with associated areas of nonhomogeneous to mixed echogenic parenchyma and multiple discrete to mildly expansive hypoechoic nodules to small mass lesions, an example measured 2.6 cm in diameter. The possibility of early splenic vein thrombosis or parenchymal expansion into the splenic vein is possible.

Liver

The liver was enlarged extending caudally past the level of the gastric axis. Multifocal well demarcated hypoechoic intraparenchymal nodules were present diffusely throughout the liver, an example measuring 1.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild debris. The cystic and common bile ducts were normal.

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



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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 was evident.

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Free Abdomen

No evidence of significant mesenteric lymphadenopathy although potential for mild perisplenic to hepatic lymphadenopathy is possible.

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

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous to mixed echogenic variable splenomegaly including splenic nodules to small masses
- Hepatomegaly exhibiting diffuse hypoechoic nodular parenchyma
- Mild to moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10yr

Although sampling is required for further assessment, the hepatosplenic presentation is most likely consistent with multicentric hepatosplenic neoplasia such as round cell neoplasia, sarcoma or other. Assuming normal clotting status and using a 25g needle a hepatosplenic FNA is warranted for screening cytology and potential oncology consult for chemotherapeutic intervention. No overt evidence of GI involvement although this and/or mild gastroenteritis could be possible. As needed GI supportive care pending sampling would be reasonable.

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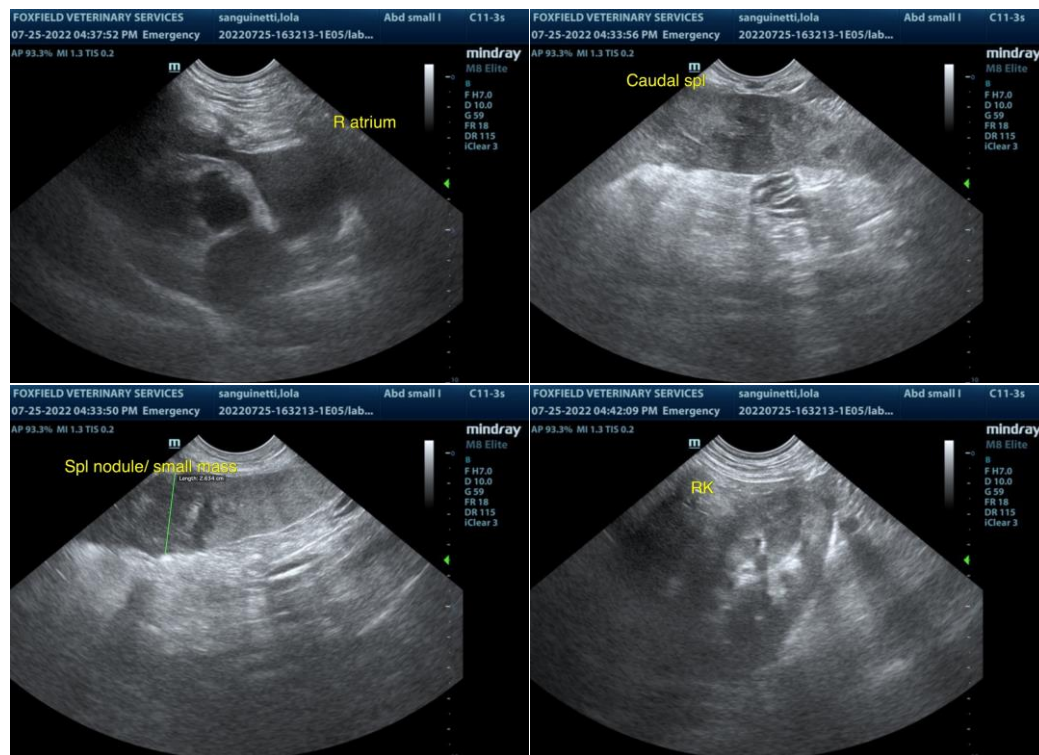
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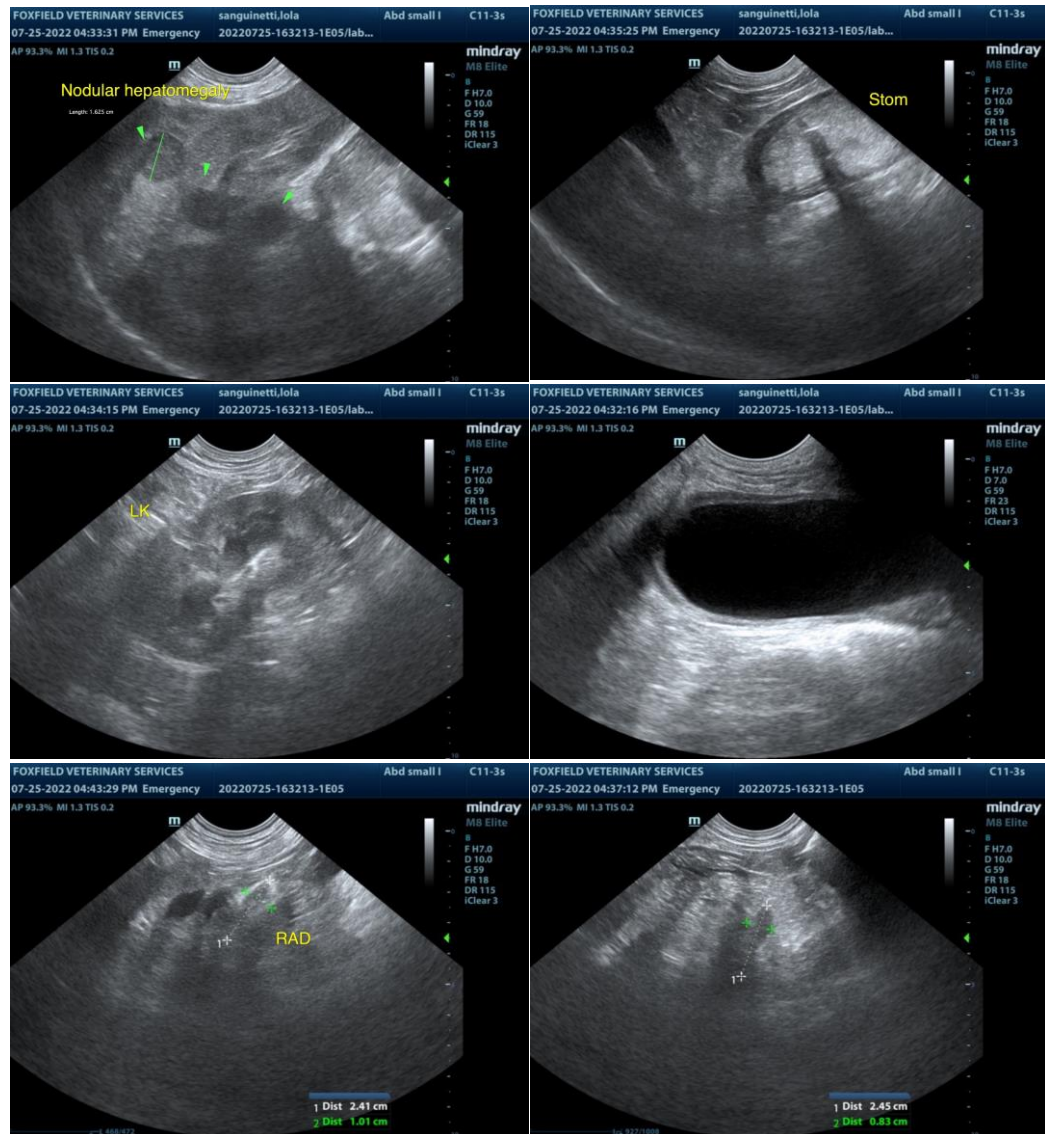
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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