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Clinical Sonography & Telecytology
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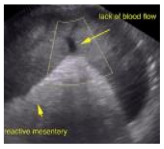
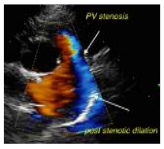
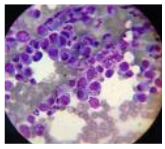
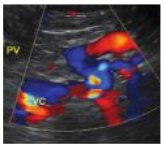




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Laverne Vassar

SPECIES

Canine

BREED

Fox Terrier

SEX

FS

AGE

15 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook Animal Clinic

REFERRING VET

Dr. Jeffers

INVOICE

17410

DATE

7/27/23

PRESENTING CLINICAL SIGNS

Lethargic, 0.6lbs weight loss, reduced appetite, accidents in the house, cranial organomegaly. Yelping when picked up. Hx of pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Cranial organomegaly. HCT 29% (drop), PSL 678, low normal tT4 0.8, mild AlkP elevation.

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.

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Small bilateral cortical cysts were present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

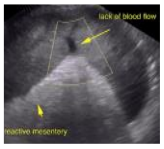
The bilateral adrenal glands were mildly enlarged in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. There was no evidence of adrenal tumors. The left adrenal gland measured 0.91 cm width in the caudal pole. The right adrenal gland measured 0.75 cm width in the caudal pole.

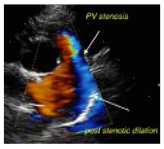
Spleen

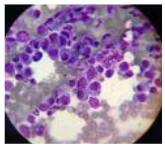
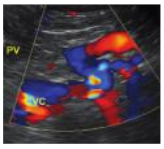
A moderately sized mass exhibiting primarily symmetrical contour was present in the spleen with isoechoic mildly nonhomogeneous parenchyma compared to intact spleen with focal intra-mass nodules to cysts. The mass measured approximately 8.0 cm in diameter. The non-affected spleen exhibited primarily 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.

Liver/ Gallbladder

The liver exhibited mild to possible moderate enlargement yet maintained a symmetrical capsule contour with mildly nonhomogeneous increased hepatic parenchyma echogenicity and moderate coarse echotexture. Normal vascular volume was noted. Intermittent, thinly walled, intraparenchymal cysts containing anechoic fluid were present. There was no evidence of hepatic masses.





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The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. 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

The pancreas base and right pancreatic limb were normal in size exhibiting mild asymmetrical capsule contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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

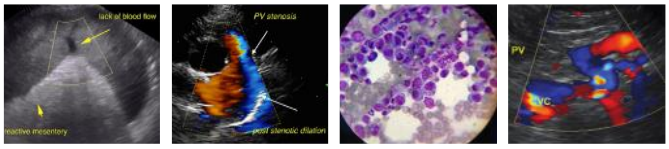
ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous focally cystic to nodular splenic mass
- Hepatomegaly exhibiting intermittent intraparenchymal cysts - subjectively benign
- Mild gallbladder sediment (non-mucocele)
- Moderate chronic renal changes with cortical cysts
- Bilateral mild adrenomegaly
- Normal urinary bladder
- Mildly prominent remodeled pancreas base / right pancreatic limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

There was no evidence of additional intrabdominal neoplastic or metastatic criteria. Although the patient's current clinical signs are not overtly consistent with Cushing's Syndrome, adrenal workup with LDDST could be considered if clinically indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to assess for or rule out occult disease as a contributing factor to the patient's weight loss and clinical signs is suggested.



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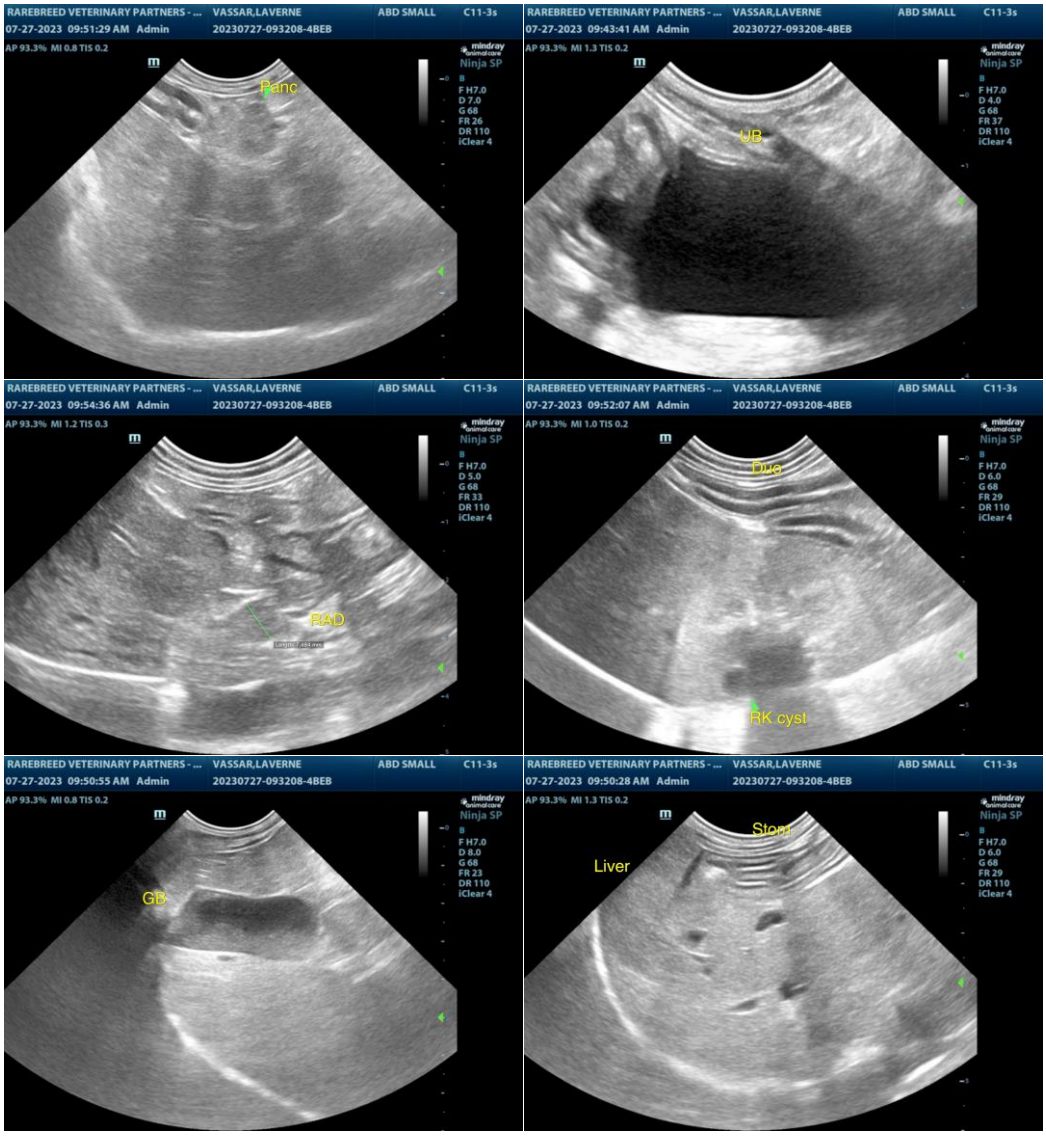
Pending additional diagnostics and if no evidence of pathology on three view chest radiographs, splenectomy with gross inspection of the liver, gastrointestinal tract, +/- biopsies would be warranted.



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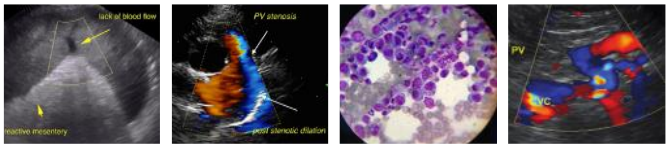

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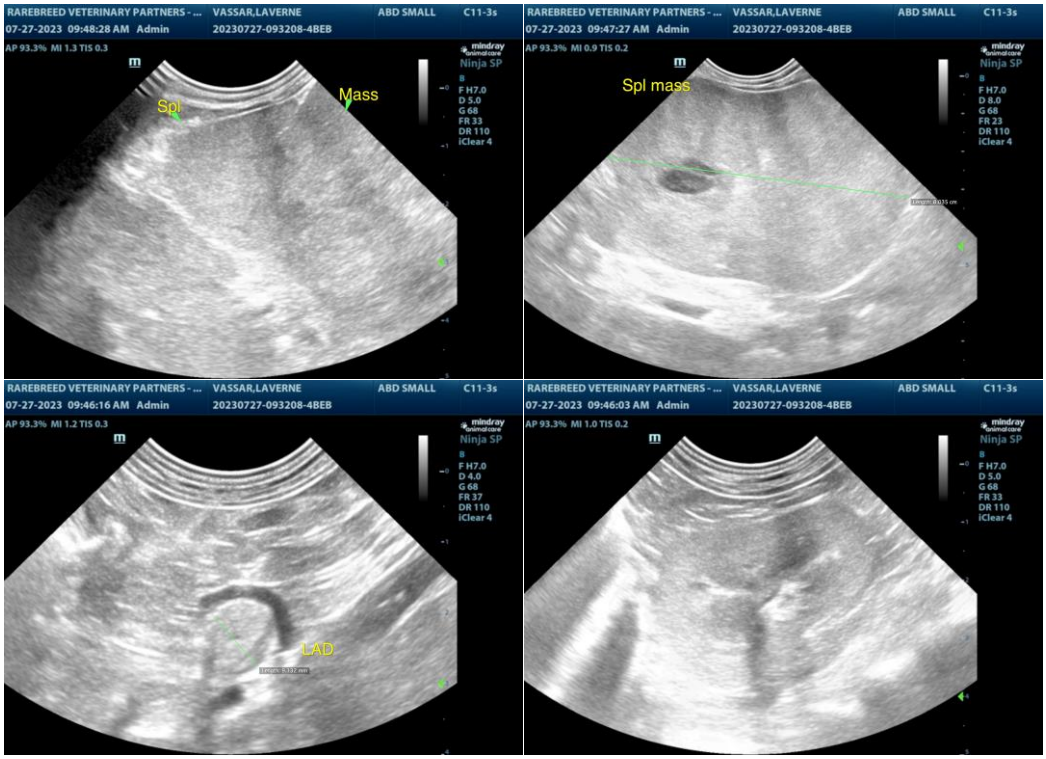

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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