SonoPath
Clinical Sonography & Telecytology
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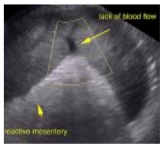
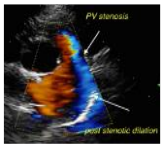
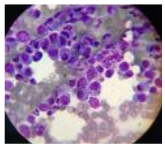
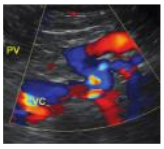




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gracie Hernandez

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

FS

AGE

12y 2m

WEIGHT

50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

14571

DATE

8/11/22

PRESENTING CLINICAL SIGNS

Chronic weight loss.
Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia, low choles. Hx of globulinemia.
USG 1.016, Prot 2+, hematuria 3+

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 was noted in the area of the uterine remnant or area of the iliac trifurcation.

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. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.4 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 2.6 cm length x 0.48 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 2.8 cm length x 0.63 cm width at the caudal pole.

Spleen

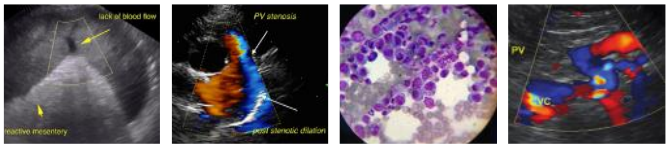
A large, expansive, primarily solid to nonhomogeneous splenic mass measuring approximately 20.0 cm in diameter was present. Focal small cystic component within the mass was present. A smaller, nonhomogeneous, mildly expansive lesion in the area of the splenic hilus with potential for early splenic vein thrombosis or blood pooling was present. Subtle perisplenic hyperechoic mesentery was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No definitive hepatic nodules or mass lesions were visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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. No obvious evidence of gastrointestinal pathology was noted.



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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 overt evidence of perisplenic or peritoneal free fluid was present. No overt omental lymphadenopathy was present.

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

ULTRASONOGRAPHIC FINDINGS

- Large expansive nonhomogeneous splenic mass with concurrent separate perihilar macronodule to small mass
- Hepatic parenchymal remodeling
- Mild chronic renal changes

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). Neoplastic criteria is however favored. Overt evidence of intraabdominal metastasis or cardiac/pericardial metastasis was not definitively evident. However, the possibility of non-visualized metastasis / micrometastasis cannot be definitively excluded.

Assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum and liver could be considered. Babesia serology could also be considered, given the presence of the splenic mass, anemia, and breed.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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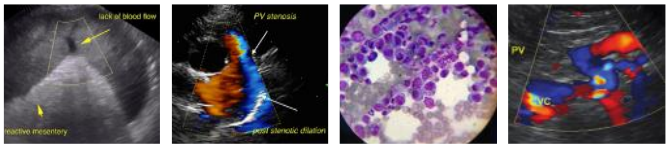

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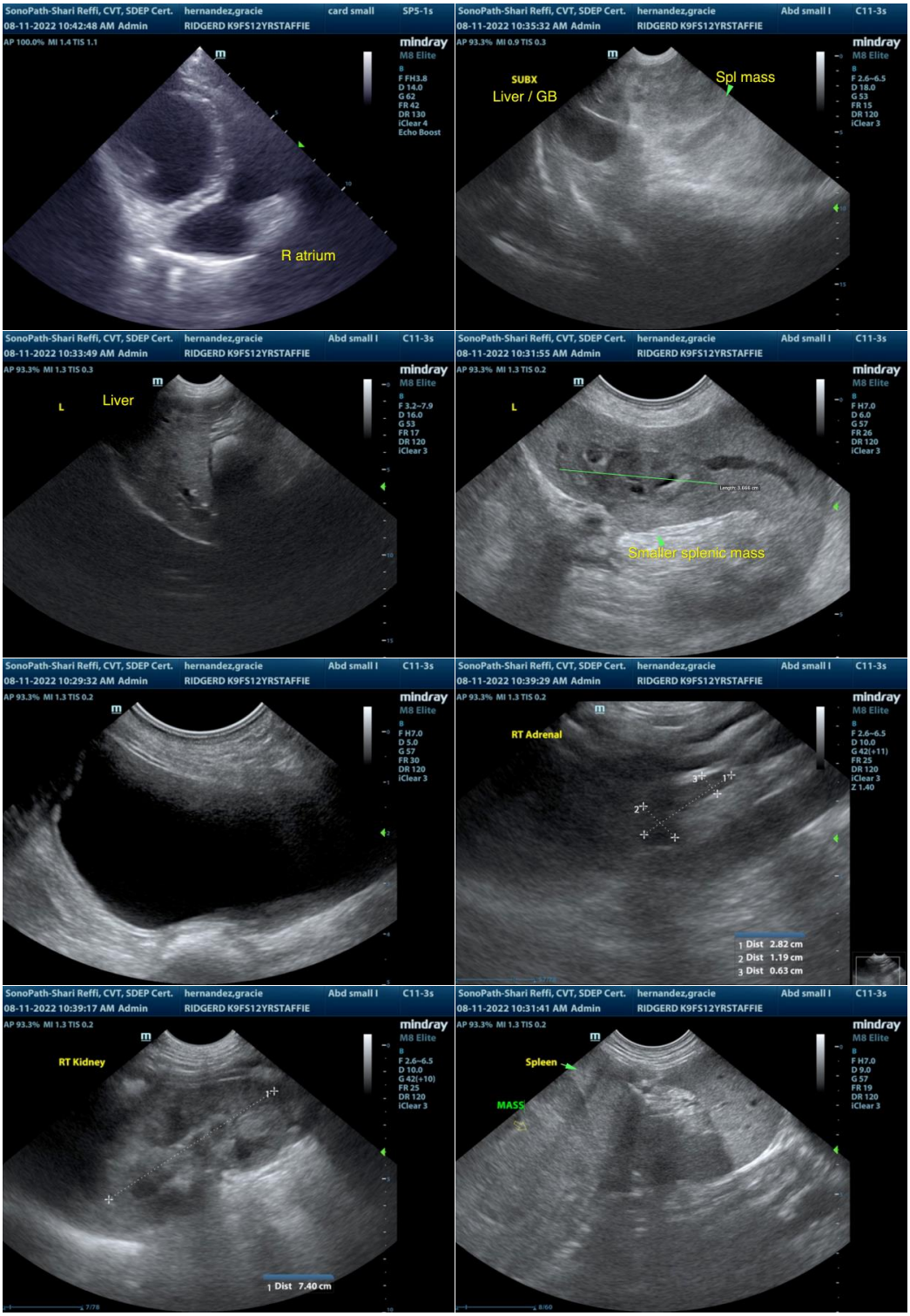

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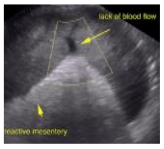
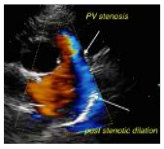
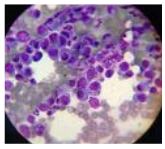
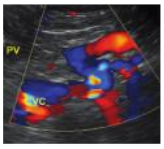

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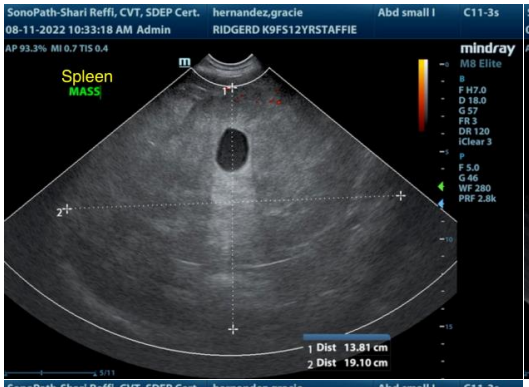

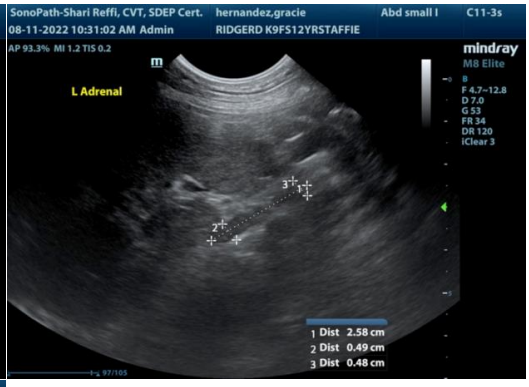

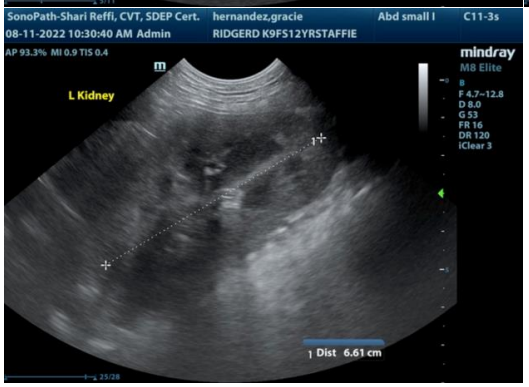

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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