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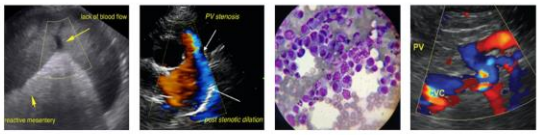

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Molly Lester

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

2011

WEIGHT

79

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Kubala

INVOICE

14607

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Mass effect cranial abdomen

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 aortic trifurcation was free of pathology.

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 6.9 cm in length. The right kidney measured 6.8 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 2.5 cm length x 0.65 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 2.6 cm length x 0.68 cm width at the caudal pole.

Spleen

A moderately sized mass involving the subjective medial spleen with secondary asymmetrical capsule expansion and disruption was present and measured 11.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. Intermittent small separate hyperechoic splenic nodules, likely consistent with concurrent benign myelolipomas, were present. Portions of 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 subjective mild enlargement with normal 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. Intermittent, discrete, primarily homogeneous intraparenchymal nodules were present with an example measuring 1.9 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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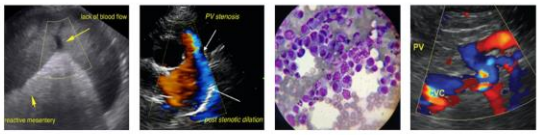

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Gastrointestinal

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 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 omental lymphadenopathy or evidence of perisplenic or peritoneal free fluid was present.

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

ULTRASONOGRAPHIC FINDINGS

- Large cavitated to cystic splenic mass
- Hepatic parenchymal remodeling with intermittent discrete intraparenchymal nodules
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a large cystic to cavitated mass without evidence of mass rupture. The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored, although not definitive.

The hepatic parenchymal changes are nonspecific with multiple etiologies including age-related parenchymal changes with hepatic parenchymal remodeling, discrete areas of nodular to regenerative hyperplasia, hematopoiesis, minor fibrosis, although the possibility of discrete hepatic metastasis cannot be excluded.

Without definitive metastatic criteria within the abdomen or cardiac / pericardial regions, exploratory laparotomy with splenectomy, gross inspection of the liver, +/- hepatic biopsies, assuming normal clotting status, could be considered. A guarded prognosis pending splenic histopathology Is warranted.

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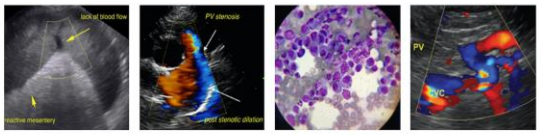

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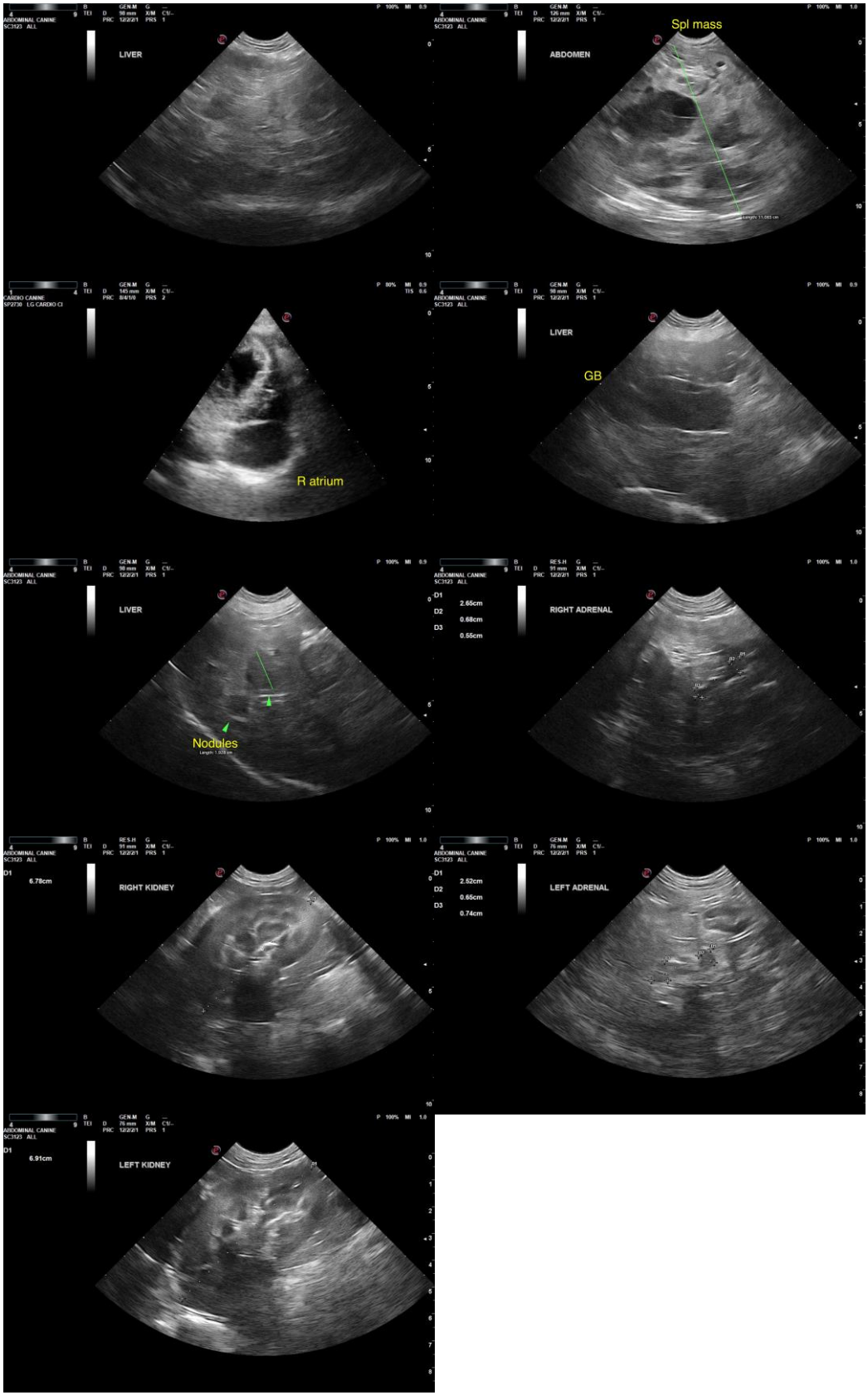

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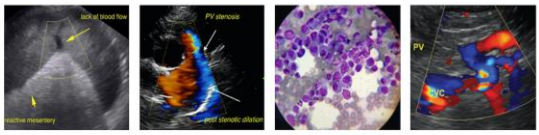

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com