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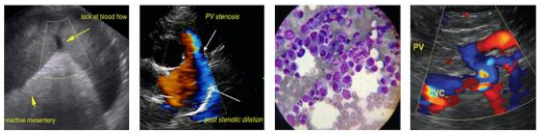

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Camo Ross

SPECIES

Canine

BREED

Great Dane

SEX

MN

AGE

2016

WEIGHT

140

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Cherryville AH

REFERRING VET

Dr. Miller

INVOICE

14818

DATE

8/15/23

PRESENTING CLINICAL SIGNS

Bloating, palpable large mass, weight loss, muscle wasting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

There was no overt pathology in the area of the residual prostate.

No obvious 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 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 9.3 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The visualized intact to discernable spleen exhibited symmetrical capsule contour and subtle parenchyma heterogeneity.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

Gastrointestinal

The stomach was indistinctly visualized, likely owing to gastric displacement secondary to the intrabdominal mass. There was no obvious evidence of gastric distention with retained ingesta, fluid, or foreign material.

The visualized segments of small intestine exhibited intact wall layering with normal wall layer ratio. There was no evidence of a small intestinal mechanical / metabolic ileus pattern. Concurrent intestinal displacement secondary to the abdominal mass was noted.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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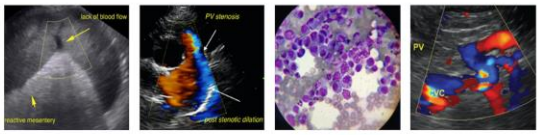

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Pancreas

The pancreas was not definitively visualized owing to peripancreatic omental artifact and abdominal mass.

Free Abdomen

A large, nonhomogeneous to mildly cavitated mass was noted occupying the majority of the peritoneal cavity extending into the area of the spleen, as well as cranially to directly efface the caudal aspect of the mid to left liver. The abdominal mass measured 17.0 - 18.0 cm in diameter, but likely larger as the entire mass would not fit into a single viewing window. Associated regional mild hyperechoic omentum and subjective mild volume peritoneal effusion were noted.

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

ULTRASONOGRAPHIC FINDINGS

- Large, nonhomogeneous, cavitated mass occupying the majority of the abdominal cavity - most consistent with splenic origin, neoplastic criteria is favored with benign etiology i.e., hyperplasia, hematopoiesis, etc., possible, yet thought less likely
- Overtly normal liver
- Sonographically unremarkable visualized intestinal tract with secondary gastrointestinal displacement
- Associated regional hyperechoic omentum and subjective mild volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for non-splenic origin of the mass, given its size, is considered less likely. Sonographically, there is no obvious evidence of visualized major organ intrabdominal or cardiac metastasis. In these cases, the potential for non-sonographically evident metastasis or early regional omental seeding cannot be definitively excluded.

Assuming no evidence of pathology on three view chest radiographs, laparotomy with expectation towards splenectomy with gross inspection of the omentum, liver, and gastrointestinal tract may be considered. A guarded prognosis is indicated pending mass histopathology if surgery is elected.

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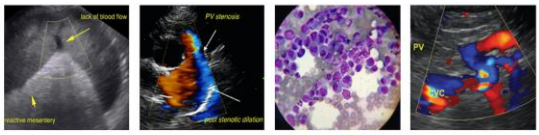

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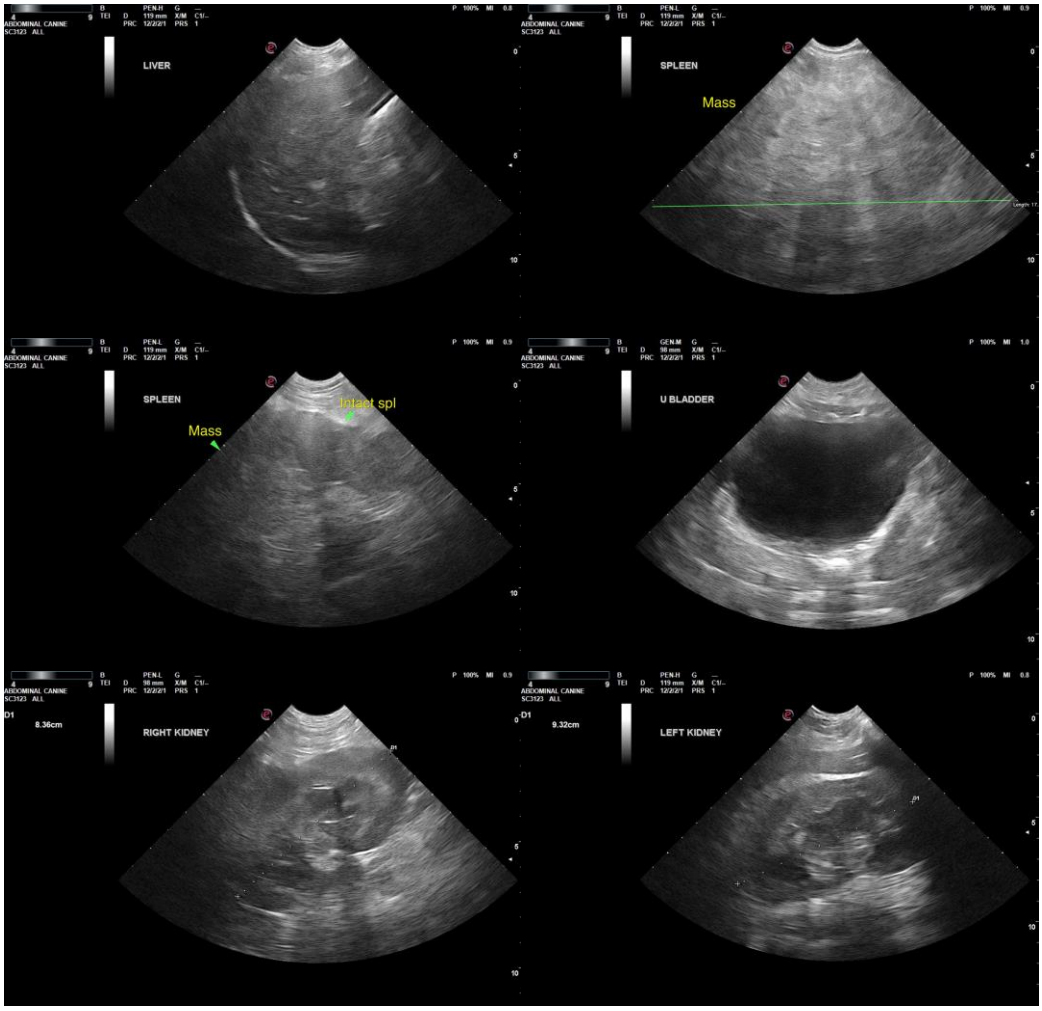

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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