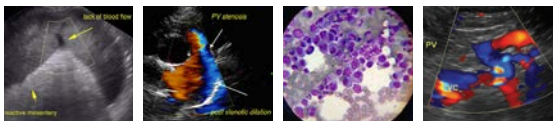


PATIENT
Iris Fine

SPECIES
Canine

BREED
Lab

SEX
Intact Female

AGE
13 Years

WEIGHT
82 Pounds

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

IMAGING PERFORMED BY
Heidi Putnam

HOSPITAL NAME
Q Street AH

REFERRING VET
Dr. Cone

INVOICE
24800

DATE
8/19/21

PRESENTING CLINICAL SIGNS

Presented for intermittent vomiting for at least one month - vomiting either mucous or kibble one to multiple times per day.
Abnormal PE/Chem/CBC/UA Results: Most recent bloodwork in June 2021 showed moderate elevation in ALP, otherwise normal.

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. Significant non-dependent to swirling particulate urinary bladder sediment was noted along with mild dependent mineralized sand. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. No evidence of overt pyelonephritis. The right kidney measured 7.5 cm. The left kidney measured 6.6 cm.

Adrenal Glands

A primarily ovoid mass with non-homogeneous to hyperechoic nodular parenchyma was noted in the left adrenal gland. No overt evidence of capsular escape or overt vascular invasion. The mass measured 3.8 cm x 3.0 cm.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. A cranial non-expansive, echogenic right adrenal nodule was present without evidence of capsular expansion or parenchymal escape. The right adrenal gland measured 0.4 cm length x 0.83 cm at the caudal pole. The right adrenal nodule measured 1.38 cm x 1.17 cm.

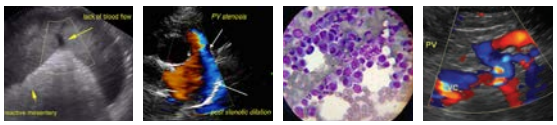
No evidence of mineralization associated with either adrenal gland.

Spleen

A primarily ovoid mass with non-uniform to isoechoic parenchyma compared to adjacent spleen and minor cystic component involving the caudal spleen was present. The mass measured 8.0 cm x 6.0 cm. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. 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

The liver was mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder



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was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with minor retained echogenic fluid and chyme. Gastric body wall measured 0.56 cm.

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. Duodenum wall measured 0.37 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of pathology in the area of the uterus. The left ovary was cystic and mildly enlarged in size, measuring 3.0 cm diameter.

Unspecified hypoechoic to non-homogeneous mass was noted in the caudal abdomen measuring 10 cm x 7 cm. No evidence of concurrent effusion or overt lymphadenopathy.

Rapid view of the heart revealed evidence of mild pericardial effusion. No overt pericardial masses.

PRIMARY FINDINGS

- Significant urinary bladder non-dependent sediment and mild mineralized dependent sand
- Mild chronic renal changes, no overt pyelonephritis
- Splenic mass
- Nodular left adrenal mass with concurrent non-expansive cranial right adrenal nodule – neoplasia favored in the left adrenal gland, potential for right adrenal or bilateral functional versus non-functional adenoma, hyperplasia, lipogranuloma or other possible yet considered less likely.
- Mild hepatomegaly with parenchymal remodeling – subjectively benign.
- Unspecified non-homogeneous caudal abdominal mass
- Mild gastritis and suspected metabolic stasis
- Mild pericardial effusion

SECONDARY FINDINGS

- Cystic left ovary

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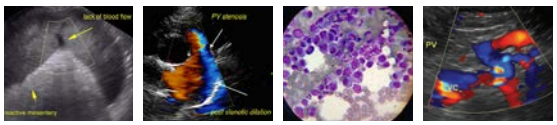

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AnimalSoundsNW.com 541-357-9423

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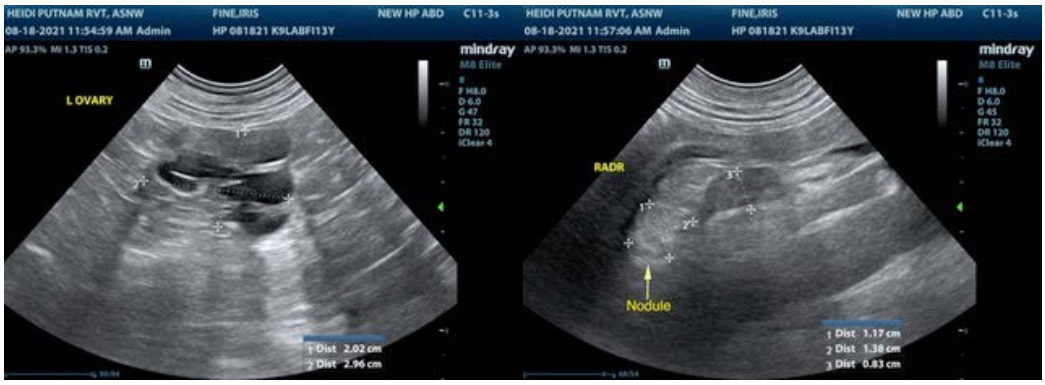
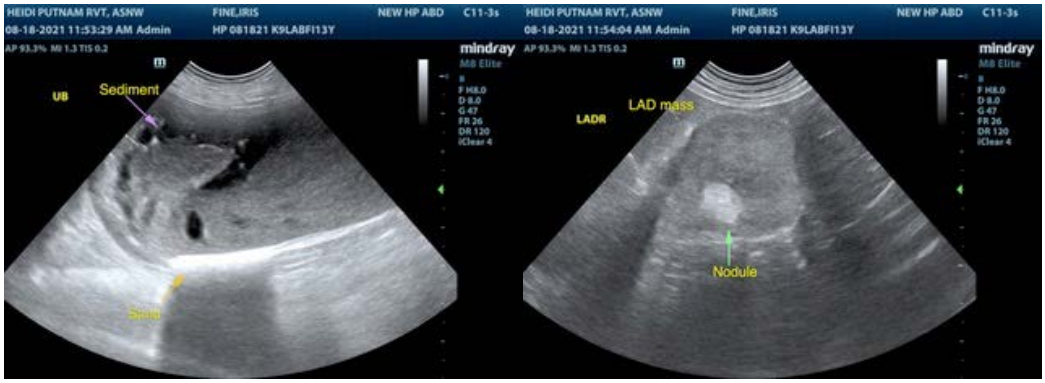
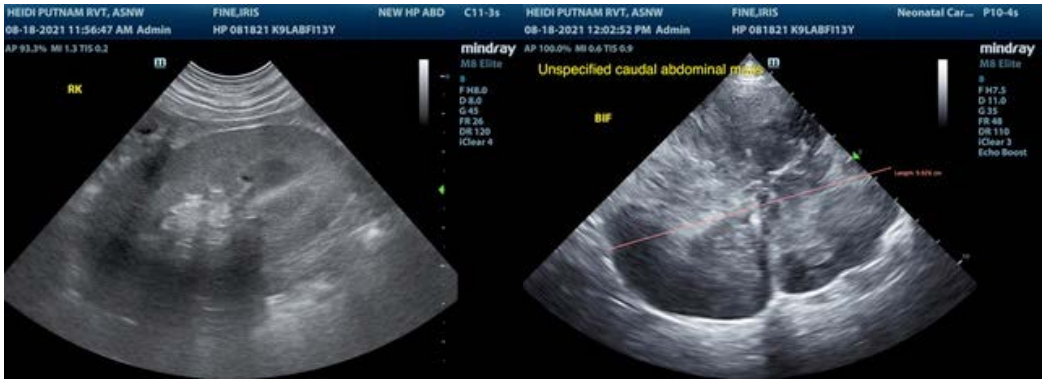
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for definitive diagnosis, the caudal abdominal mass is most consistent with neoplasia such as sarcoma, lymphatic origin, neoplasia, or other. The splenic mass may represent concurrent primary versus metastatic neoplasia, hyperplasia, hematopoiesis, granuloma or splenitis. The presence of mild pericardial effusion, although not definitive, is concerning for pericardial metastasis.

If not done, 3-view chest radiographs are recommended. Assuming normal clotting status, ultrasound guided FNA of the caudal abdominal mass may be considered for screening cytology. However, given the multifocal pathologies within the abdominal cavities and presence of mild pericardial effusion, a likely unfavorable prognosis is unfortunately indicated. Empirically, continued as-needed gastrointestinal support is recommended.







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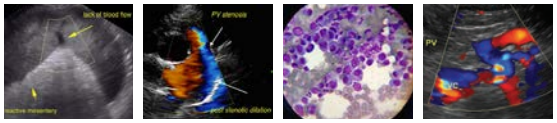

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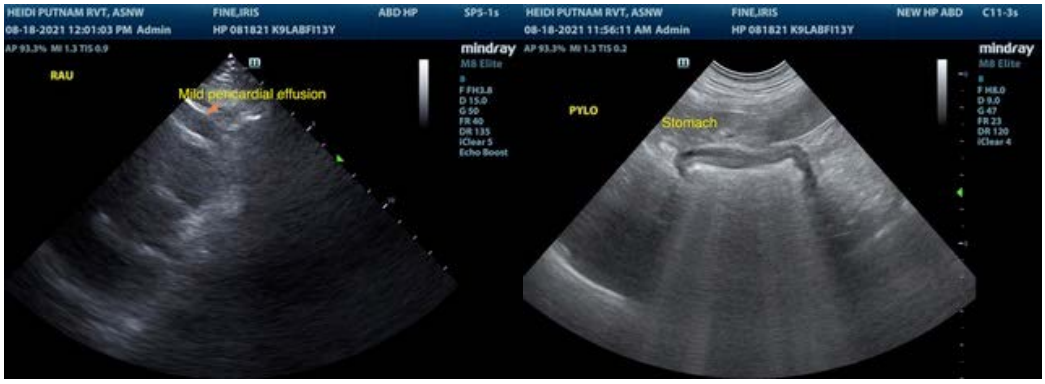

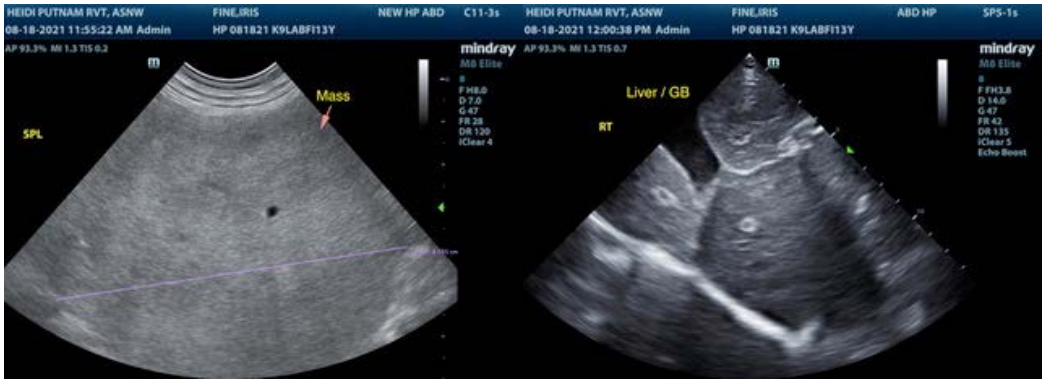

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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