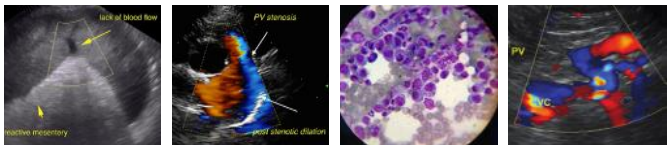


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Primrose

SPECIES

Canine

BREED

Havanese Mix

SEX

MN

AGE

13

WEIGHT

5.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Cumyn

INVOICE

11454ag

DATE

08/22/2022

PRESENTING CLINICAL SIGNS

History: Bloody diarrhea lethargic weight loss over last 2-4 wks. Previous diag MMVD and on pimobendan. Cardiomegaly on chest x rays with VHS is 11.9 and 4/6 murmur 2 cavity scan Echo 76 images Ab 61 total 137

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.34 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 0.55 cm width at the cranial pole.

Spleen

A moderate expansive mass involving the spleen with secondary capsule expansion and disruption was present and measured 4.5 – 5 cm in diameter. The parenchyma of the mass was non-homogeneous 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

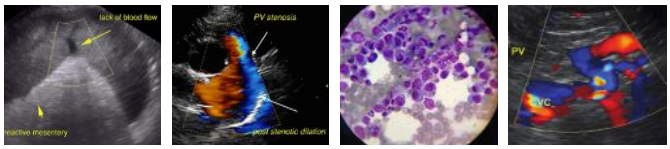
The liver was potentially mildly enlarged in size. Subjective mild venous congestion was present, most notable at the level of the hepatic vein/caudal vena cava junction.

The gallbladder was non-distended in size with thin walls and moderately hyperechoic to inspissated debris. 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 intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse minor jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.



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Normal visible colon wall layers were present with apparent formed to semi formed mildly shadowing 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

Small pocket of scant peritoneal free fluid noted dorsal to the urinary bladder.

Focal, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Mild enterocolitis pattern
- Hepatic parenchyma remodeling with venous congestion
- Moderate non-dependent inspissated gallbladder debris
- Scant peritoneal free fluid
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is suggestive of neoplastic criteria. Benign splenic mass pathology is thought less likely. The subjective hepatic venous congestion is non-specific yet may indicate some degree of right sided heart disease or increased pulmonary pressure pending echocardiographic assessment. The peritoneal free fluid may be physiologic, secondary to the splenic or indicative of right sided heart failure. No obvious evidence of intra-abdominal metastasis was noted although non-visualized micro metastasis cannot be excluded. Pending echocardiographic and radiologic thoracic assessment and assuming no contraindications, splenectomy with gross inspection of the liver, omentum and gallbladder could be considered. A very guarded long-term prognosis is indicated.

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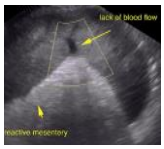
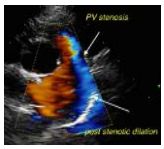
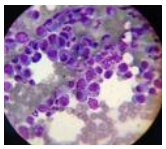
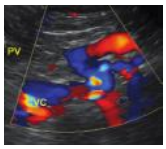

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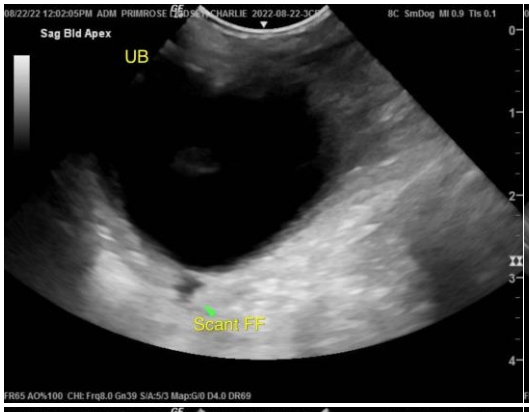

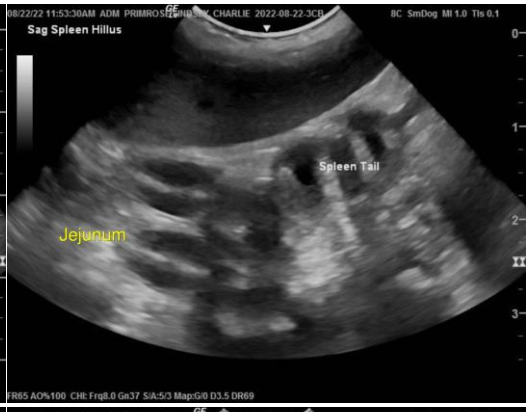

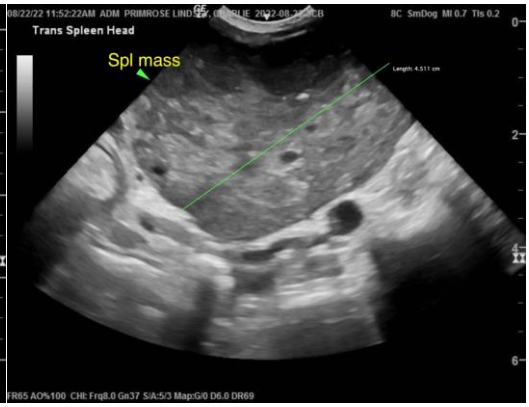

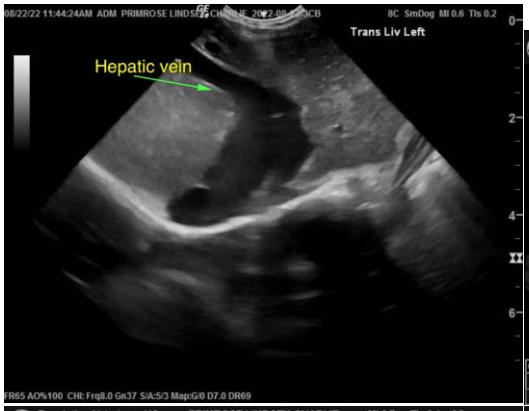

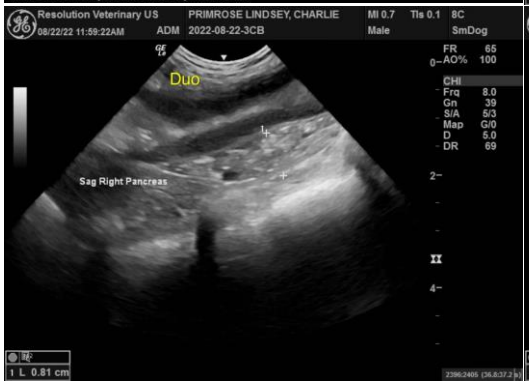

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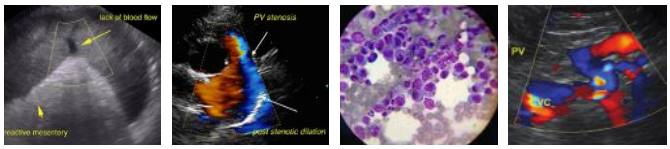

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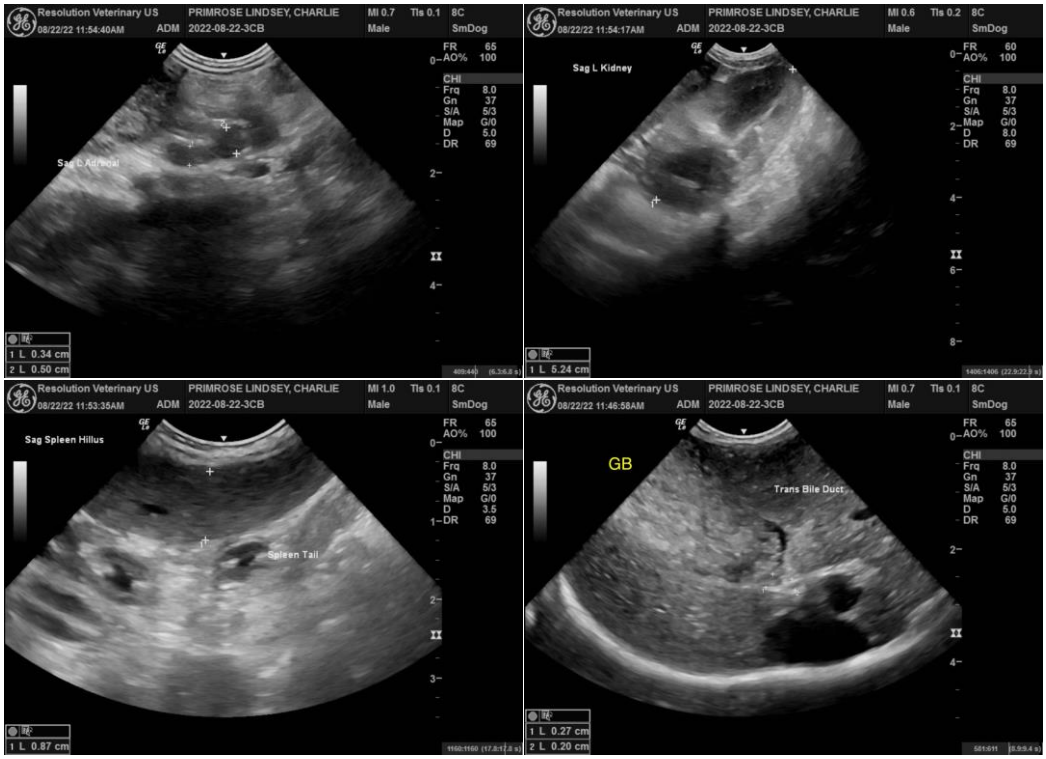

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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