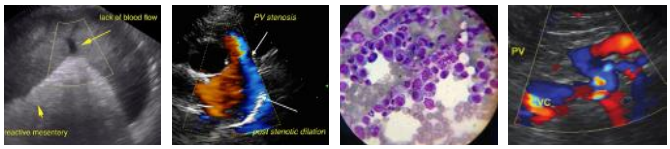
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Duke Vanwhy

SPECIES
Canine

BREED
Shepherd

SEX
MN

AGE
9-10

WEIGHT
86lb

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Animal Mansion VH

REFERRING VET
Dr. Parker

INVOICE
11443ag

DATE
08/22/2022

PRESENTING CLINICAL SIGNS

History: Anorexic, lethargic. Mildly light pink MM; slightly distended abdomen. Rads - moderate splenomegaly. No current meds.

Abnormal PE/Chem/CBC/UA Results: HCT 29.2, WBC 23.4, Amylase 1533

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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.0 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 1.9 cm length.

Spleen

The spleen exhibited generalized enlargement owing to a mid to caudal expansive mixed echogenic to nodular mass measuring ~ 8 cm in diameter. The mass distorted the mid to caudal splenic capsule. The parenchyma not involved with the mass exhibited mild heterogeneity along with intermittent separate mildly expansive hypoechoic to non-homogeneous nodules. Normal splenic vascularity was present.

Liver

An indistinct non-homogeneous isoechoic mass/lesion was present in the mid caudal liver measuring ~ 5.9 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with non-dependent mildly hyperechoic 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 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.

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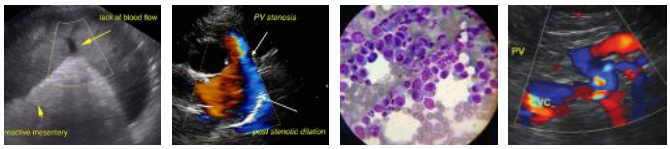

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Pancreas

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 was evident.

Free Abdomen

Mild volume primarily perisplenic echogenic free fluid. Regional perisplenic to perihepatic hyperechoic mesentery was present.

Potential for perisplenic blood clot adjacent to the cranial lateral spleen with potential for mildly expansive atypical ventrocaudal liver.

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

ULTRASONOGRAPHIC FINDINGS

- Caudal splenic mass with separate expansive mid to cranial splenic nodules
- Hepatic parenchymal remodeling with mid caudal parenchymal mass
- Possible perisplenic atypical caudoventral hepatic parenchyma possible perisplenic clot
- Mild volume peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely.

Strong concern for hepatic metastasis given the presence of the splenic mass and potential for perisplenic omental seeding/ blood clot is warranted.

Three view chest radiographs suggested if not done to assess for thoracic pathology.

Assuming no thoracic pathology a laparotomy with splenectomy and gross inspection of the liver and omentum could be considered with potential for hepatic biopsies. A very guarded to long-term unfavorable prognosis is indicated.

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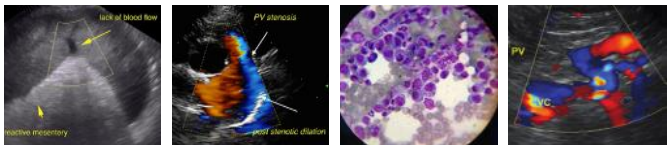

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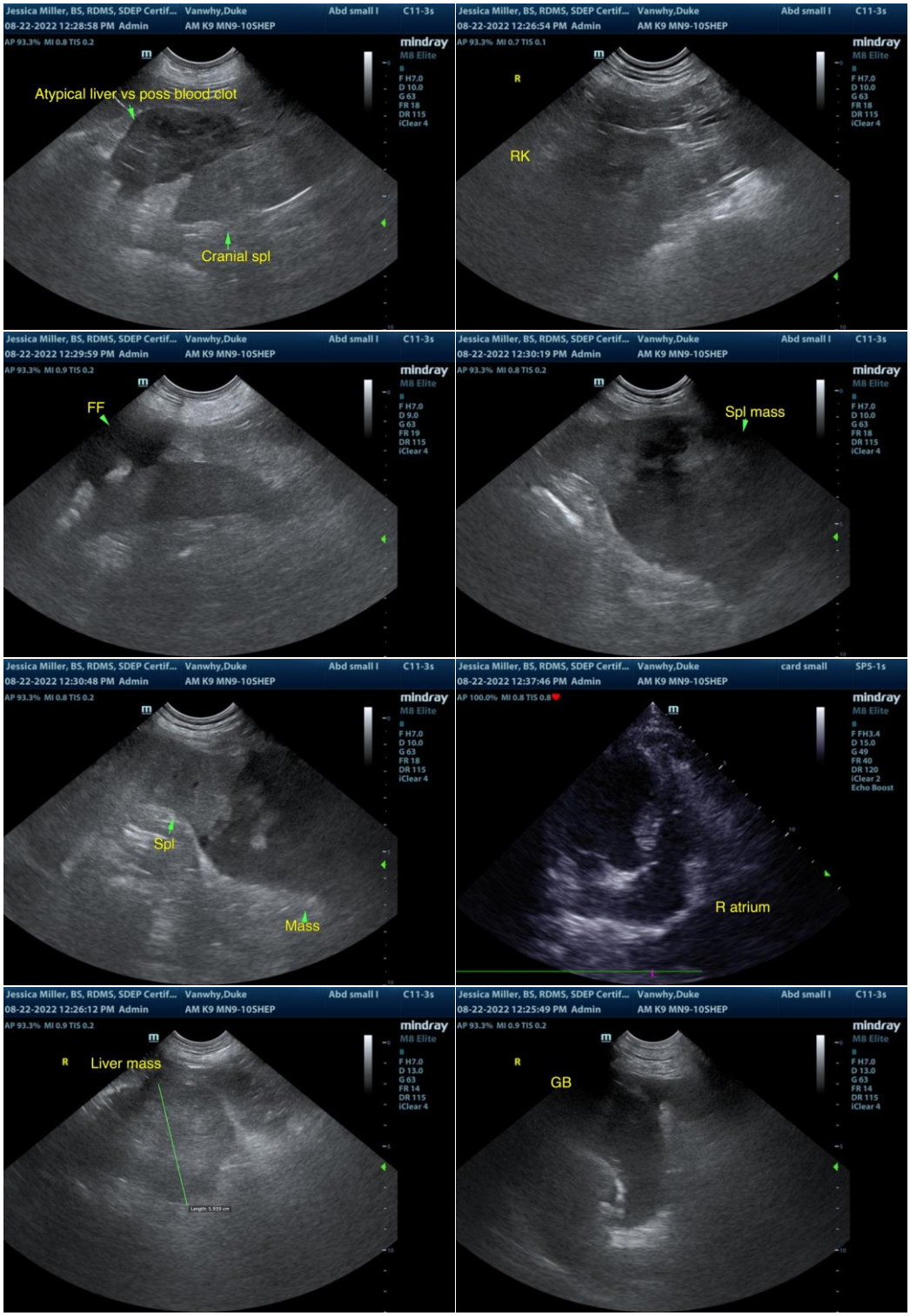

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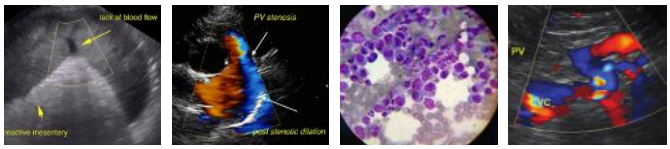

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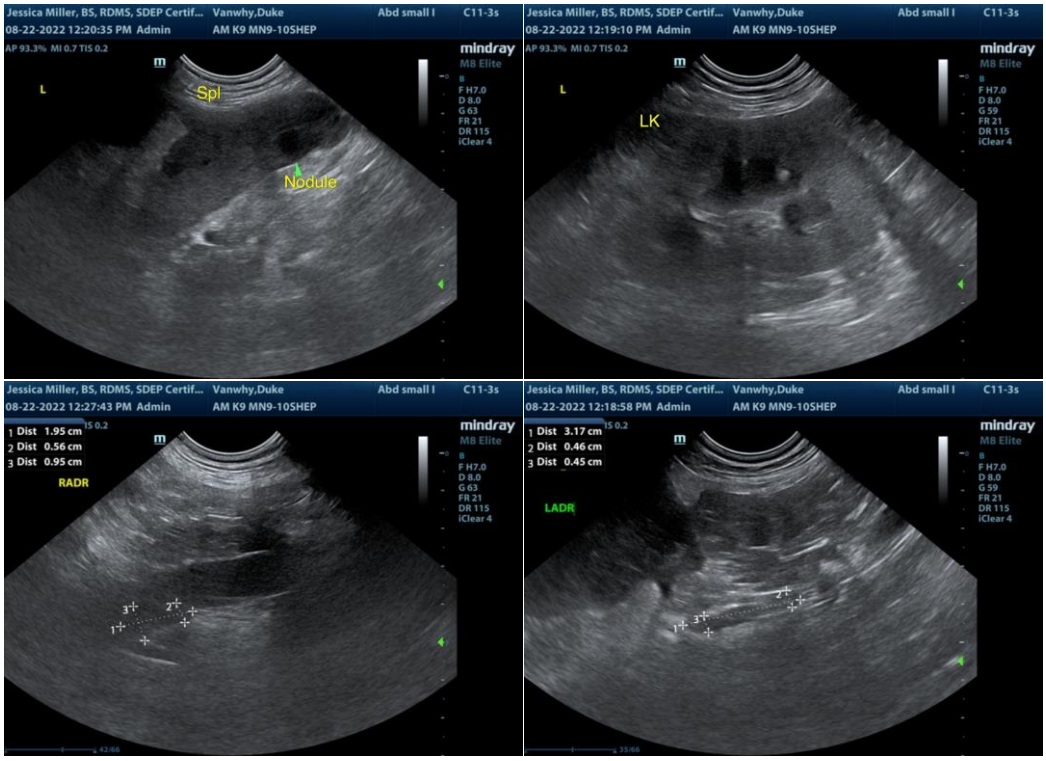

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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