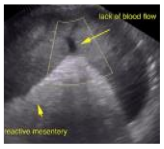
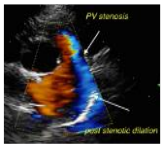
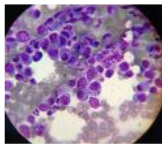
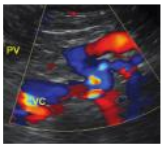
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Lucy Whittle

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

11

WEIGHT

78

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

14901

DATE

8/24/23

PRESENTING CLINICAL SIGNS

Seen 8/22 for not eating, vomiting, lethargy

Abnormal PE/Chem/CBC/UA Results: PE: quiet, mild epaxial muscle wasting, pale mm, h/l wnl, abd no overt fluid/organomegaly CBC: rbc 4.28 hematocrit 28.8 hemoglobin 9.9 Chem: sdma 60 BUN 104 Creat 6.1

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.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney likely caudal cortical infarct was noted. The left kidney measured 6.0 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited normal to possible mild generalized enlargement with capsule asymmetry and generalized heterogeneous parenchyma. Several to multiple, variably expansive, nonhomogeneous, hypoechoic splenic nodules were present, resulting in distortion of the splenic capsule. An example of a splenic nodule measured 1.8 cm in diameter.

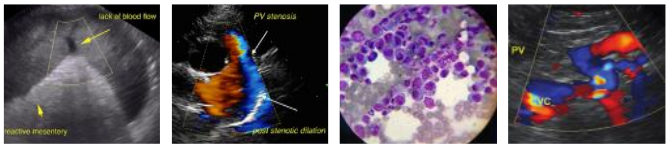
Liver/ Gallbladder

The liver exhibited generalized to variable enlargement with areas of capsule asymmetry primarily in the mid to left liver. Mid to left liver nonhomogeneous hepatic parenchyma was noted with mild to moderately sized, nonhomogeneous to expansive mass present in the subjective caudal mid-left liver measuring ~5.0 cm in diameter. 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 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.



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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

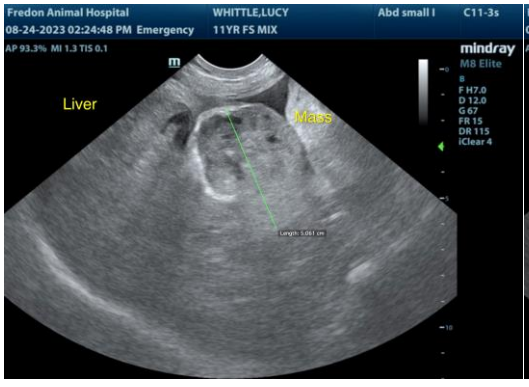
Moderate volume, mildly echogenic peritoneal effusion was present. Generalized mild nonuniform hyperechoic omentum was noted. There was no overtly visualized omental lymphadenopathy.

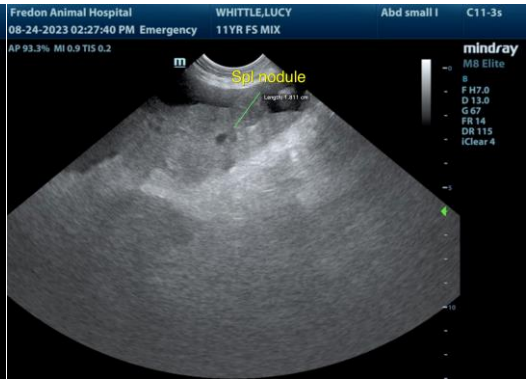
ULTRASONOGRAPHIC FINDINGS

- Variably enlarged, nonhomogeneous liver with mid to left mass
- Asymmetrical nonhomogeneous to nodular spleen
- Moderate chronic renal changes
- Mild volume peritoneal effusion, generalized mild nonuniform hyperechoic omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the hepatosplenic presentation is consistent with multicentric neoplastic criteria with primary concern for multicentric sarcoma. Abdominocentesis for effusion analysis, cytology, and assessment for suspected hemoabdomen, given the anemia, may be considered. If normal clotting status, screening hepatosplenic FNA cytology could be considered for further clarification and possible oncology consult. However, an unfavorable prognosis is likely.





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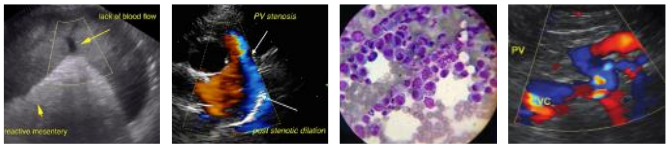

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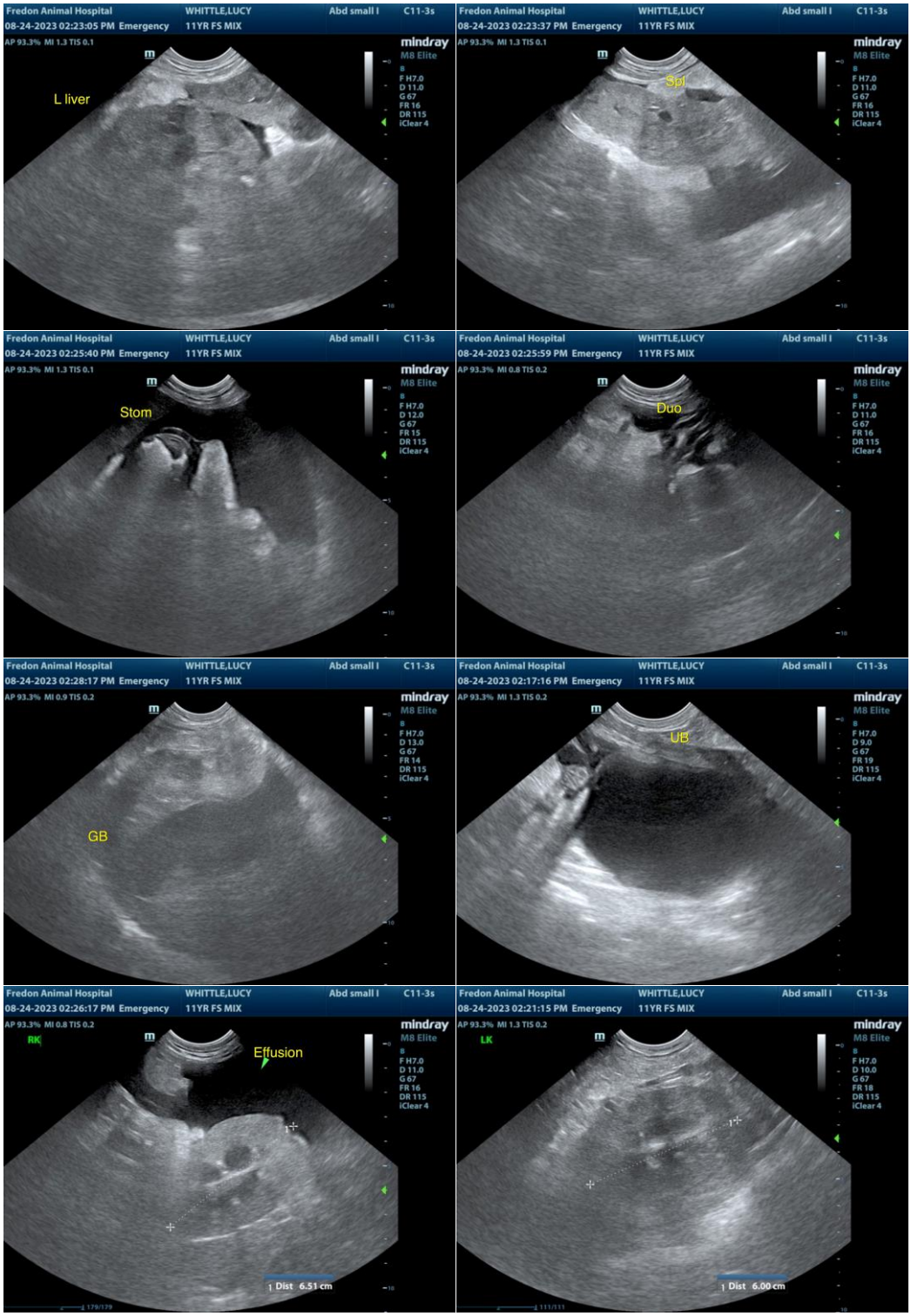

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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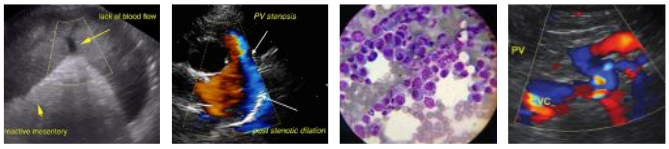

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com