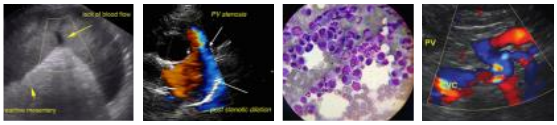


PATIENT

Sage Greyhound Pet Adoption NW

SPECIES

Canine

BREED

Greyhound

SEX

FS

AGE

11yr

WEIGHT

58lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem Animal Hospital

REFERRING VET

Kaiser

INVOICE

14709ag

DATE

08/28/2023

PRESENTING CLINICAL SIGNS

Presented 8/26/23 for bite wounds. Incidentally, an abdominal mass was palpable on physical exam. Over the past couple of months, she has had a couple of episodes of inappetence which tend to resolve in a couple of days. She has vomited a couple of times over the past couple of months as well. And she has had a couple of episodes of panting associated with the episodes of inappetence.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem about a month ago was relatively unremarkable (mild hemoconcentration, mild thrombocytopenia but many clumps on blood smear). Current Medications Glucosamine and fish oil normally. Was prescribed Clavamox, galliprant, and gabapentin for wounds on 8/26/23. Radiographic Findings No overt metastatic disease in thorax. There is a large mid-abdominal mass effect in the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Caudal left kidney cortical infarct. The left kidney measured 7.0 cm in length. The right kidney was not definitively visualized.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

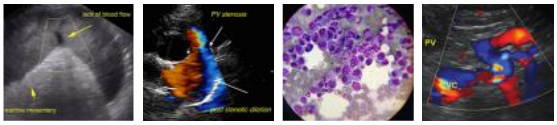
Spleen

A solitary large to expansive mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~13.0 cm. The parenchyma of the mass was heterogeneous to mixed echogenic with 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. Regional omental inflammation was present around the mass.

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The visualized small intestine was sonographically unremarkable with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

Minor volume peritoneal effusion was present.

Perisplenic increased omental echogenicity was present. Potential for omental adhesions possible.

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

ULTRASONOGRAPHIC FINDINGS

- Large non-homogenous cavitated splenic mass.
- Sonographically unremarkable liver/gallbladder.
- Left kidney-moderate chronic renal changes with caudal infarct.
- Perisplenic hyperechoic omentum and minor volume peritoneal effusion.

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. No evidence of major organ or cardiac metastatic criteria. The possibility of non-sonographically evident metastasis +/- omental adhesions cannot be definitively excluded.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Laparotomy and splenectomy, gross inspection of the perisplenic omentum and liver is warranted. A guarded prognosis is indicated pending splenic histopathology.

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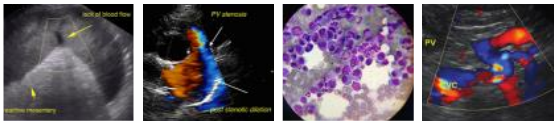

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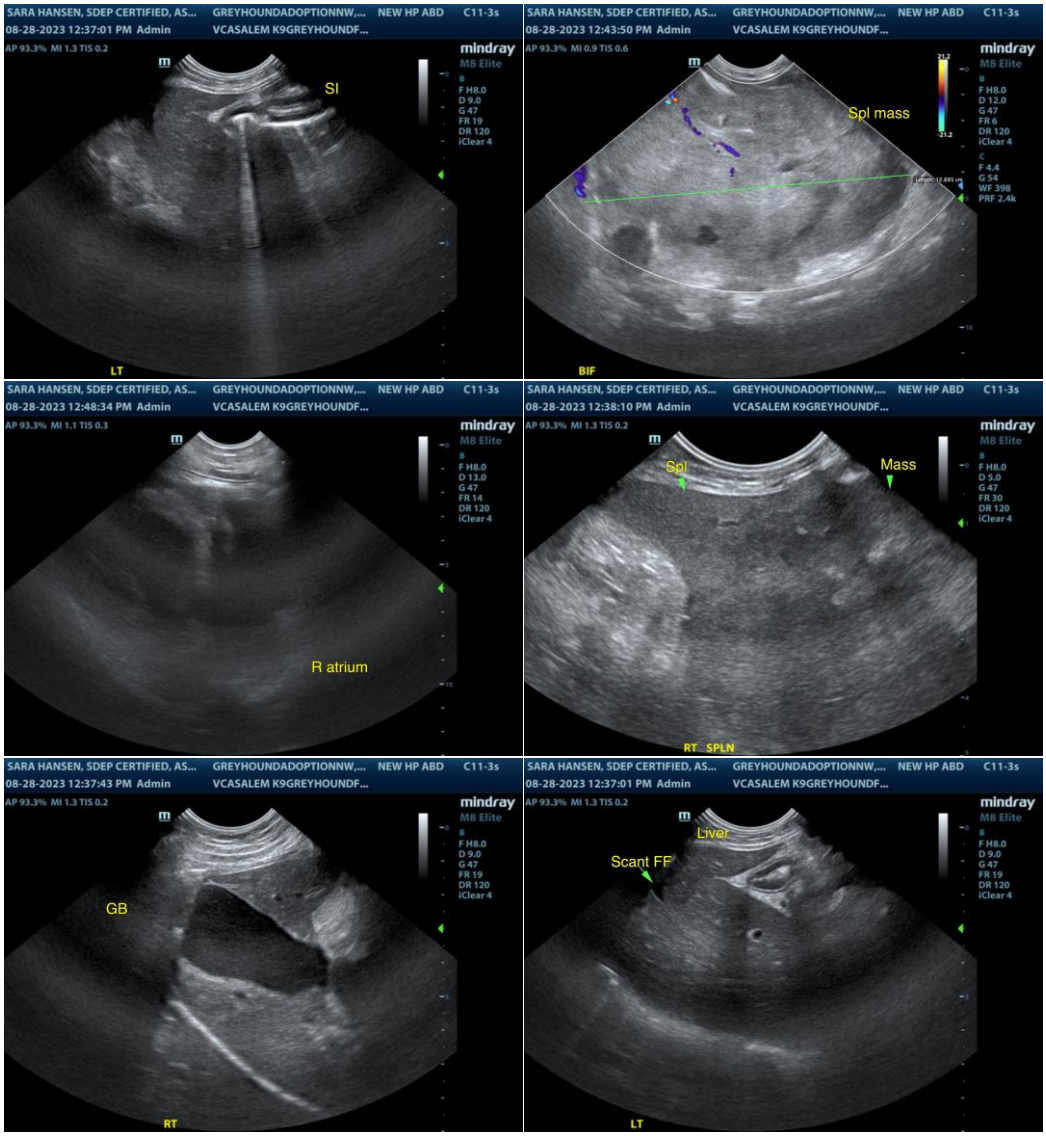

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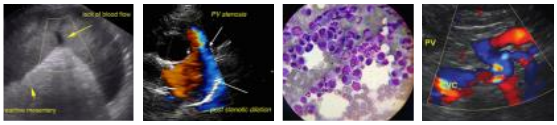

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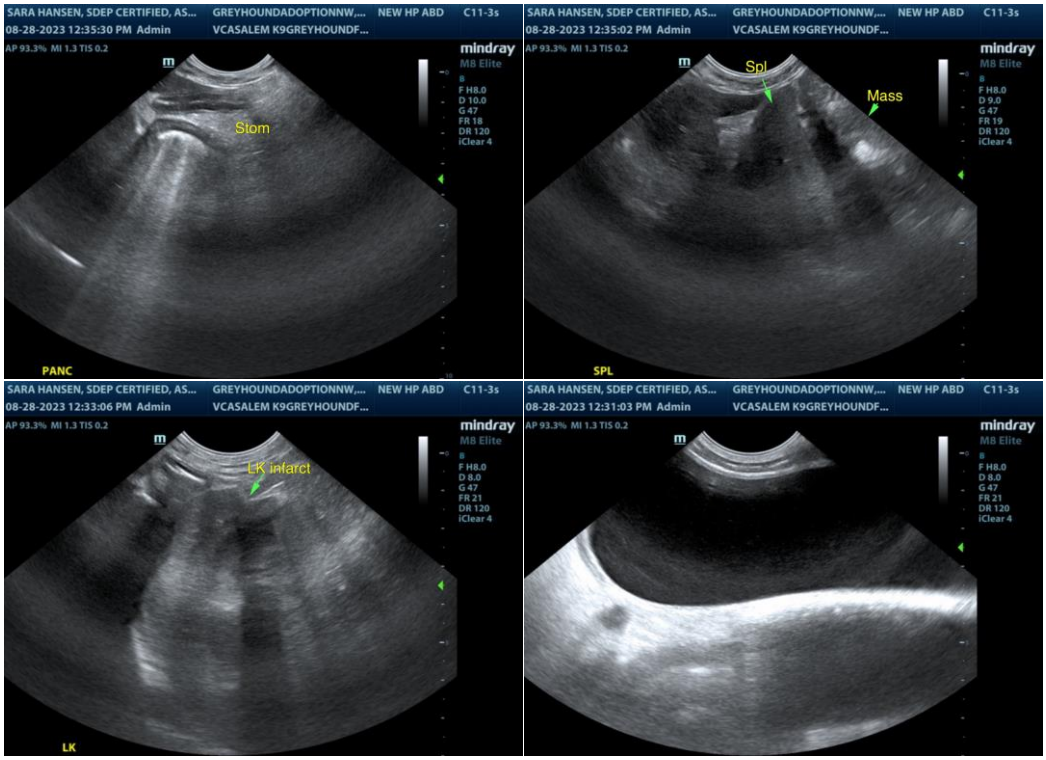

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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