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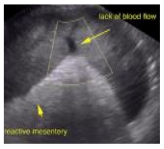

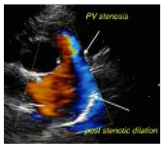

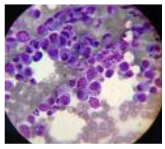
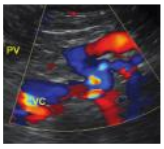

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1-800-838-4268 info@sonopath.com

PATIENT

Bella Colon

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

9 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Jose Ramirez

INVOICE

14800

DATE

8/3/23

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound. The patient presented to rDVM because was not eating well and was lethargic, Not vomiting or having diarrhea. Vx is up to date and preventive also. Xrays possible spleen mass. Meds Prednisone 10mg BID, Doxycycline 100mg 1 tab BID.

Abnormal PE/Chem/CBC/UA Results: Radiographs: abdomen possible abdominal mass. PLT 128 WBC 17.99 MON 1.61 NEU 13.90 BUN 28 GLU 53 WNL all labs

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. A solitary right kidney cortical cyst was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 0.35 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 0.44 cm width at the caudal pole and 0.37 cm width at the cranial pole.

Spleen

A moderately sized mass involving the subjective cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured 6.0-7.0 cm in diameter. The mass was nonhomogeneous with nodular to cavitated parenchyma. The non-affected spleen was sonographically unremarkable exhibiting mild parenchyma heterogeneity. 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 presented subjective mild enlarged 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 was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

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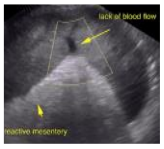

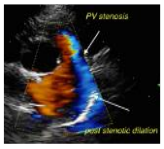

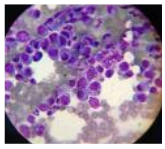
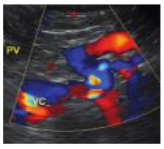

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Gastrointestinal

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.

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

Subtle peri splenic hyperechoic omentum was present with minor potential for omental adhesions to the splenic mass. No evidence of splenic mass rupture with secondary hemoabdomen or definitively visualized / overt omental lymphadenopathy.

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass - neoplastic criteria such as sarcoma or other considered probable, potential for hyperplasia, hematopoiesis, splenitis, granuloma possible
- Mild hepatomegaly - subjectively benign
- Minor gallbladder sediment (non-mucocele)
- Mild chronic renal changes exhibiting minor pyelectasia and right kidney cyst
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious sonographic evidence of intrabdominal or cardiac metastasis.

Assuming no evidence of pathology on three-view chest radiographs, splenectomy with gross inspection of the peri splenic omentum and liver would be warranted. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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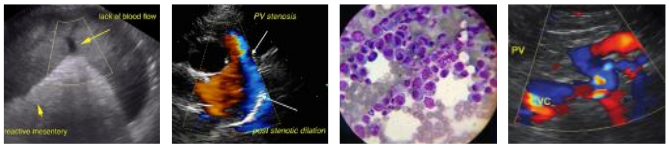

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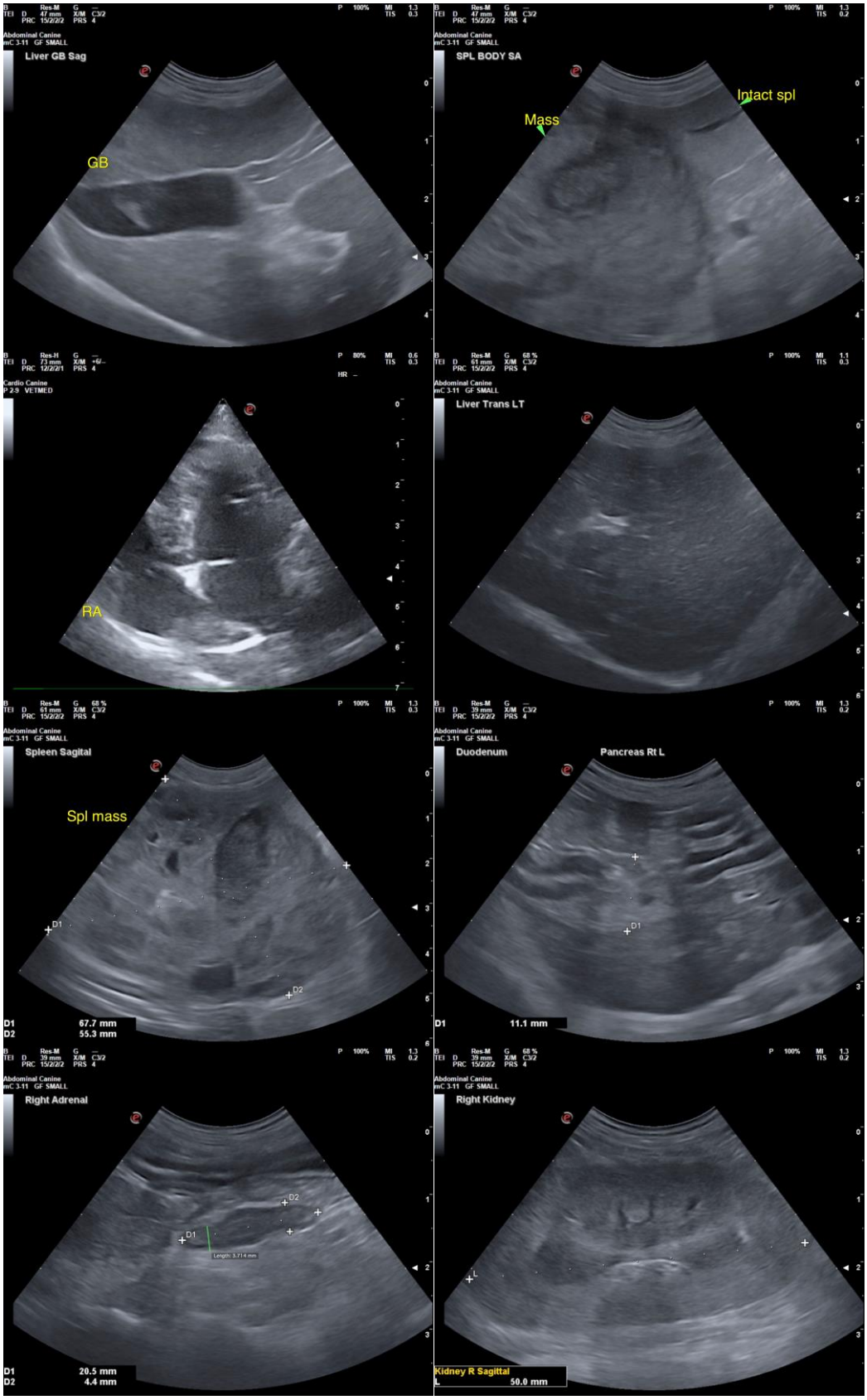

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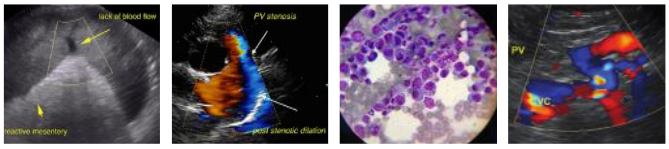

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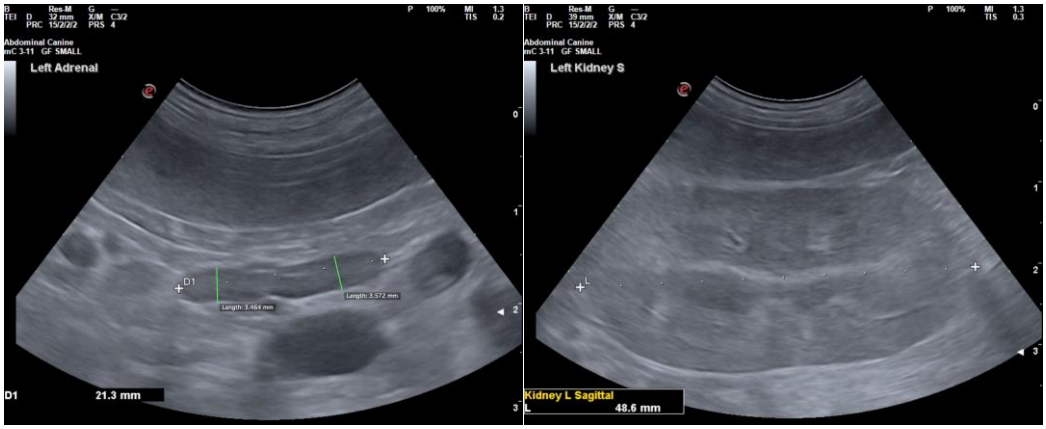

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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