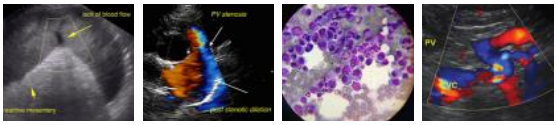

PATIENT

Karl Porter

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

7yr

WEIGHT

78.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

History: Presented for annual exam- no concerns except for subtle decrease in energy over the past month. Physical exam= normal. Labwork pending. Current Medications None Radiographic Findings Large cranial abdominal mass Primary Question/Differential to Be Answered in This Exam Cancerous vs. benign appearance of mass and whether arising from spleen, liver, GI, etc.

Abnormal PE/Chem/CBC/UA Results:

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 8.3 cm in length. The right kidney measured 8.2 cm in length.

The area of the aortic trifurcation 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 0.57 cm width at the caudal pole and 2.4 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

A mass involving the mid to cranial spleen extending cranially to directly efface the caudal aspect of the liver with secondary asymmetrical capsule expansion and disruption was present and measured approximately 20 cm in diameter. 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. Concurrent medial folding of the caudal spleen was present. 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

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 with dependent luminal debris (this is considered incidental). The cystic and common bile ducts were normal.

Gastrointestinal

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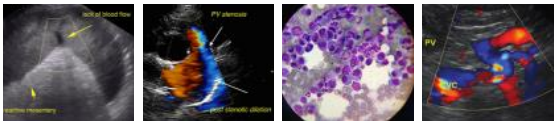

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MOBILE VETERINARY ULTRASOUND
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 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 to moderate volume peritoneal free fluid was present. Generalized peri splenic hyperechoic mesentery was noted.

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

ULTRASONOGRAPHIC FINDINGS

- Large cavitated splenic mass, regional perisplenic hyperechoic mesentery
- Mild to moderate volume peritoneal fluid-suspect hemoabdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass was nonspecific with potential considerations including hyperplasia, hematopoiesis, necrosis, granuloma, splenitis with neoplastic criteria favored. No obvious evidence of intra-abdominal metastasis was observed by cannot be definitively excluded. No obvious evidence of pericardial metastasis on rapid view scan.

Assuming no evidence of thoracic pathology on three view chest radiographs, laparotomy with expectation of splenectomy, gross inspection of the liver and perisplenic omentum is warranted. A guarded prognosis pending splenic histopathology.

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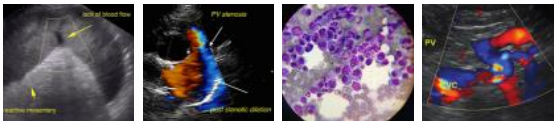

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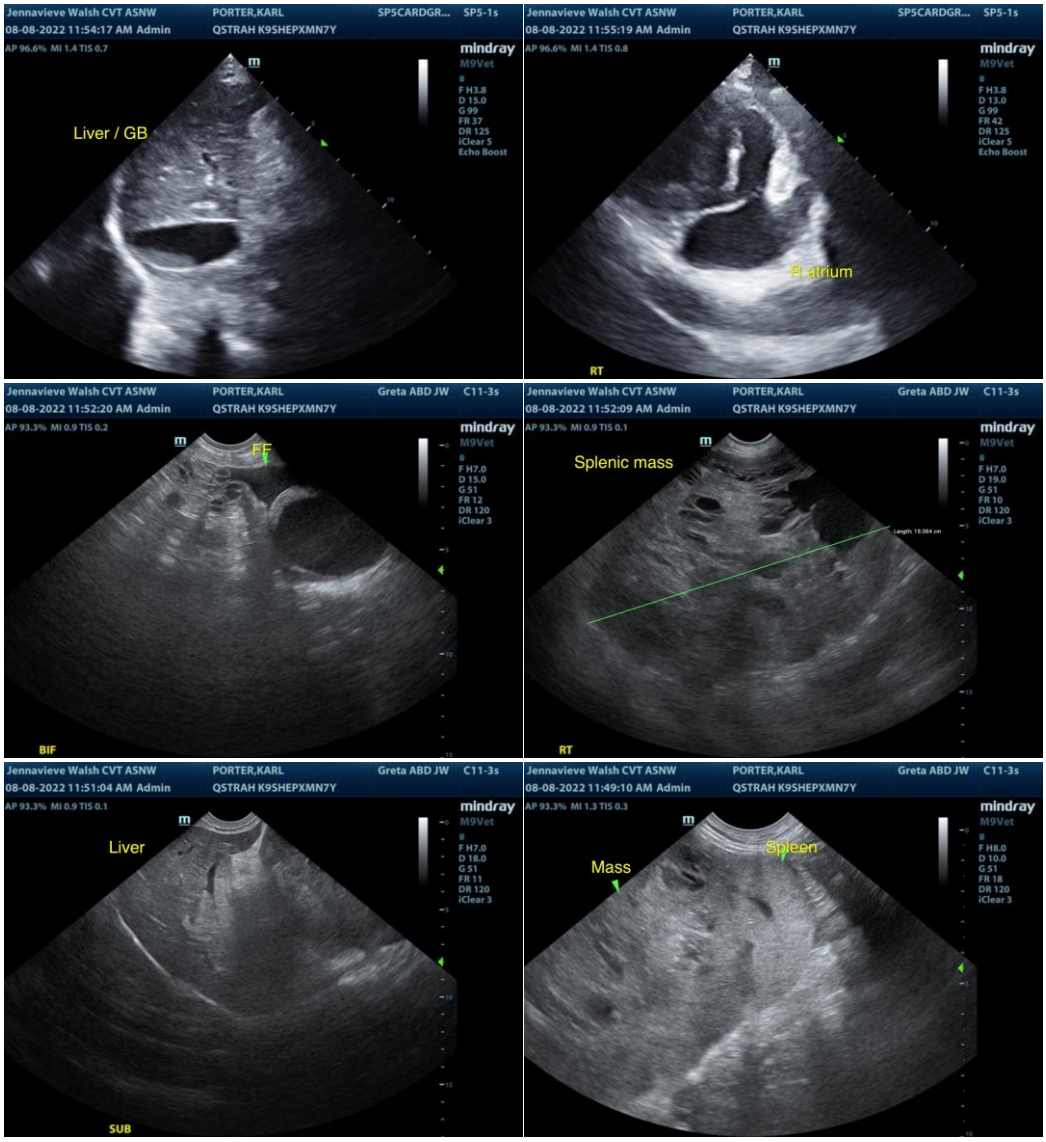

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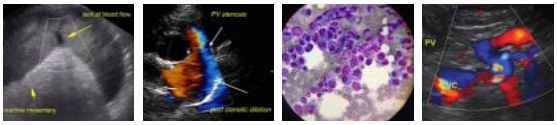

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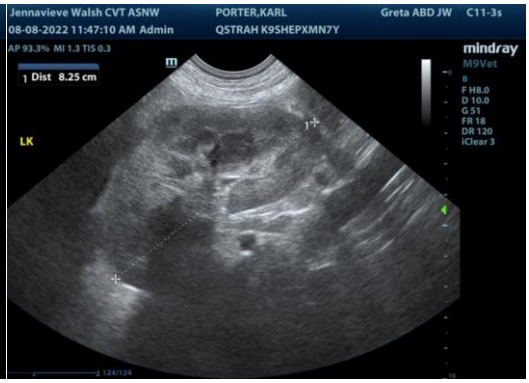

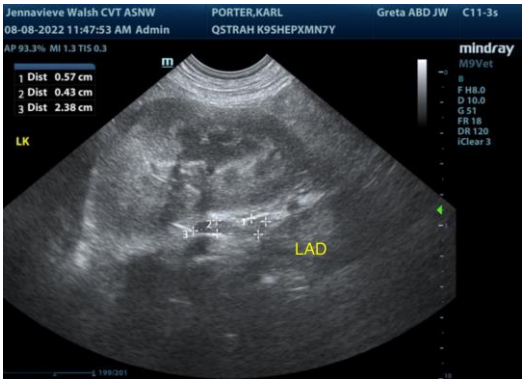

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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