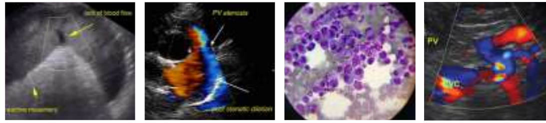


PATIENT
Annie Lyford

SPECIES
Canine

BREED
Toy Poodle

SEX
Spayed Female

AGE
13 years

WEIGHT
7.5 lbs.

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

IMAGING PERFORMED BY
Heidi Putnam, SDEP Clinical Sonographer

HOSPITAL NAME
Corvallis VH

REFERRING VET
Dr. Jason Gross

INVOICE
12079

DATE
8/9/21

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Annie presented with a four day history of inappetence and lethargy. Pet might be drinking less water and she no longer likes to walk. Pet has a history of urolithiasis that we thought resolved with s/d. PE: estimated grade 3/4 PD with some gingival recession. MM may be slightly pale. Pet has a grade 1-2/4 murmur on the left side. Pet has a palpable abdominal mass. Pt is on IV Fluids.

Abnormal PE/Chem/CBC/UA Results: Labratory Findings Chem: increased amylase at 2281, t bill 0.7 mg/dl, Sodium is low at 136. CBC: WBC count is 118.86 with lymphocytosis, monocytosis, neutrophilic. Pet is anemic with HCT at 17.85, PLT reduced at 41,000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of dystrophic medullary mineral and small cortical cysts were resent in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

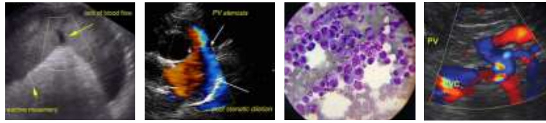
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.2 cm length x 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.43 cm width at the caudal pole.

Spleen

An expansive, hypoechoic to nonhomogeneous, indistinctly nodular, splenic mass was present, measuring approximately 6.4 cm x 4.5 cm. The mass subjectively involved the mid to cranial spleen without 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.

Liver/ Gallbladder

The liver exhibited mild generalized enlargement with symmetrical to mildly swollen contour. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. Distinct



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masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder contained moderate, echogenic, nonorganized gallbladder 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 gastric body wall width measured 0.30 cm.

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. The duodenum wall width measured 0.40 cm.

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

Perisplenic and perihepatic reactive mesentery with small pockets of scant free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

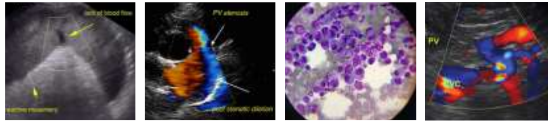
- Expansive, hypoechoic to nonhomogeneous splenic mass
- Mild hepatomegaly with decreased parenchyma echogenicity
- Moderate gallbladder debris (non-mucocele)
- Perisplenic and perihepatic reactive mesentery with scant pockets of free fluid

Secondary Findings

- Bilateral chronic renal changes with minor medullary mineral and cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is most consistent with neoplasia with primary concern for round cell neoplasia i.e., lymphoma, myeloma, mast cell neoplasia or other. The presentation of the liver is nonspecific with considerations including metabolic, reactive, or vacuolar hepatopathy, congestion, cholestasis, acute inflammation or other hepatopathy. However, although cytology is required for further clarification,



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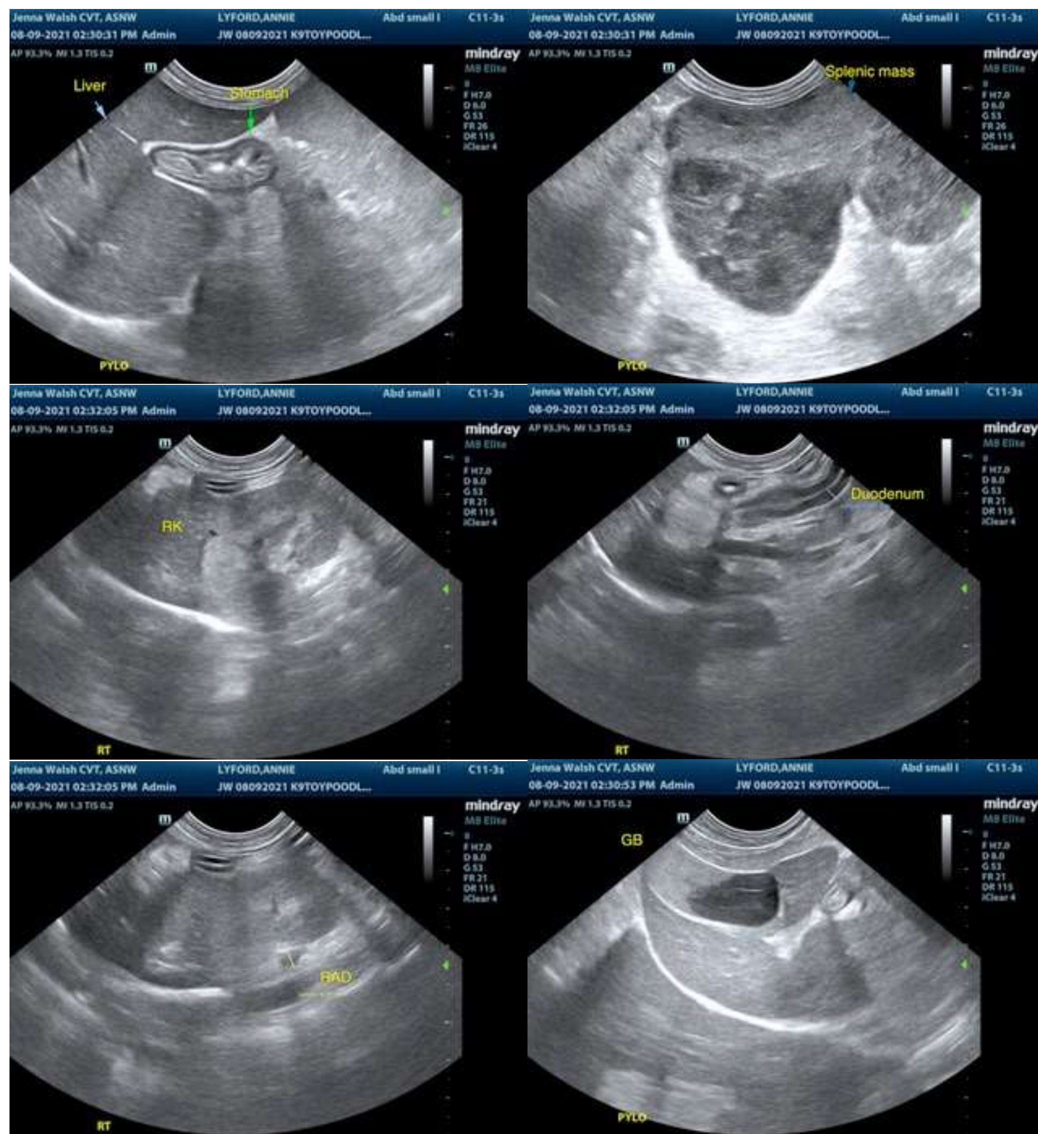
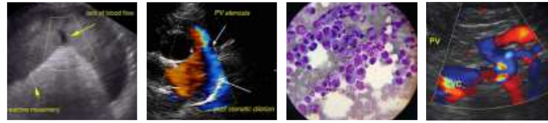
concern for multicentric hepatosplenic neoplasia is warranted in this case. Assuming normal clotting status, hepatosplenic FNA using a 25-ga needle is recommended for further clarification of the splenic mass as well as staging. Oncology consult could be considered pending hepatosplenic cytology. Three view chest radiographs are recommended if not done. Given the severe leukocytosis combined with anemia and potential thrombocytopenia, CBC pathology review +/- bone marrow assessment may be indicated.





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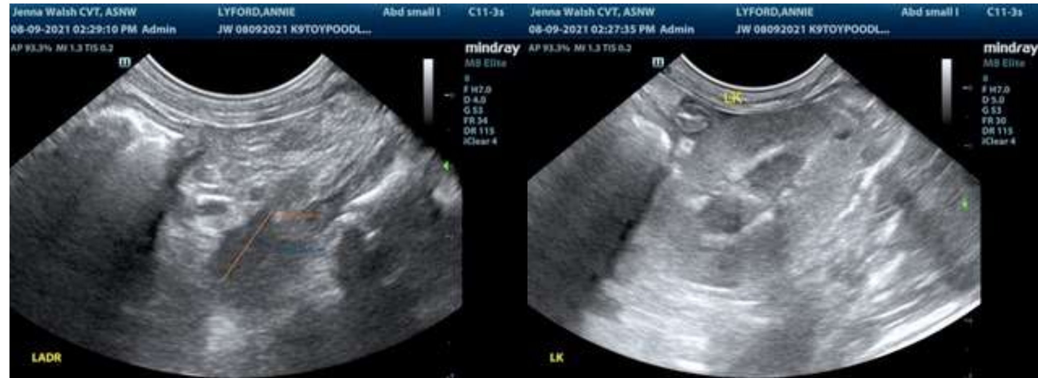

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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