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Clinical Sonography & Telecytology
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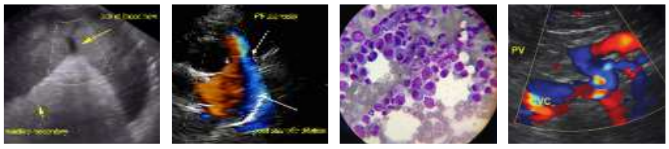

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Riley Langer

SPECIES
Canine

BREED
Havanese

SEX
Neutered Male

AGE
11 years 8 months

WEIGHT
22 lbs.

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

IMAGING PERFORMED BY
Dr. Travis Cerf

HOSPITAL NAME
Veternainry Center of Hardyston

REFERRING VET
Dr. Travis Cerf

INVOICE
12263

DATE
9/18/21

PRESENTING CLINICAL SIGNS

Radiographs revealed a possible splenic mass.
Abnormal PE/Chem/CBC/UA Results: Diabetic Probable HAC BW/Urine WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended in size with minimal anechoic urine. Asymmetrical luminal surface contour was present. No sediment or calculi were noted. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention, yet generalized mural hypertrophy was present with subtle nonhomogeneous mural echogenicity. No evidence of mural mineralization was noted. The urinary bladder wall measured 0.75 cm width. The urethra was normal to a depth of 1.0 cm.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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. A small cortical cyst was present in the left kidney. The left kidney measured 5.6 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited subjective mild prominent size, yet no overt evidence of significant hyperplasia or tumors. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width in the cranial pole and 0.66 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in the cranial pole and 0.78 cm width in the caudal pole.

Spleen

A mildly expansive, solitary, solid, cranial lateral splenic mass with associated symmetrical lateral capsule distortion was present, measuring 3.9 cm x 3.0 cm. The mass exhibited central Isoechoic echogenicity compared to adjacent normal-appearing splenic parenchyma. No evidence of perisplenic effusion or mass rupture was noted. Subtle areas of hyperechoic splenic parenchyma adjacent to the hilus were present, consistent with emerging benign myelolipomas.

Liver/ Gallbladder

The liver was mildly enlarged in size with structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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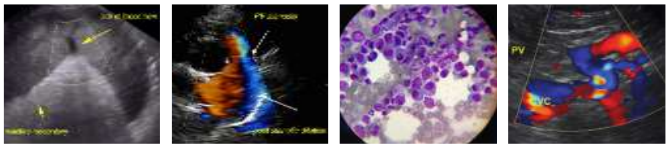

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained chyme was present.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Transdiaphragmatic view of the heart revealed no overt evidence of pericardial effusion or tumors.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Solid uniform cranial splenic mass with isoechoic to normal-appearing splenic parenchyma
- Mild hepatomegaly with mild parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Age-related kidneys with mild pinpoint medullary mineral
- Potentially thickened urinary bladder, possible chronic cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Assuming normal clotting status, ultrasound-guided FNA of the splenic mass using a 25-gauge needle could be considered for screening cytology. Splenic histopathology is likely required for a definitive diagnosis. No overt evidence of intraabdominal metastasis if splenic neoplasia is present.

Evaluation of a full urinary bladder of possible is recommended. Urine C/S is suggested if evidence of glucose urea.

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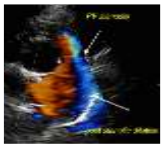
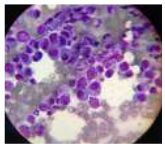
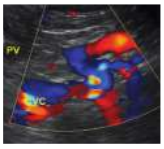

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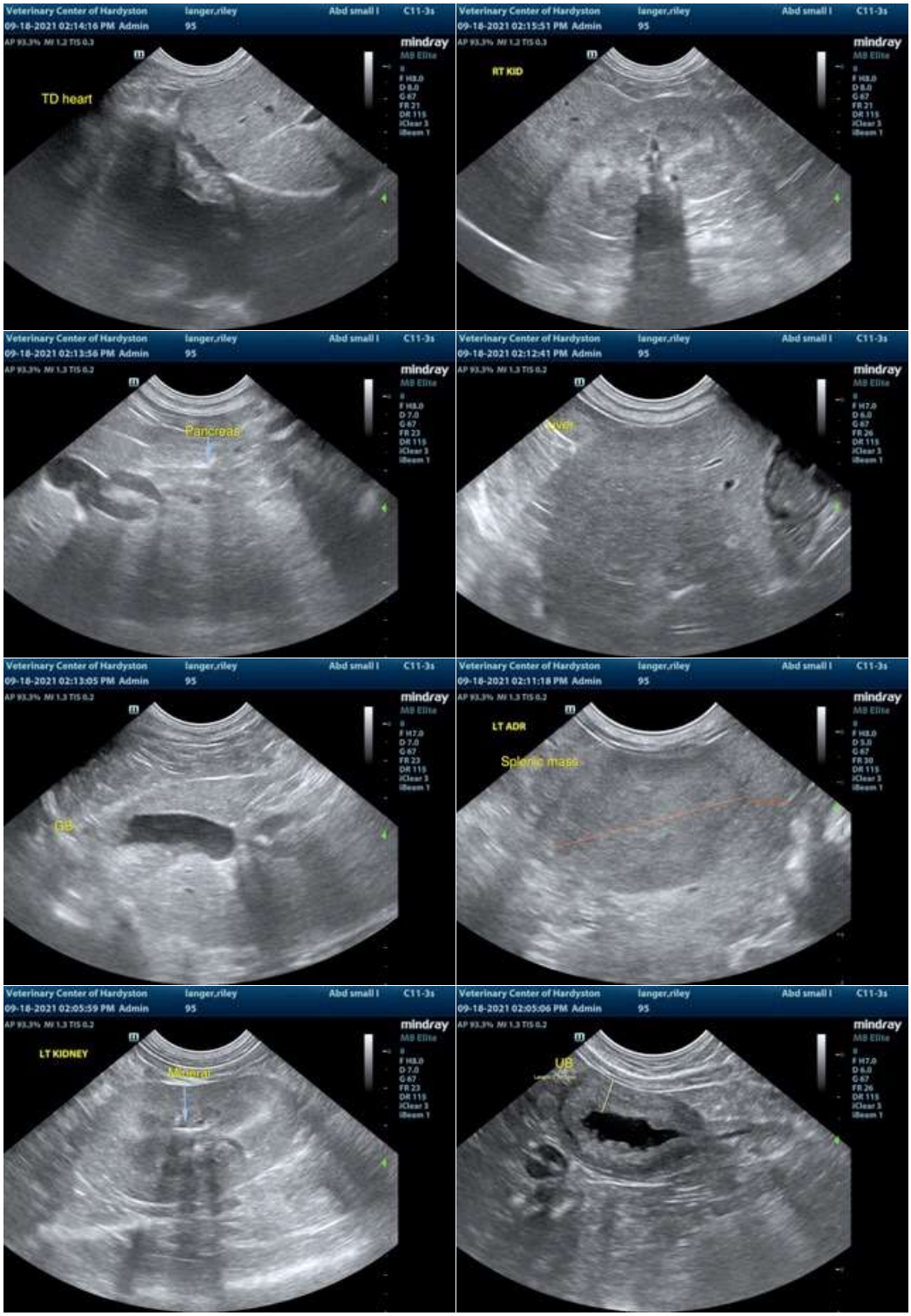

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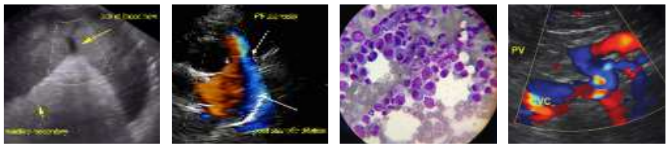

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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