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Clinical Sonography & Telecytology
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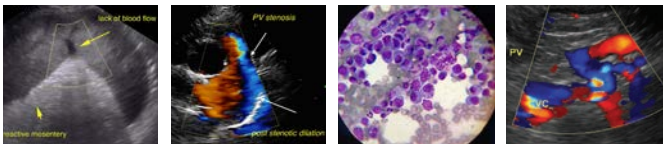

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1-800-838-4268 info@sonopath.com

PATIENT
Huxley Kelly

SPECIES
Canine

BREED
Maltese X

SEX
Intact Male

AGE
8 Years

WEIGHT
17.2 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Englewood Vet Center

REFERRING VET
Dr. Ezik

INVOICE
25231

DATE
9/8/21

PRESENTING CLINICAL SIGNS

Patient presents for abdominal ultrasound after a possible liver lesion was visualized during echocardiogram.

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 were noted.

The prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.80 cm diameter.

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 3.6 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.55 cm at the caudal pole. The left adrenal gland measured 1.6 cm length x 0.50 cm at the caudal pole.

Spleen

A mass involving the cranial spleen with secondary capsule expansion and disruption was present, measuring approximately 4.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The mass was noted directly adjacent to and likely effacing the left caudal liver. No evidence of associated perisplenic reactive mesentery or evidence of splenic mass rupture. No overt perisplenic or peritoneal effusion. 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

The liver was subjectively normal in size, 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.

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.

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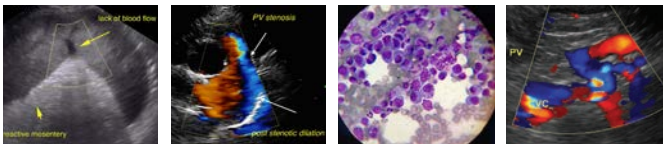

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Pancreas

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.

PRIMARY FINDINGS

- Cranial splenic mass adjacent to and directly effacing the left caudal liver

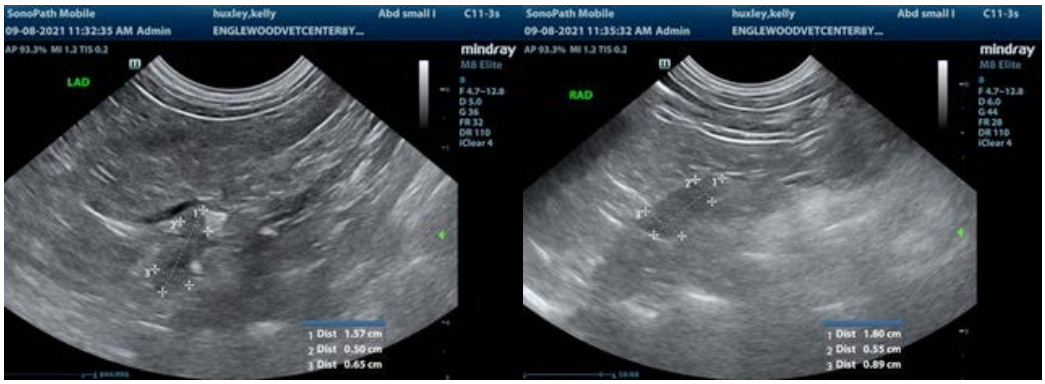
SECONDARY FINDINGS

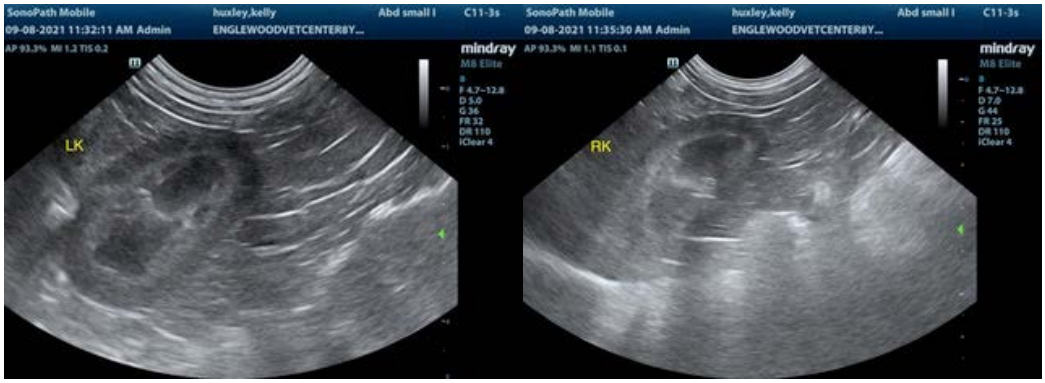
- Minor gallbladder debris, likely incidental

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). Subjectively the splenic mass was not overtly consistent with neoplastic criteria, and a benign process is possible, although neoplasia cannot be excluded. No overt evidence of intraabdominal or perisplenic metastasis.

Assuming no evidence of pericardial metastasis on recent echocardiogram and clean 3-view chest radiographs, laparotomy with expectation towards splenectomy and gross inspection of the liver may be considered. A minor potential for hepatic origin of the small mass with expansion into the area of the cranial spleen is possible, yet considered less likely. Assuming normal clotting status, ultrasound guided FNA of the splenic mass using 25-gauge needle may be considered for further assessment prior to surgery.





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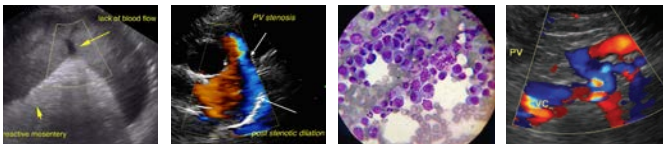

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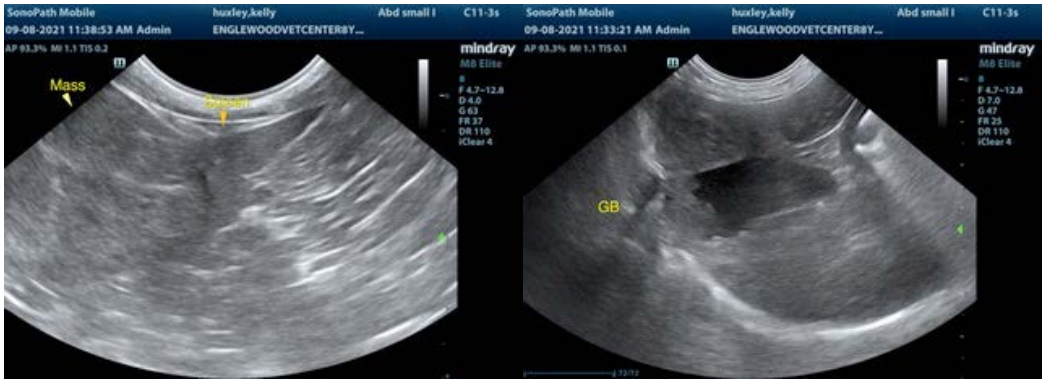

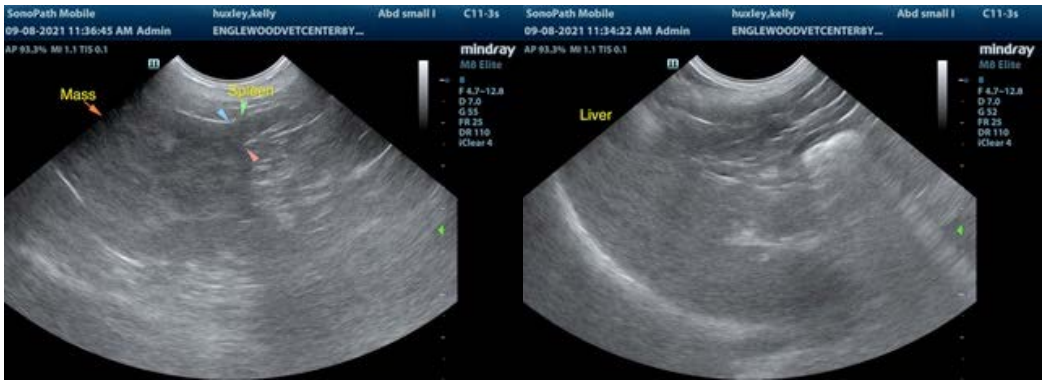

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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