**DATE PRESENTING CLINICAL SIGNS**

1/6/2022 Exam is limited by the size of the splenic mass.

PATIENT

Gibson Miller

History: hx of back pain. Recently decreased appetite and mild weight loss (~2lbs). O also reports drinking a little more than normal. Difficult to palpate abdomen - due to guarding/back pain. BW shows elevated WBC and mild anemia. Started on amoxicillin. Hematocrit is 30. White count is 20,900 with a mature neutrophilia.

SPECIES

Canine

Lab Results: Attached separately within request.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

2011

The prostate is not definitively visualized due to its pelvic location.

WEIGHT

67 Lbs.

The left kidney is normal size (7.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney is normal size (7.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Bayside Animal
Medical Center

Adrenal Glands

The left adrenal gland is not definitively visualized due to the presence of the large splenic mass. However, no obvious pathology is observed in this region

REFERRING VET

Dr. Buchanan

The right adrenal gland is normal size (0.94 cm at cranial pole) (0.72 cm at caudal pole) (2.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

10118

Spleen

The spleen is severely enlarged, with a >12 cm lobulated, irregular heterogenous cavitated mass arising from the parenchyma. The mesentery effacing the mass is hyperechoic. The mass appears to have ruptured. In the remainder of the spleen, the parenchyma is slightly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is gas distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the presence of the splenic mass. In the visualized portions, no obvious pathology is observed. normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

A small amount of free fluid is visualized. A 0.78 cm hypoechoic nodule is observed within the mesentery in the left midabdominal region. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram (free of charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

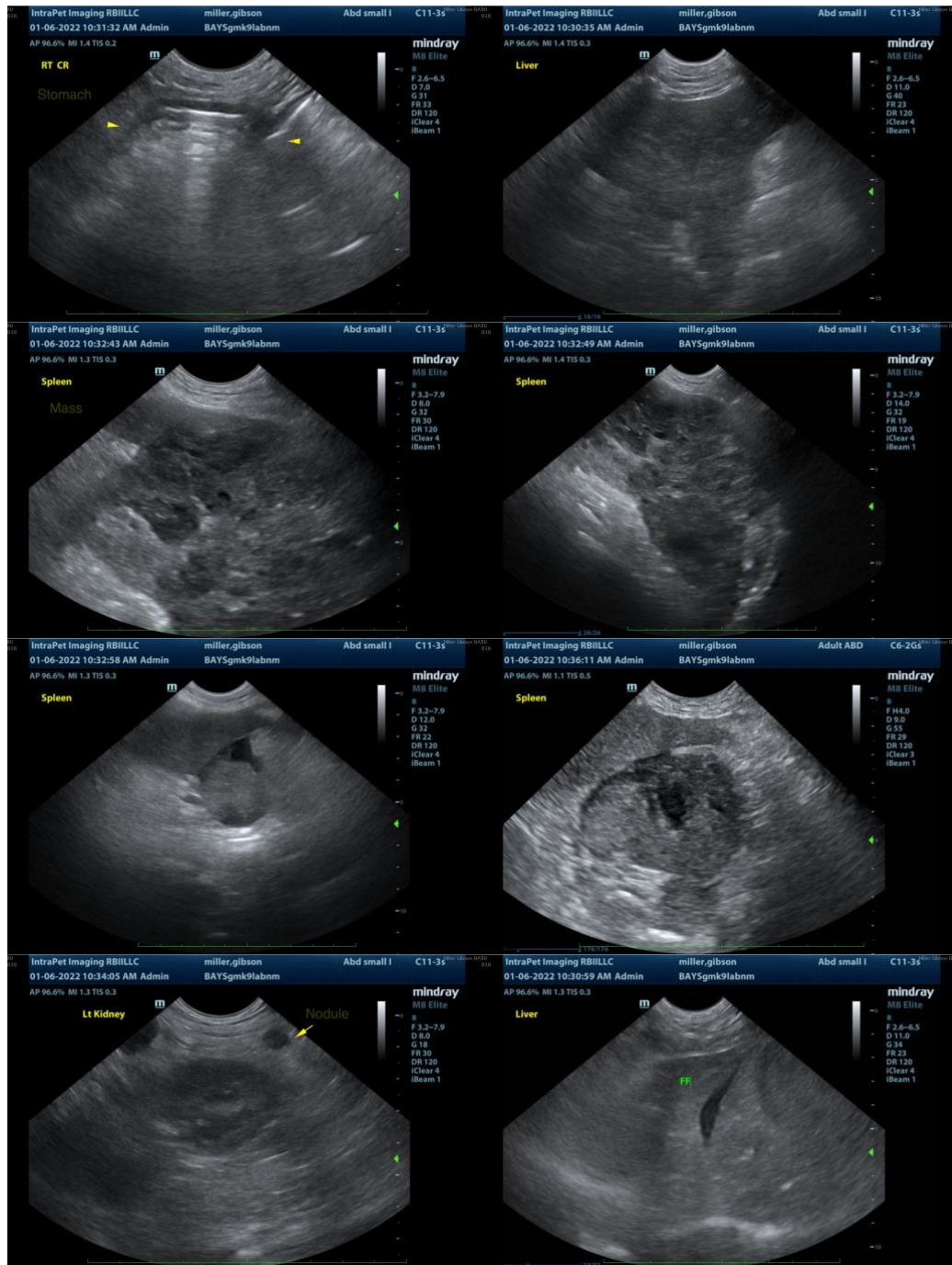
Primary Findings

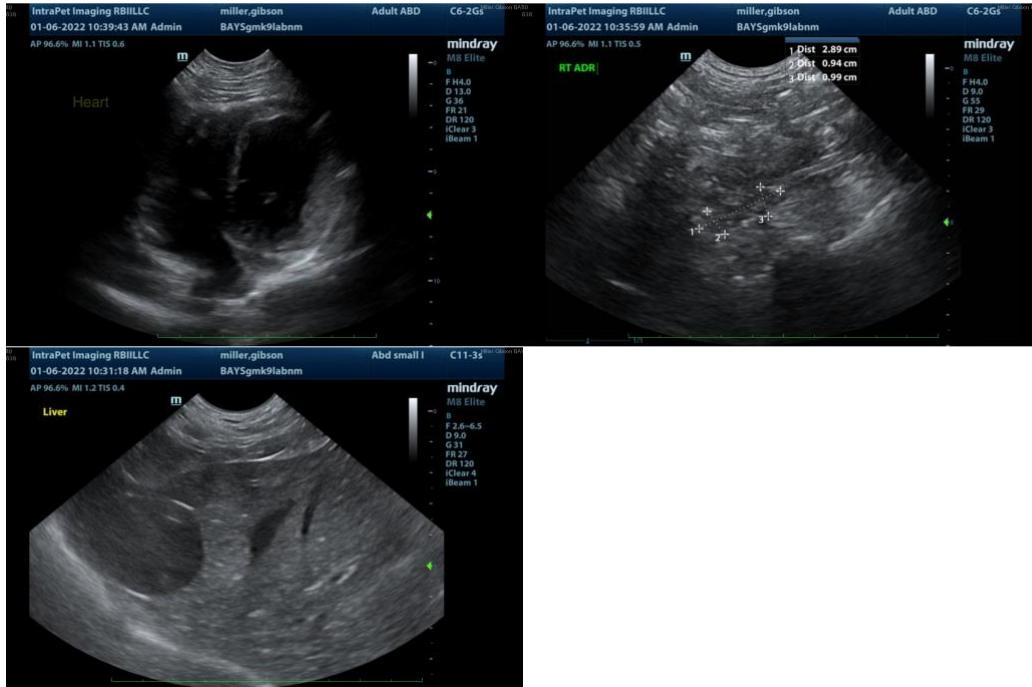
- Large ruptured splenic mass with regional peritonitis. Neoplasia (i.e., hemangiosarcoma), is suspected with a lower possibility of benign pathology.
- The nodule in the left mid-abdomen may represent a metastatic lesion to the mesentery. Alternatively, it may be an extension of the splenic mass.
- The hepatic parenchymal changes are non-specific and could be secondary to benign, age-related pathology. However, metastatic disease cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, an abdominal exploratory with splenectomy and submission of the spleen for histopathology can be considered. However, the client should be warned of the possibility of metastatic disease to the mesentery and/or liver. A liver biopsy should also be obtained.

- If surgery is not pursued, palliative care, i.e., Yunnan Baiyao, pain management, blood transfusions as needed can be considered.





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.

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