**DATE PRESENTING CLINICAL SIGNS**

1/20/2022 History: Pt presents for 1 day vomiting/inappetence. Pt has also had significant weight loss since last visit which was not intentional per O.

PATIENT

Bubba Bennett

Current Medications: Metronidazole 750mg BID.

Lab Results: ALP is also slightly elevated (300). Attached separately. CBC is unremarkable. Globulin is 5.0

Radiographs: Radiographs show abnormal shape to spleen - recommend ultrasound if GI persists but recommend ultrasound regardless to follow up on spleen shape.

SPECIES

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Greater Swiss Mountain Dog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male Neutered

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

2-10-2012

The prostate is normal in size (1.47 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

125.6 Lbs

The left kidney is normal size (8.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (7.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Everhart Veterinary

Adrenal Glands

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.73 cm at caudal pole) (2.82 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.

REFERRING VET

Center Dr. Rubenstein

The right adrenal gland is normal size (1.33 cm at cranial pole) (0.85 cm at caudal pole) (2.78 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

10172

Spleen

An approximately 7 cm irregular hypoechoic to heterogenous vascular mass is arising from the parenchyma. The mass causes mild capsular expansion. The remaining parenchyma is relatively homogenous in appearance. Splenic vasculature appears 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 with minor changes consistent with age-related remodeling. No focal

lesions are observed. Hepatic vasculature and 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 moderate amount of gravity dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta, fluid and air. The gastric wall is normal in thickness with a normal layering pattern. 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.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualize portions, no obvious pathology is seen. 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

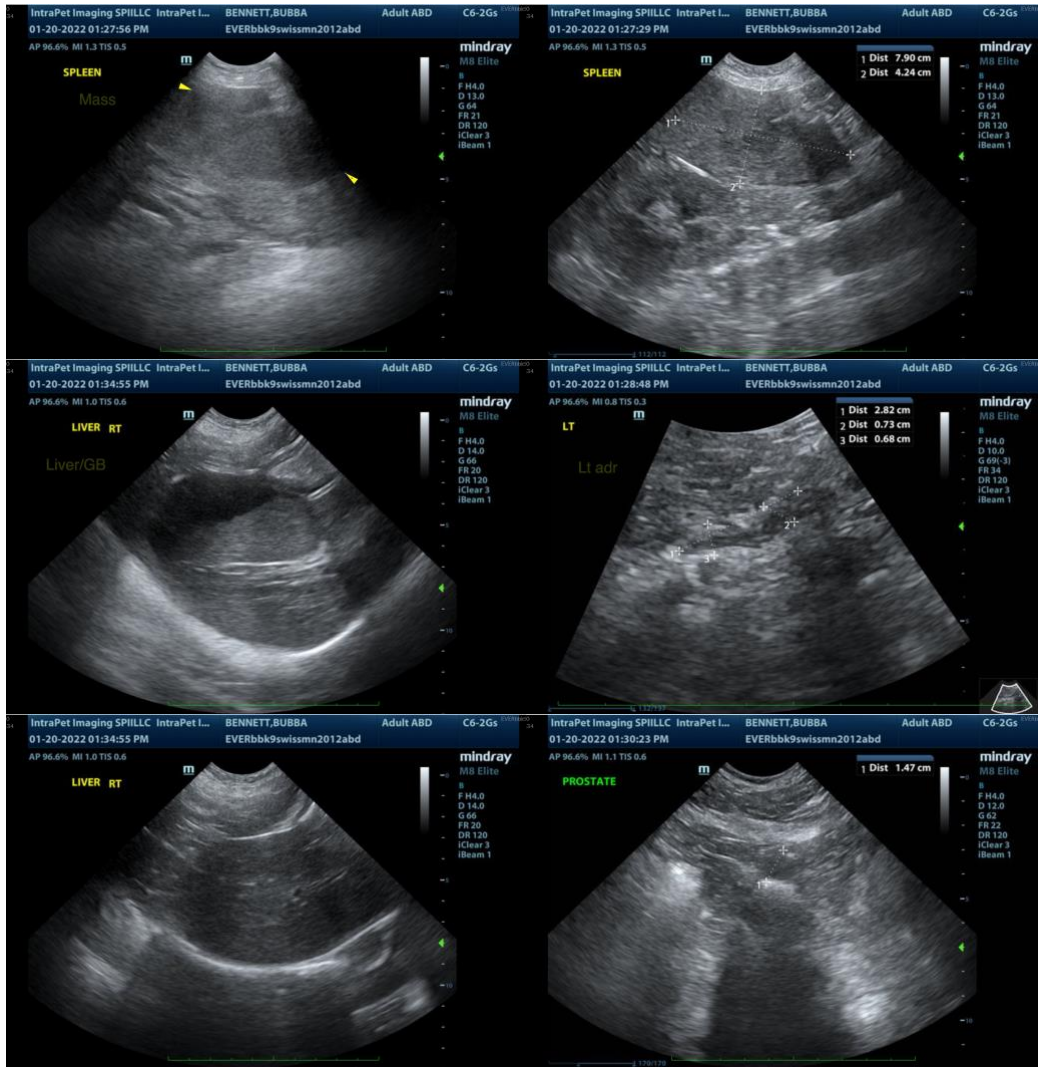
- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely, with a lower possibility of benign pathology.

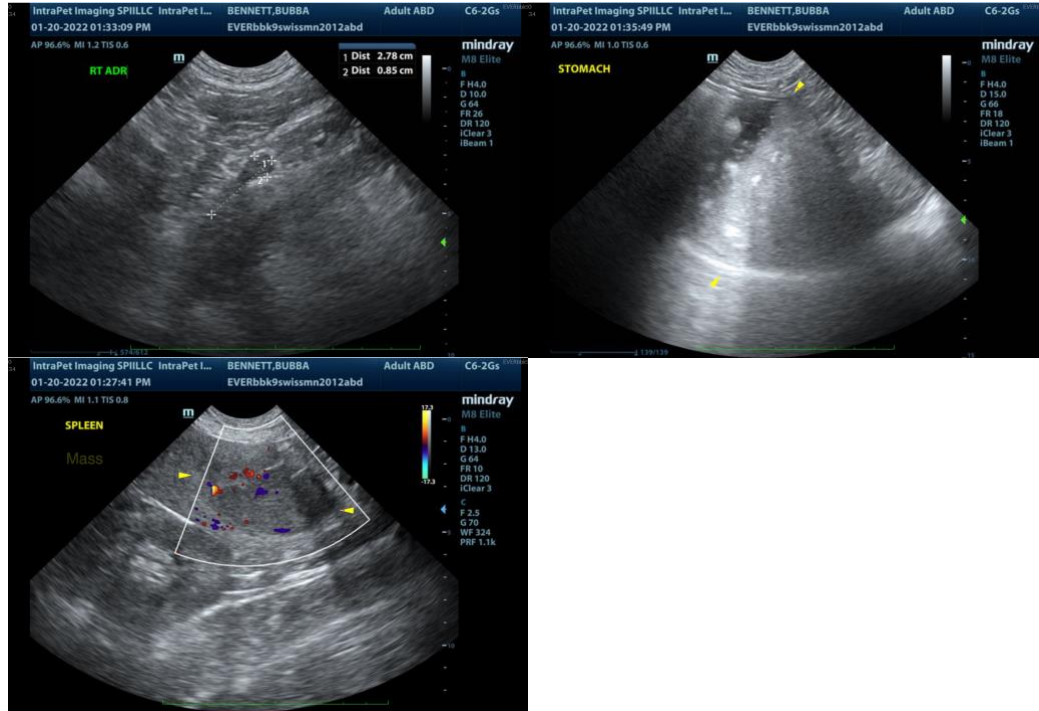
Secondary Findings

- Minor age-related hepatic and renal changes
- Gall bladder debris, non-mucocele
- The gastric distention may represent focal ileus, recent meal/water intake, or less likely, a partial outflow obstruction.

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 can be considered. Liver +/- gastrointestinal biopsies should also be obtained at the time of surgery to assess for micro-metastatic and concurrent GI disease, respectively.





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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com