

PATIENT

Bruno Pomponio

PRESENTING CLINICAL SIGNS

History: ADR, stiff gait

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Anemia, elevated LES Please see attached.
ALP: 1708. ALT: 739

BREED

Puggle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. A 0.18 cm mineralized focus is observed in the dorsal wall. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10 years

The left kidney is normal in size (5.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

WEIGHT

15.7 kg

The right kidney is normal in size (5.34 cm in length) with a normal shape, architecture and 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 hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole (0.50 cm at cranial pole) and mildly enlarged at the caudal pole (0.70 cm). Glandular echogenicity and detail are normal. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in normal size (0.40 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Amy Mayhew LVT

Spleen

A >7.00 cm heterogeneous mass appears to be arising from the splenic parenchyma. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

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Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A few ill-defined hyperechoic to slightly heterogeneous nodules/lesions are visualized (the largest measuring 2.47 cm in diameter). In addition, a 2.69 cm hypoechoic nodule is observed on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Burrwood Veterinary
-Dr. Alex Schechter

The gall bladder is distended. The wall is normal in thickness. A moderate amount of echogenic debris is observed within the lumen (most of which is gravity dependent and some of which is suspended). Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

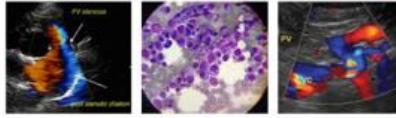
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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural

DATE

1.12.23

**PATIENT**

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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

BREED

Puggle

Other

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

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Abdominal mass, suspected to be of splenic origin. Neoplasia (i.e., sarcoma, round cell tumor) is suspected.
- The hepatic nodules could be consistent with metastatic disease or a benign process (i.e., regenerative nodular hyperplasia).

AGE

10 years

Secondary Findings

- Bilateral chronic age-related renal changes
- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The mineralization in the dorsal urinary bladder wall may represent mineralization within the wall itself or a small, adhered cystic calculus.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the abdominal mass can be considered (if clotting status is appropriate). Alternatively, an abdominal exploratory with splenectomy and submission of the mass for histopathology can be considered along with biopsies of the hepatic nodules. However, the client should be warned of the potential for metastatic disease in the liver prior to surgery.

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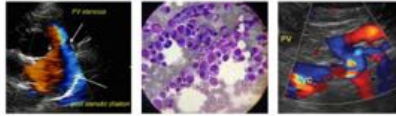
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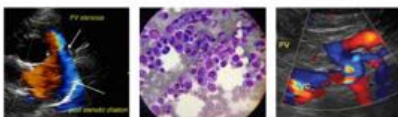
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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svsimagingqc.net 309-737-3070



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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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