

PATIENT

Duke Okane

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

2/18/2015

WEIGHT

81.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro

HOSPITAL NAME

Flowertown Animal
Hospital

REFERRING VET

Dr. Kline

INVOICE

10156

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented last week for inappropriate urination. Duke presented again today for moderate, hemorrhagic abdominal effusion and suspected splenic mass. TFAST- Mild thoracic effusion. Possible pericardial effusion.

Abnormal Lab work Values: 1/15/22- CBC demonstrated a mild anemia (HCT- 32%), but blood work was otherwise unremarkable. 1/20/22- PCV/TS- 17%/10.0.

No current medications

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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

The left kidney presented normal size (7.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (8.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

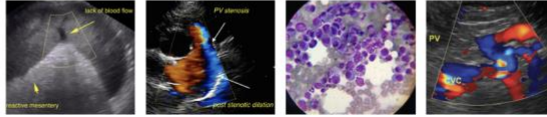
The left adrenal gland is normal size (0.73 cm at cranial pole) (0.67 cm at caudal pole) (3.42 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.68 cm at cranial pole) (0.81 cm at caudal pole) (2.53 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.

Spleen

The spleen is enlarged with irregular peripheral contours. A >9cm irregular, heterogenous, cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the margins are mostly curvilinear. There is an area of suspected infarction. Splenic vasculature at the hilus, however, appears normal.

Liver



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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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Pancreas

A portion of the pancreas is obscured by the large splenic mass. In the visualized portions, no obvious pathology is seen.

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Free Abdomen

A moderate to large amount of echogenic free fluid is present within the abdomen. The abdominal lymph nodes are normal/not visible.

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma), is considered likely. A splenic infarct and regional peritonitis are present, likely secondary to the splenic mass.
- Confirmed hemoabdomen (per Dr. Kline)

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 and an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology as well as a liver biopsy to assess for micro-metastatic disease. If surgery is not to be pursued, palliative care (i.e., blood transfusion, Yunnan Baiyao, symptomatic treatment) is recommended.

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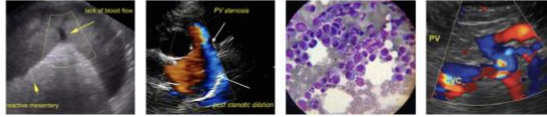
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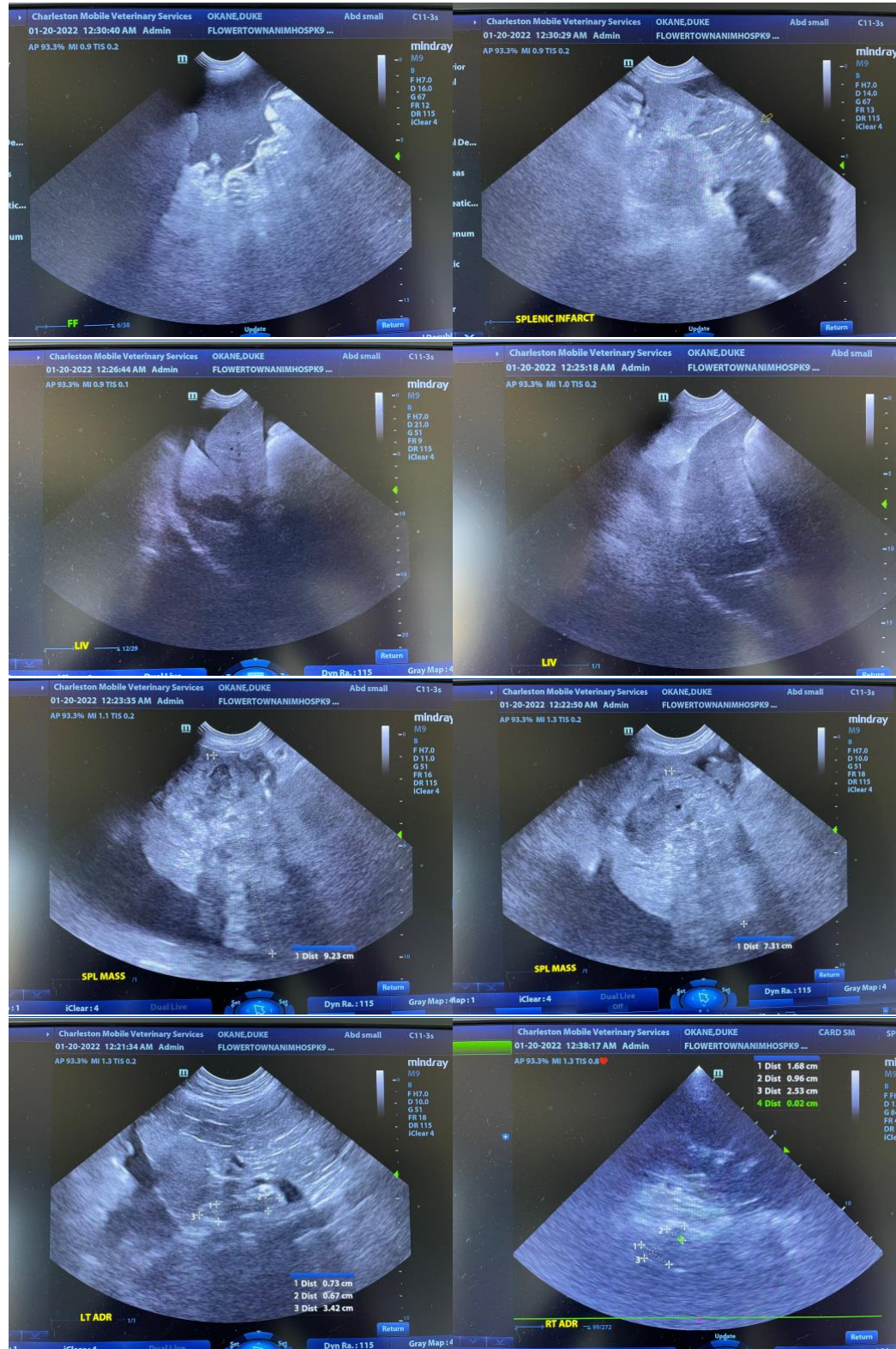
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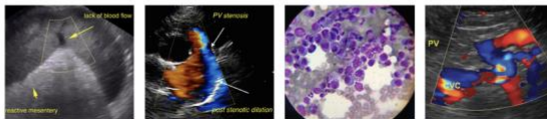
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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