



PATIENT

Willie Ignace

PRESENTING CLINICAL SIGNS

Presented for lethargy. Abdominal radiographs revealed a mass effect in the abdomen.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Beagle

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (1.02 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

14

The left kidney is normal in size (6.41 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 corticomedullary distinction. Mild pyelectasia is present (0.27 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

36.4 lbs

The right kidney is normal in size (6.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. At least one, small, cortical cyst is seen. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.59 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.

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The right adrenal gland is normal in size (0.68 cm at cranial pole) (0.54 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.

HOSPITAL NAME

Central VH
Summerville

Spleen

The spleen is enlarged (SplAN cm in width at the level of the hilus) with irregular peripheral contours. A >8.0 cm hyperechoic-to-heterogenous attenuating, expansile mass is arising from the parenchyma. Within the mass, a 2.89 x 1.40 cm septated cavitated area is seen. In the remainder of the spleen, the parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

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Liver

The liver is enlarged, with irregular peripheral contours. A >11.0 cm heterogenous expansile mass is arising from the left side. In addition, a 2.1 x 2.0 cm heterogenous mass is seen approximately mid-liver. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen and heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.34 cm in width).

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Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 1.96 x 1.29 cm sublumbar lymph node is visualized. In addition, a 2.5 x 1.18 cm multi-septated cystic lymph node is observed in the left- mid-abdomen, just caudal to the left renal artery.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large left hepatic mass with a smaller hepatic mass approximately mid-liver. Neoplasia (i.e., adenomas, adenocarcinomas) are considered likely with a lower possibility of a non-neoplastic process (i.e., large regenerative nodule). The diffuse hepatic parenchymal changes are nonspecific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, age-related parenchymal remodeling, inflammatory disease, infiltrative neoplasia, hepatotoxicosis (i.e., copper), fibrosis, and/or other hepatopathy.
- Large splenic mass. The appearance of the mass is most consistent with a myelolipoma. However, a myeloliposarcoma or other neoplasia cannot be excluded. The cavitated area within the splenic mass may represent an area of necrosis/abscessation, a benign cyst, other.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Bilateral nonspecific age-related renal changes. The bilateral pyelectasia may be secondary pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gallbladder debris/sand, non-mucocele



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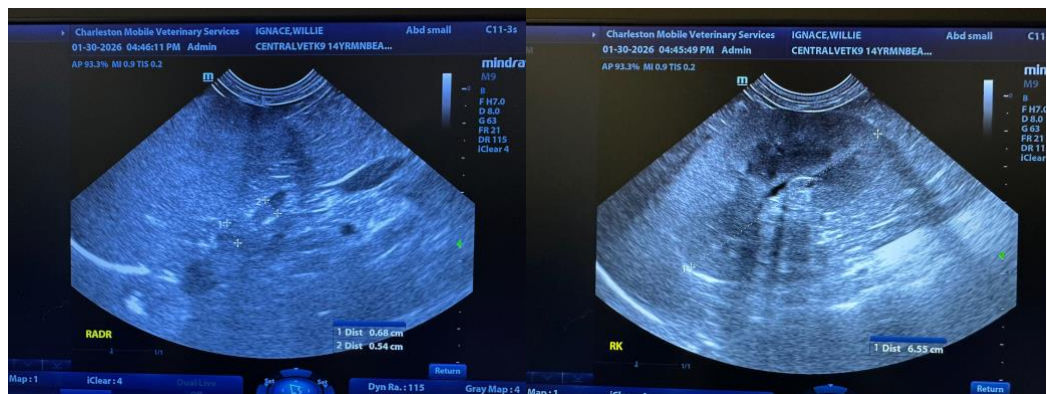
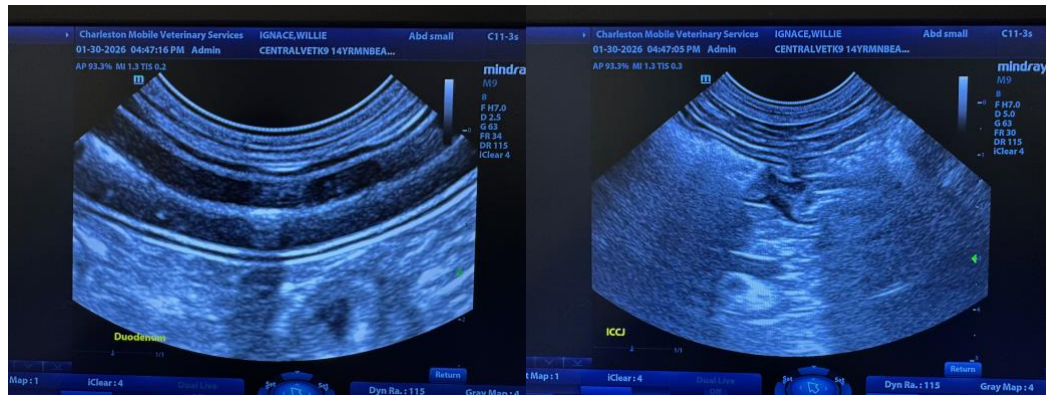
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A baseline lab work (including a CBC, chemistry panel, urinalysis, and T4) can be considered to assess overall metabolic function.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss hepatic mass removal or debulking, along with a splenectomy. An abdominal CT scan would be useful in presurgical planning. If further testing is not pursued, palliative care is recommended.





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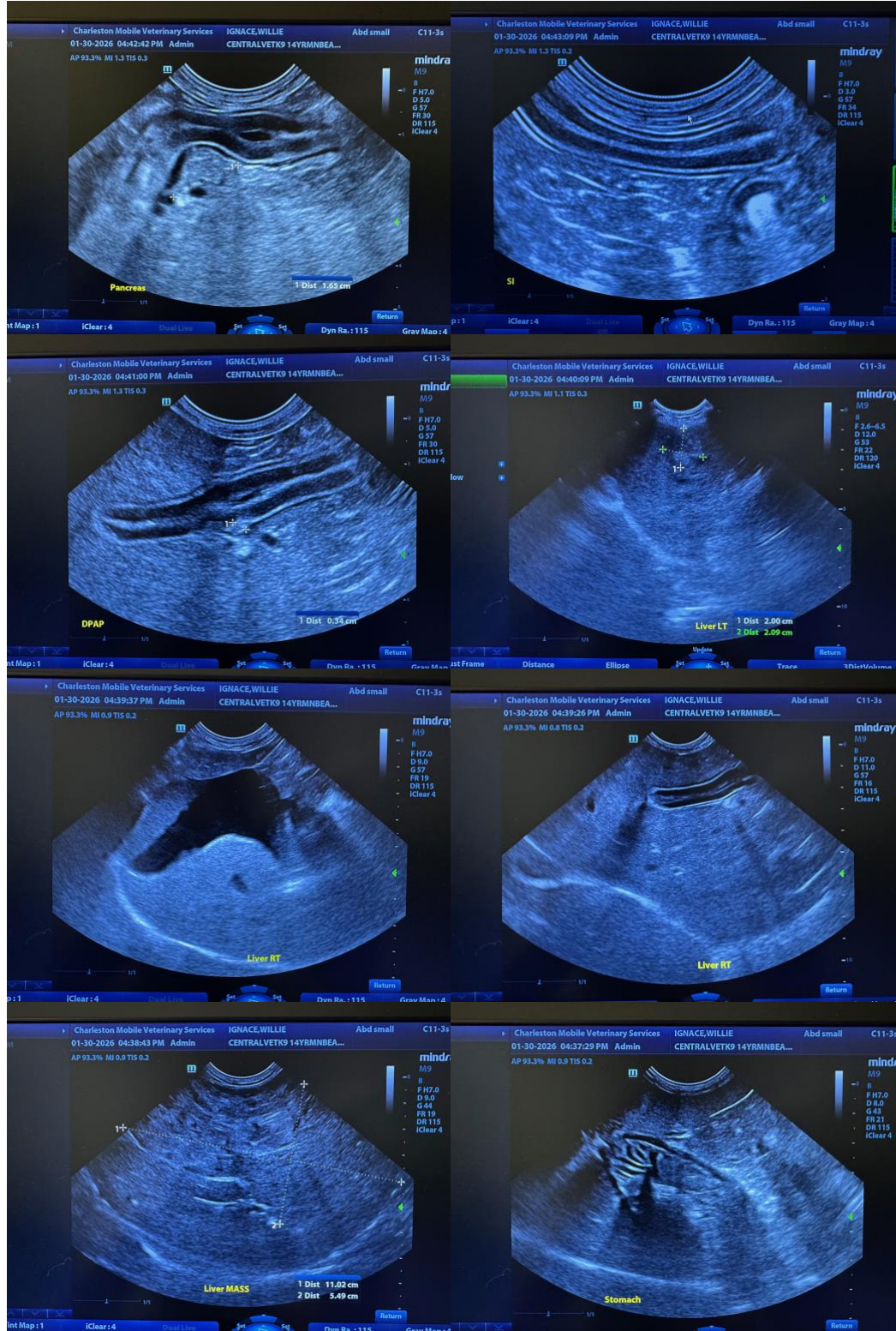
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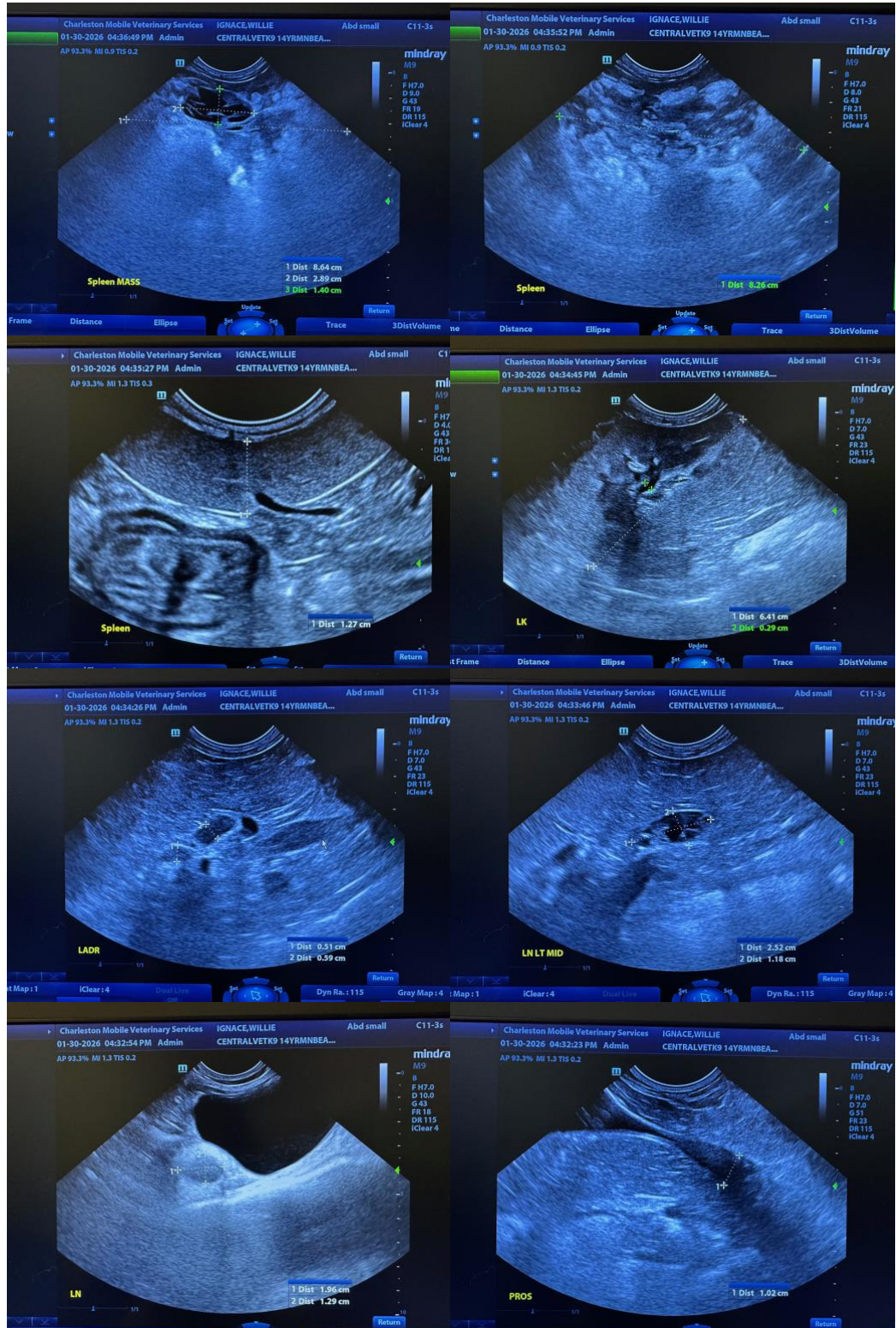
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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