

**DATE PRESENTING CLINICAL SIGNS**

1/4/2022

History: Patient presents hyporexia, lethargy, bloated abdomen. PE: Pale pink MM, increased RE, mild, no murmur ausculted, bloated abdomen present.

PATIENT

Rocky Murillo

Lab Results: Pending.

Radiographs: Radiographs: Caudal abdominal mass present - suspect splenic mass with concurrent abdominal hemorrhage. Radiographs: Chest - Pulmonary metastatic disease present.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined by DVM.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Canine

BREED

Mastiff

SEX

Male, intact

AGE

7/1/2011

WEIGHT

142 lbs.

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 is normal size (9.12 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (9.03 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.63 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (1.90 cm at cranial pole) (0.71 cm at caudal pole) (2.66 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.

IMAGING PERFORMED BY

Stephanie Pearce, RVT

Spleen

A 3.69 cm heterogeneous mass is observed at the caudolateral aspect. The mass causes capsular expansion. The remaining peripheral margins appear curvilinear. The remaining parenchyma is relatively homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

Liver

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. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

12780

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 detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the abdominal pathology. However, no obvious abnormalities are observed.

Free Abdomen

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

Other

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

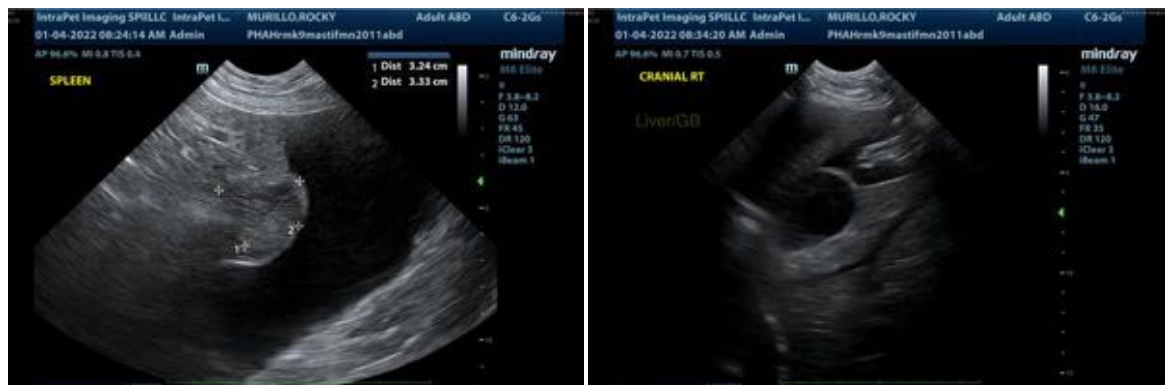
A >11 cm heterogeneous cavitated mass is observed in the caudal abdomen just dorsal to the urinary bladder. Surrounding mesentery is hyperechoic.

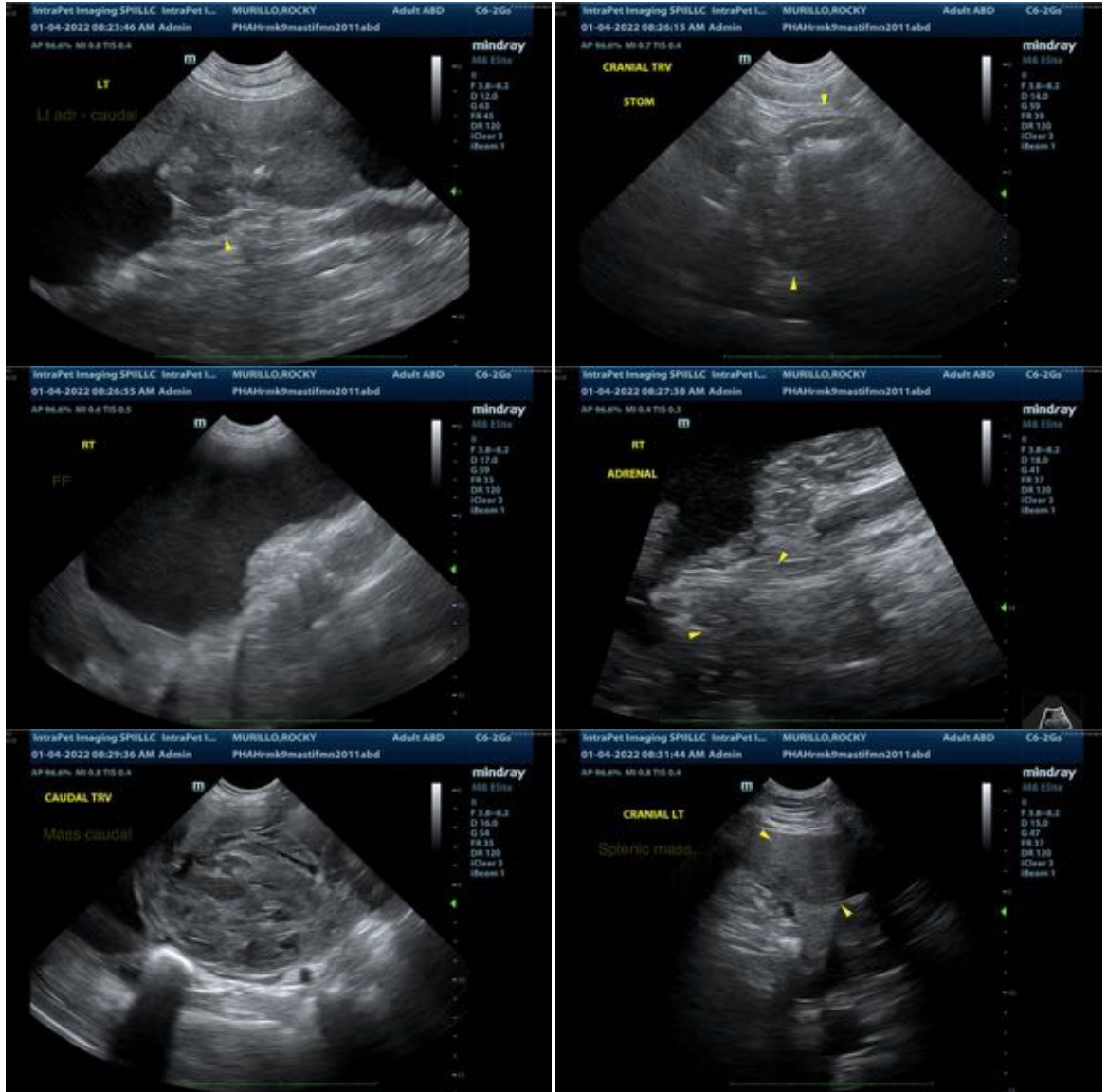
ULTRASONOGRAPHIC FINDINGS

- Splenic mass. Neoplasia (i.e., sarcoma) is suspected with a lower possibility of benign pathology.
- The caudal abdominal mass may represent neoplastic process (i.e., hemangiosarcoma). Alternatively, it may represent an organized clot.
- The ascites is suspected to represent a hemoabdomen or a neoplastic effusion.
- Diffuse peritonitis is present, likely secondary to the splenic and caudal abdominal masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Per the history, pulmonary metastatic disease is suspected. Therefore, palliative care (blood transfusion, Yunnan Baiyao +/- pain medication) is recommended.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
 Andrea.nicastro@sonopath.com