

**DATE PRESENTING CLINICAL SIGNS**

1/4/2022

History: P has history of prior MCT removed from hindlimb at prior DVM (records pending); presented 1/3/2022 for new growth noted L dorsal cervical region - suspect new MCT based on aspirate (pathology report pending). P otherwise doing well.

**PATIENT**

Sparta Sanchez

Current Medications: 100 mg Diphenhydramine po bid, started 1/3/2022.

Lab Results: lab work to be completed day of AUS, as are thoracic rads.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Rhodesian Ridgeback

**SEX**

Female, spayed

**AGE**

1/5/2013

**WEIGHT**

91.2 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 mostly 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 left kidney is normal size (7.71 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 (6.90 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 left adrenal gland is normal size (0.62 cm at cranial pole) (0.68 cm at caudal pole) (2.94 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 (0.65 cm at cranial pole) (0.56 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.

**HOSPITAL NAME**

Churchille Clinic

**REFERRING VET**

Dr. Uhland

**Spleen**

The spleen is subjectively normal in size (2.22 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled with several ill-defined hypoechoic nodules throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

**INVOICE**

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**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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately distended with ingesta. The gastric wall is 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 gastric distention. In the visualized portion (body/right limb), the pancreas appears prominent and slightly hypoechoic relative to surrounding omental fat with subtle mottling. No distinct focal lesions are observed. The mesentery effacing the serosal surface is slightly hyperechoic.

### ***Free Abdomen***

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

### ***Other***

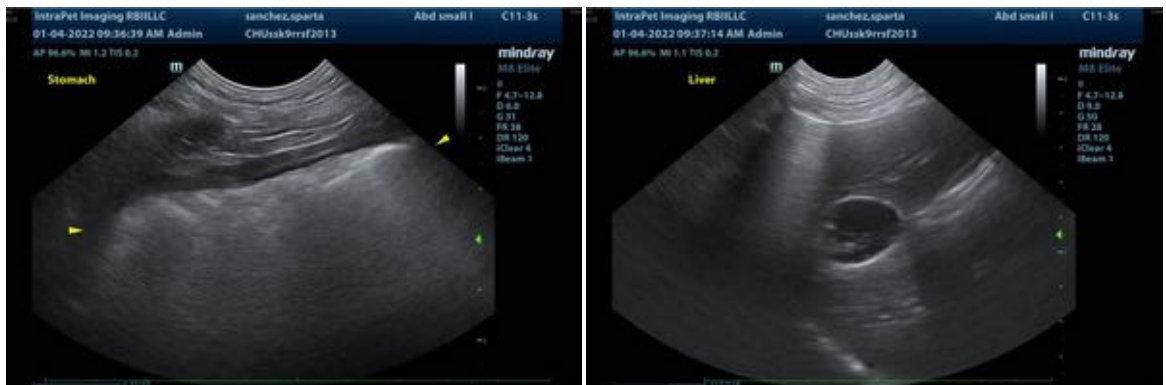
A brief echocardiogram reveals no evidence of pericardial effusion.

## **ULTRASONOGRAPHIC FINDINGS**

- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., mast cell disease). Alternatively, benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) may be present.
- The pancreatic changes are suggestive of mild chronic active pancreatitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- To assess for mast cell disease in the spleen, consider a fine needle aspirate if the patient's clotting status is normal. Diphenhydramine should be administered at 2.2 mg/kg subcutaneously 15 minutes prior to aspiration to reduce the risk of mast cell degranulation.
- Consider a CPLI to further assess for pancreatitis.





**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.

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