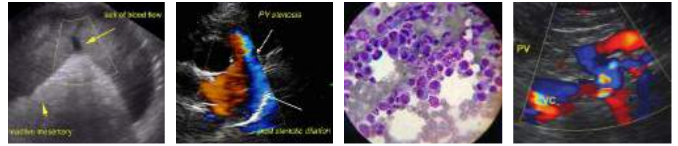


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Bella Sanchez

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Female Spayed

AGE
14 years

WEIGHT
Unknown

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

IMAGING PERFORMED BY
Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME
Anicira Veterinary Clinic

REFERRING VET
Dr. Jarrett

INVOICE
11944kk

DATE
10/1/21

PRESENTING CLINICAL SIGNS

History: Came in to rDVM for dental cleaning. Preanesthetic bloodwork showed elevated liver enzymes. Quick ultrasound exam showed a splenic mass, possible liver changes. Bloody diarrhea during ultrasound. Sedated with Dexdomitor/torb.

Abnormal PE/Chem/CBC/UA Results: CBC wnl Chem TP 9.1, Alb 4.3, Glob 4.8, ALT 345, ALP 350, GGT 15. TBili is normal at 0.1. CBC wnl

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 left kidney is normal size (6.08 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Several small cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.23 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A few small cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.39 cm at caudal pole) (1.96 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.

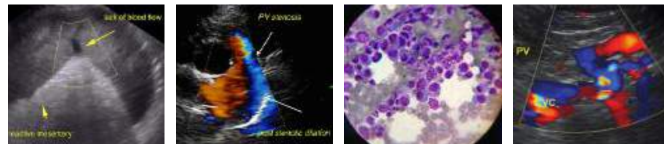
The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

A 4.27 x 3.97 cm irregular, heterogeneous, cavitated, vascular mass is arising from the caudomedial aspect. The remaining splenic contours are curvilinear. Several ill-defined, hyperechoic nodules/areas are observed throughout the parenchyma. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous with varying sized nodules observed throughout the parenchyma. There is no visibly normal hepatic tissue. Linear branching mineralization is observed throughout the organ. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder is moderately distended. The wall is mineralized. The lumen contains suspended echogenic sludge +/- mineralized sand versus tiny choleliths. There is questionable air within the lumen. Echogenic to mineralized material is observed within the common bile duct lumen. The lumen is severely dilated (up to 0.98 cm) and can be followed to the level of the duodenal papilla. There is no obvious evidence of a complete intraluminal obstruction. The duodenal papilla is mildly thickened (0.52 cm in width).



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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 detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.55 cm) with retention of the normal layering pattern. There is no evidence of an obstructive pattern.

Pancreas

The body/right limb of the pancreas is enlarged with irregular peripheral contours. The parenchyma is diffusely heterogeneous and nodular in appearance. The pancreatic duct is visible but not overtly dilated (0.26 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

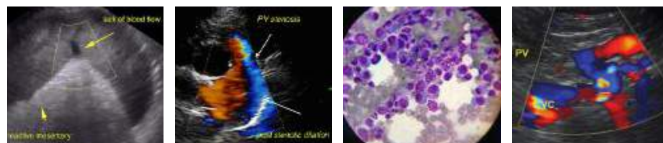
- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, and other) is considered likely. Splenic myelolipomas are also present.
- The diffuse hepatic parenchymal changes could be consistent with infiltrative neoplasia, diffuse inflammatory disease, cirrhosis, or other hepatopathy.
- The mineralization of the gall bladder wall ("porcelain" gall bladder) is most consistent with cholecystitis. There is suspicion for air within the gall bladder lumen which would suggest emphysematous cholecystitis. Mineralized gall bladder sand +/- small choleliths. Common bile duct distention without evidence of complete obstruction.
- The pancreatic changes could be consistent with chronic pancreatitis with age-related remodeling/fibrosis/nodular hyperplasia. However, infiltrative neoplasia cannot be completely excluded.

Secondary Findings:

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization and cortical cysts.
- The colonic wall changes are most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, an abdominal exploratory with splenectomy, liver, and pancreatic biopsies +/- cholecystectomy can be considered. However, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded. Therefore, palliative care should be considered.



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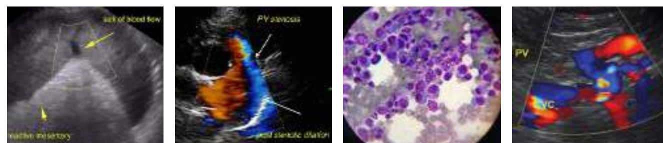

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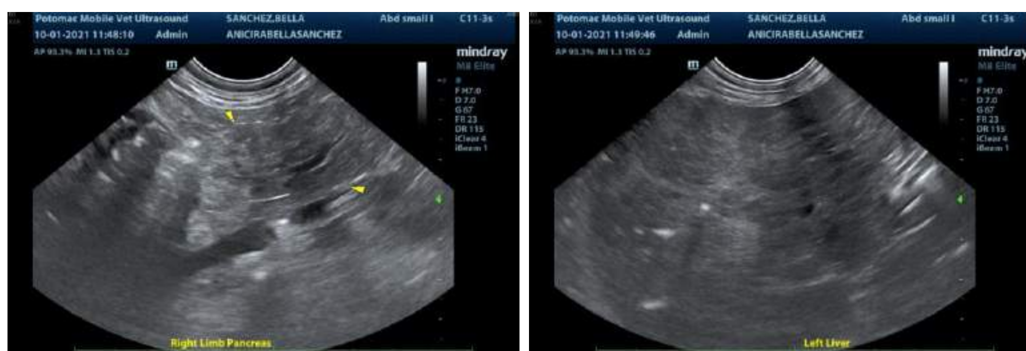

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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