

**DATE PRESENTING CLINICAL SIGNS**

10/14/21 History: Intermittent hemorrhagic diarrhea, usually happens after travel to in-laws. No lab work abnormalities. Responsive to Metronidazole. Fecal negative.

PATIENT

Brownie Beswick

Current Medications: Metronidazole 250 mg; 1 BID during flare, Provable med/large.

Lab Results: NSF.

Radiographs: Not provided by the veterinarian.

SPECIES

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Canine

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

BREED

Mixed Breed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

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.

Spayed Female

AGE

10/9/2009

The left kidney presented normal size (4.56 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.

WEIGHT

36.2 Pounds

The right kidney presented normal size (5.16 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.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.58 cm at caudal pole) (1.97 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

Everhart VC

The right adrenal gland is normal size (0.58 cm at cranial pole) (0.61 cm at caudal pole) (2.51 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.

REFERRING VET**INVOICE**

13748

Spleen

A 3.97 cm x 3.67 cm heterogenous vascular mass is observed at the caudal aspect, The lesion causes capsular expansion. In addition, a 1.15 cm x 0.97 cm hypoechoic to slightly heterogeneous nodule is observed at the cranial aspect. This lesion also causes subtle capsular expansion. In the remainder of the spleen, the contours are curvilinear and the parenchyma is relatively homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

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.

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 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 or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

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

Other

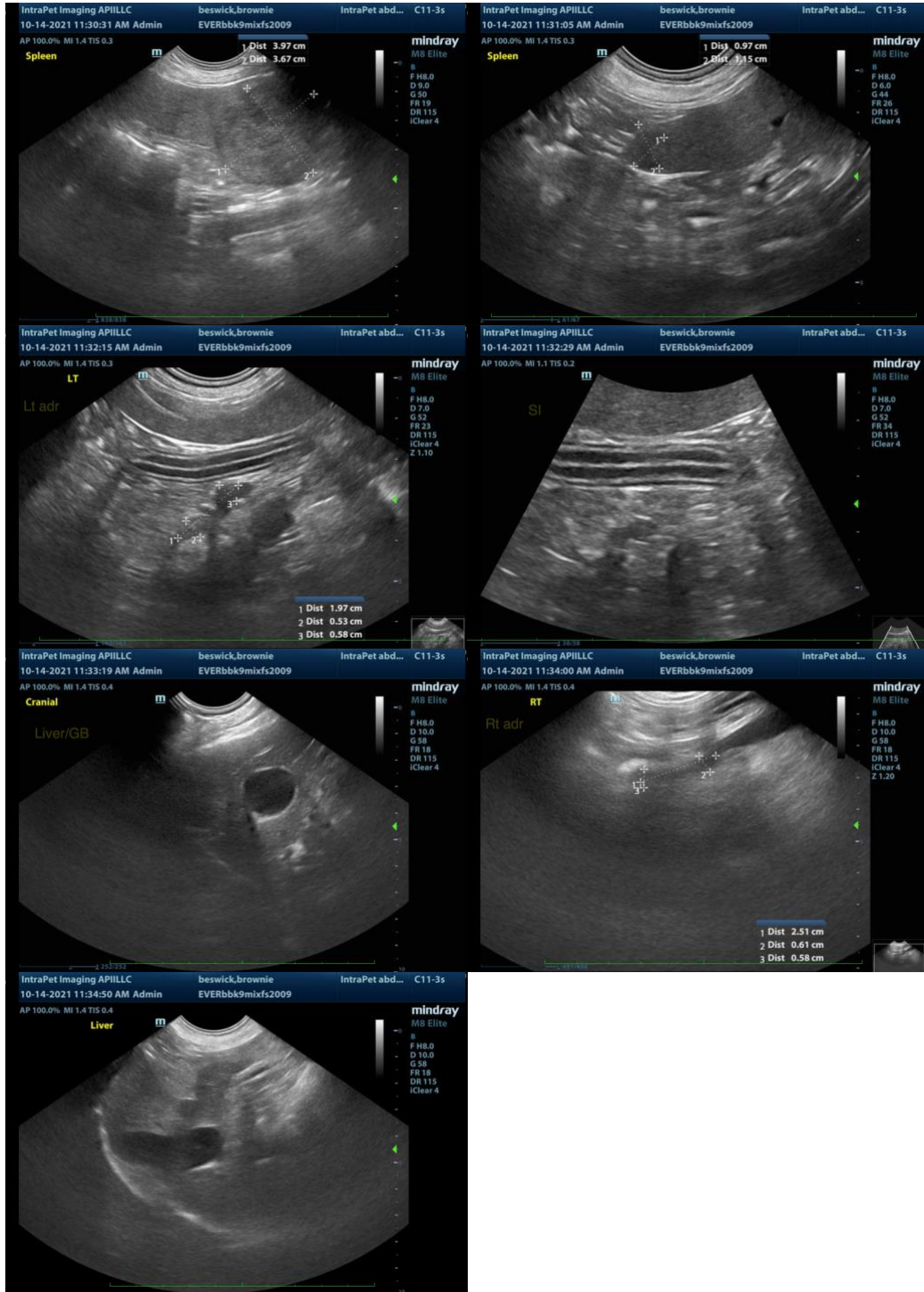
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass- Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a low possibility of benign pathology. The hypoechoic nodule at the cranial aspect of the spleen may represent a metastatic lesion or a focus of extramedullary hematopoiesis or lymphoid hyperplasia.
- There is no obvious evidence of neoplasia in the remainder of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If a conservative approach is desired consider fine needle aspirates of the splenic mass and nodule, if clotting status is appropriate. A 25-gauge needle should be used. Ultimately, however, a splenectomy with submission of the spleen for histopathology may be warranted. If surgery is pursued, a liver biopsy is also recommended to assess for micrometastatic disease.



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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