

**DATE PRESENTING CLINICAL SIGNS**

10/5/21 Presented for vaccines. Large caudal abdominal mass palpated on exam. Asymptomatic. History of allergies.

PATIENT Current Medications: Cytopoint 80 lb dose given at appt. Apoquel discontinued (had been on chronically).

Charlie Alsup Date of Previous IntraPet Ultrasound: No previous.

SPECIES Sedation: Sedation not required.

Canine Stat Report: Stat report not requested.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Coonhound *Urinary System*

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent, mineralized sand +/- tiny calculi is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male Neutered

The prostate is normal in size (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

2010

The left kidney was not definitively visualized due to the presence of the splenic mass.

WEIGHT

76 lbs.

The right kidney is normal size (6.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland was not definitively visualized due to the presence of the splenic mass.

The right adrenal gland is normal size (0.77 cm at cranial pole) (0.79 cm at caudal pole) (2.19 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

Fullerton

Spleen

The spleen is enlarged with irregular peripheral contours. A > 10 cm cavitated mass is arising from the parenchyma. The mass causes capsular expansion. The mesentery effacing the serosal surface is hyperechoic. The remaining parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Unger

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A mild to moderate amount of echogenic, partially dependent to adherent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

11959kk

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 segmentally dilated with chyme. 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 splenic mass. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass with regional peritonitis. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a lower possibility of benign pathology.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

Secondary Findings:

- Urinary bladder sand +/- tiny calculi.
- Age-related right renal pathology.

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, a splenectomy with submission of the spleen for histopathology can be considered. A liver biopsy should also be obtained to assess for micro-metastasis.



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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