

**DATE PRESENTING CLINICAL SIGNS**

10/7/2021

Vomiting/ diarrhea. Palpable firm swelling in the abdomen.

Date of Previous IntraPet Ultrasound: No previous

Sedation: Dexdomitor IV

Stat Report: not requested / declined

**PATIENT**

Dewey Ogrysko

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Male, neutered

**AGE**

2010

**WEIGHT**

66 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Madonna Veterinary  
 Clinic

**REFERRING VET**

Dr. Cangro

**INVOICE**

12307

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

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension.

The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location. In the visualized cranial portion, the gland appears prominent in size. However, this is difficult to determine due to imaging artifact from the pelvic bones.

The left kidney is normal size (6.91 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. A thin hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.06 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. A thin hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.60 cm at caudal pole) (2.84 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 (0.64 cm at cranial pole) (0.84 cm at caudal pole) (2.65 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.

**Spleen**

A >6 cm irregular heterogeneous mass is arising from the cranial aspect. In the remainder of the spleen several hypoechoic nodules/masses are observed, some of which cause capsular expansion. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The liver is subjectively enlarged with irregular peripheral contours. Numerous varying sized irregular heterogeneous coalescing masses are observed throughout the organ, the largest measuring >8 cm in diameter. There is almost no visibly normal hepatic parenchyma. Vascular 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. Luminal contents are anechoic. 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 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 hepatic pathology. In the visualized portion, no obvious abnormalities are seen.

### ***Free Abdomen***

The mesentery surrounding the liver is mildly hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Multiple hepatic and splenic masses. Metastatic neoplasia (i.e., histiocytic sarcoma, other round cell tumor, carcinoma) is considered likely with a low possibility of a multifocal inflammatory process. Cranial peritonitis is present.

### **Secondary Findings:**

- The medullary band seen in both kidneys may be a benign incidental finding. Alternatively, subclinical renal disease may be present.

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic and splenic masses can be considered (if clotting status is normal). 25-gauge needles should be used. Unfortunately, however, due to the diffuse pathology, the prognosis for this patient is considered guarded.





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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