



## PATIENT PRESENTING CLINICAL SIGNS

**Isis Oshea**  
**SPECIES** History: Owner was out of town and arrived home on Monday. Patient did stay with a sitter in her home. When owner arrived home on Monday and patient appeared lethargic. She ate her evening meal and vomited and has running stool that evening. Since onset she has not been interested in eating and has continued to vomit and have diarrhea. Owner does not know of anything she got into or was given by the pet sitter.

Canine

Abnormal PE/Chem/CBC/UA Results: CBC - HCT 60.1%, rest wnl  
 EPOC - Hypokalemia 3.2, LAC 2.93, HCT 62%

## BREED

Pitbull Terrier

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX *Urinary System*

Spayed The **urinary bladder** wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

### AGE

8 years The **left kidney** is normal size (7.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### WEIGHT

31.3 kg

The **right kidney** is normal size (7.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The region of the **adrenal glands** is evaluated. The glands are not definitively visualized.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kristin Peterson, DVM

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Kristin Peterson DVM

### *Spleen*

The **spleen** is subjectively prominent in size (2.73 cm in width at the level of the hilus). A 2.32 cm irregular, hypoechoic to cavitated nodule/mass is observed at the cranial aspect. The lesion causes mild capsular expansion. The remaining peripheral margins are curvilinear. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis. (See also "Other" category).

### *Liver*

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.18 cm hyperechoic nodule is observed on the right side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic 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 **gastric lumen** is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. Some of the visible small intestinal segments are mildly to moderately fluid-distended. Others are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail.

## INVOICE

11786

## DATE

10.7.22

### ***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***

A small amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic.

### ***Lymph nodes***

A 1.54 cm medial iliac **lymph node** is visualized.

### ***Other***

A >6.50 cm irregular, heterogenous mass is observed in the midabdominal region.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Large midabdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, spleen, liver, bowel, other. Neoplasia (i.e., sarcoma, carcinoma, round cell tumor) is suspected with a lower possibility of a benign process.
- Peritonitis is present, likely secondary to the abdominal mass.
- The splenic nodule is concerning for a metastatic disease lesion or a primary splenic tumor with a lower possibility of a benign process. The diffuse splenic parenchymal changes are nonspecific and could be associated with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, infiltrative neoplasia.
- The gastric and small intestinal fluid-distended may be secondary ileus or obstruction (less likely).

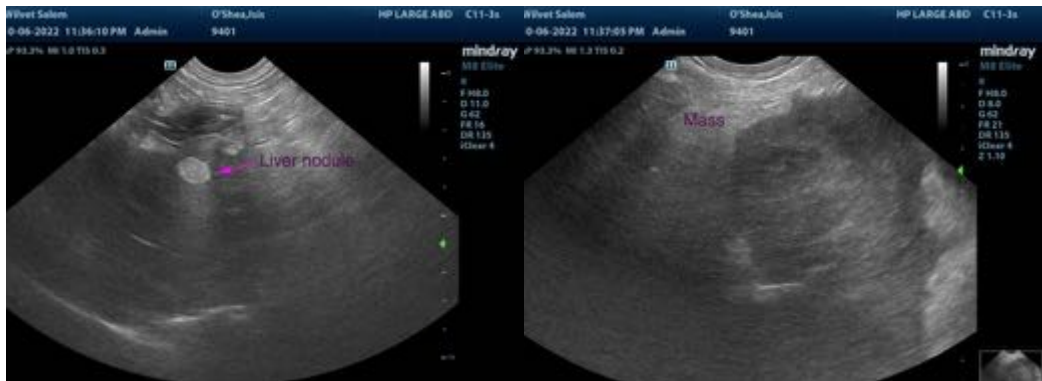
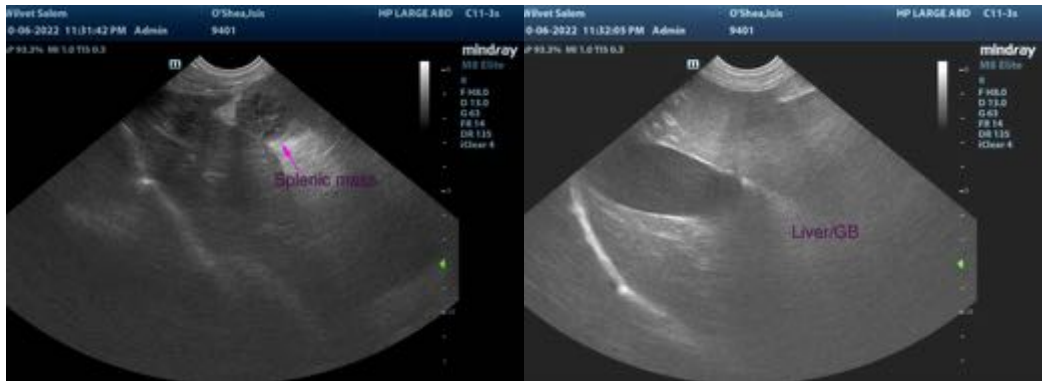
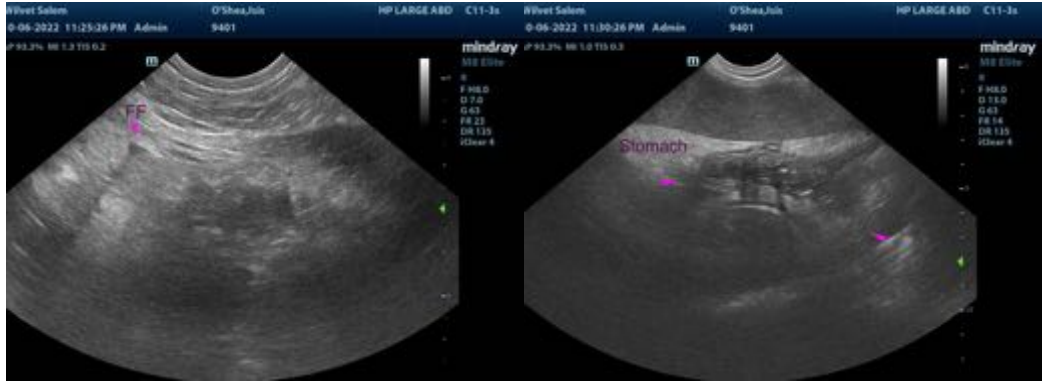
### **Secondary Findings**

- The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule) with a lower possibility of an emerging tumor.

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

Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

Consider a fine-needle aspirate of the midabdominal mass if clotting status is appropriate. A 25-gauge needle should be used. If surgical removal of the abdominal mass is to be pursued, and abdominal CT scan would be useful in presurgical planning. A splenectomy should also be considered at the time of surgery due to the concern for metastatic disease. However, due to the possibility of metastatic disease, palliative/symptomatic care should be considered in lieu of invasive procedures.



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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