

**DATE PRESENTING CLINICAL SIGNS**

11/1/21

History: lethargic, no appetite, no V/D/C/S. Severe periodontal disease.  
CBC severely elevation WBC.

**PATIENT**

Parker Schaller

Current Medications: Not provided by the veterinarian.

Lab Results: Severe leukocytosis with a neutrophilia, lymphocytosis and monocytosis. Anemic at 25%. Low albumin at 2.0, AlkPhos 313, BUN 37.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**SPECIES**

Canine

Sedation: Not needed.

Stat Report: Not requested.

**BREED**

Corgi

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Male, neutered

**Urinary System**

The bladder lumen is mildly to moderately distended with mostly anechoic urine. The wall is of appropriate thickness for the level of repletion. A small amount of aggregated mineralized sand is observed within the lumen along with a scant amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

1/16/2007

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

21 lbs.

The left kidney is normal in size (5.06 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.54 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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Diplomate ACVIM  
(Small Animal Internal  
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The right kidney is normal size (4.98 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nephroliths are visualized. There is mild to moderate pyelectasia (0.41 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

**Adrenal Glands****HOSPITAL NAME**

Padonia VH

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.56 cm at caudal pole) (1.89 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**

Dr. Youssef

The right adrenal gland is normal size (0.65 cm at cranial pole) (0.60 cm at caudal pole) (2.20 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.

**INVOICE**

12445

**Spleen**

The spleen is enlarged with irregular peripheral contours. A 4.37 x 3.94 cm irregular heterogeneous cavitated mass effect is observed within the parenchyma. Surrounding mesentery is hyperechoic. Splenic vasculature is normal with no evidence of thrombosis.

### ***Liver***

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen and subtly heterogeneous in appearance. A 2.02 x 1.51 cm heterogeneous nodule/mass is observed at the caudal aspect. In addition, a 2.46 x 2.42 cm multi-septated cystic lesion is observed deep mid to right liver adjacent to the diaphragm. Finally, a 1.58 x 1.47 hypoechoic nodule is observed on the right side. 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. A small amount of aggregated to stranding echogenic debris is observed within the lumen. 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***

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***

There is no obvious evidence of free fluid. 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. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell neoplasia) is considered likely with a low possibility of benign pathology. Regional peritonitis is present.
- The hepatic lesions could be consistent with metastatic disease. Alternatively, benign pathology in one or more of the lesions may be present. Histopathology would be necessary to differentiate benign pathology from malignancy.

### **Secondary Findings:**

- Gallbladder debris, non-mucocele.
- Bilateral age-related renal changes with bilateral pyelectasia and right non-obstructive nephrolithiasis.
- Mineralized urinary bladder sand.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology along with biopsies of the hepatic lesions.
- Given the bilateral pyelectasia, a urine culture and sensitivity should also be considered.







**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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