**DATE PRESENTING CLINICAL SIGNS**

11/16/21

History: Splenic mass.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Dexdomitor IV prior to sonographer arrival.
 Stat Report: Declined.

PATIENT

Lucy Spallitta

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SPECIES**

Canine

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended with 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.

BREED

Yellow Labrador

The left kidney is normal size (7.66 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. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal size (7.24 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. Renal vasculature is normal.

AGE

2010

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

WEIGHT

61.1 lbs.

The right adrenal gland is normal size (0.72 cm at cranial pole) (0.61 cm at caudal pole) (1.82 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.

INTERPRETED BY

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

Spleen

A >16 cm isoechoic to slightly heterogeneous mass appears to be arising from the splenic parenchyma. The lesion is somewhat vascular in appearance. In the remainder of the spleen, the peripheral contours are curvilinear and the parenchyma is mostly homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

IMAGING PERFORMED BY

Stephanie Pearce
 RDCS, RVT

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 small to moderate amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Animal Medical Clinic
 of Dulaney Valley

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. 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.

REFERRING VET

Dr. Chrest

Pancreas

The right limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The

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pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. A 2.15 x 0.93 cm lymph node is observed at the aortic trifurcation.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

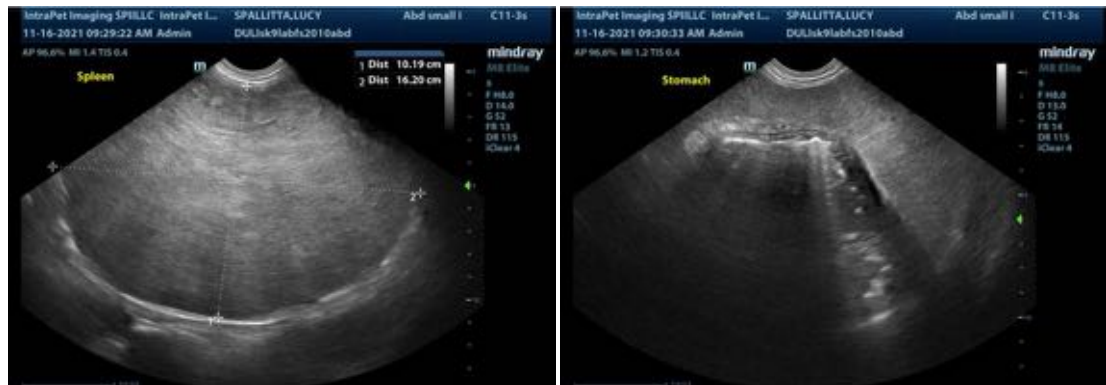
- Large abdominal mass, suspected to be of splenic origin. Neoplasia (i.e., round cell tumor, sarcoma) is suspected.
- Trace ascites- likely secondary to splenic pathology.

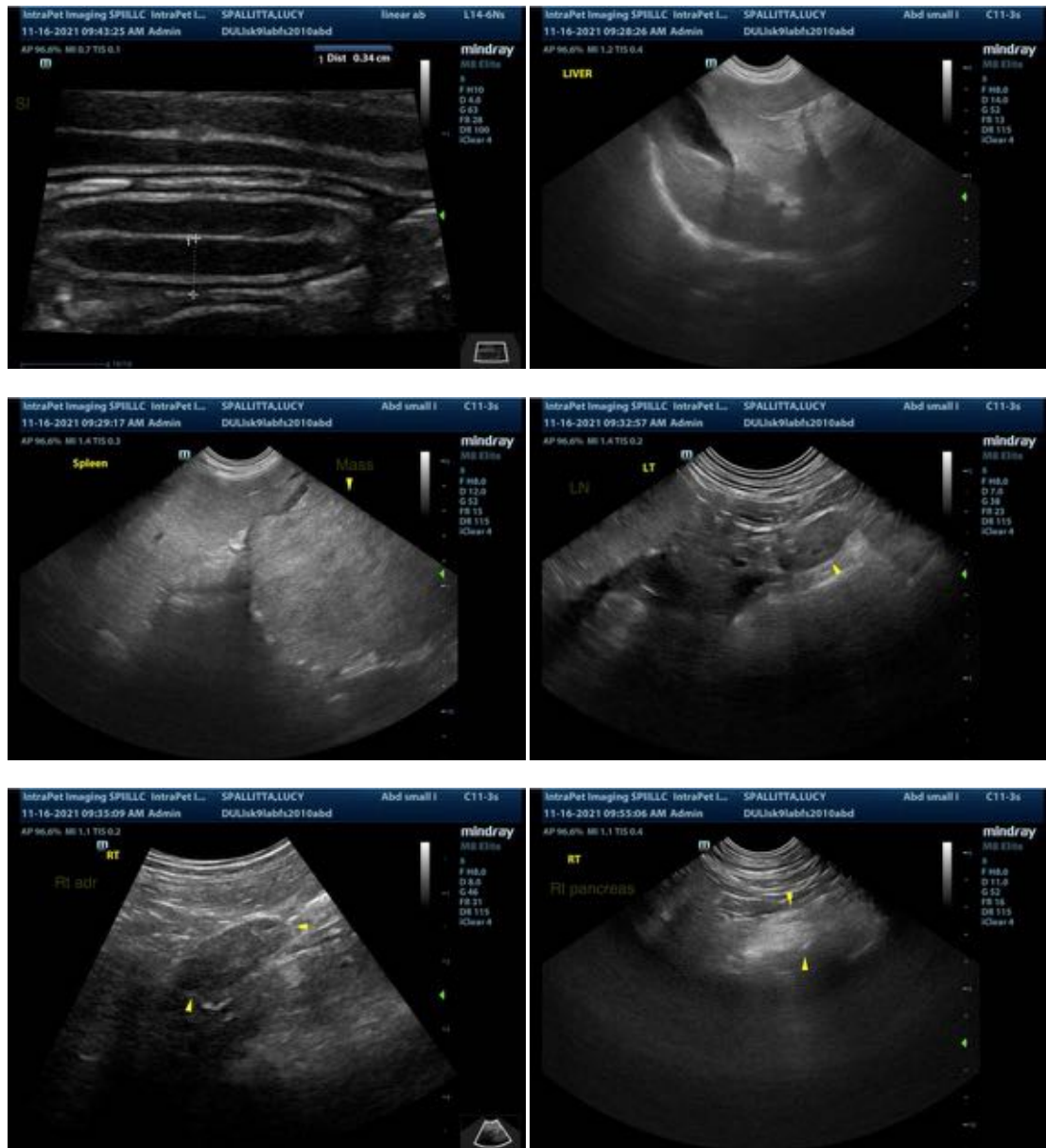
Secondary Findings:

- The hepatic parenchymal changes are non-specific and trend toward the benign (i.e., benign age-related change). However, metastatic disease cannot be completely excluded.
- Gallbladder debris, non-mucocele.
- The pancreatic changes are consistent with age-related remodeling/fibrosis.
- Gastric ileus.
- The prominent caudal abdominal lymph node trends toward a benign process (i.e., lymphoid hyperplasia or reactive lymphadenitis). However, infiltrative neoplasia cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the splenic mass. Alternatively, a splenectomy with submission of the spleen for histopathology can be considered. A liver biopsy should also be obtained at the time of surgery to assess for metastatic 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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