

**DATE PRESENTING CLINICAL SIGNS**

11.27.22 Presenting Complaint: ADR, referral for suspected abdominal mass.

PATIENT

Dudley Evans

History: Date: 11-26-2022 Notes: Not himself past week: lethargic, NI treats V+ few times, soft stool, needed encouragement to eat gingerly walking upstairs, does not want to jump up rDVM today: BW, rads temp 103.5 BG 67 inc WBC 30k (25k neuts) plt 97k rads = suspicious for abdominal tumor

SPECIES

Assessment: referral for suspected abdominal mass. Fever, neutrophilia, and slightly low plt.

Canine

Current Medications: ampi/sulbactam, Cerenia, Buprenex, IVF + 2.5% dextrose

BREED

Cockapoo

Lab Results: Attached.
ALP 218.

SEX

Neutered Male

Radiographs: cranial-mid abdominal mass

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

AGE

2011

Imaging Performed By: Rachel Brillhart, RDMS.

WEIGHT

33.7 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is mildly enlarged (1.36 cm in width) with normal curvilinear peripheral contours. The parenchyma is homogenous. The prostatic urethra is not overtly dilated.

INTERPRETED BY

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HOSPITAL NAME

Animal EH

The left kidney is normal size (5.17 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

REFERRING VET

Dr. Jones

The right kidney is normal size (5.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.41 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INVOICE

11986

Adrenal Glands

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.52 cm at caudal pole) (2.08 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 (0.63 cm at cranial pole) (0.53 cm at caudal pole) (2.33 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 >9.00 cm heterogenous cavitated, vascular mass is arising from the caudal aspect. The mass causes capsular expansion. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. Numerous varying-sized, heterogenous nodules/masses, some of which are cavitated, are observed throughout the organ. There is no visibly normal-appearing hepatic tissues. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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

The mesentery in the cranial aspect is mildly hyperechoic. There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass with suspected diffuse hepatic metastases. Differentials include hemangiosarcoma, round cell tumor, other. Cranial peritonitis is present, likely secondary to splenic and hepatic pathology.

Secondary Findings

- Bilateral chronic, age-related renal changes with left dystrophic mineralization and right pyelectasia
- The mild prostatomegaly may be a normal variant for this patient, may represent late-in-life neutering (if applicable), or an emerging tumor may be present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the high likelihood of metastatic disease neoplasia in the abdomen, palliative care is recommended.



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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