

**DATE PRESENTING CLINICAL SIGNS**

11/5/21

History: Splenic mass that was removed 8/2020. Current Anemia.

**PATIENT**

Current Medications: Hydroxyzine 100mg 1 BID, Vetprofen 100mg 1 BID, Apoquel 16mg 1 1/2 SID.

Date of Previous IntraPet Ultrasound: 08/18/2020 at Animal ER.

Bubbe Hetzel

Sedation: Not required for a diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System****BREED**

The urinary bladder, trigone, and pelvic urethra are 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.

Boxer Mix

**SEX**

The prostate is not definitively visualized due to its pelvic location.

Neutered Male

**AGE**

2007

The left kidney presented normal size (7.40 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. A small cortical cyst is visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

98 Pounds

The right kidney presented normal size (6.78 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**Adrenal Glands**

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.70 cm at caudal pole) (2.27 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable.

**HOSPITAL NAME**

Edgewood VH

Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Wright

The right adrenal gland is normal size (0.75 cm at cranial pole) (0.77 cm at caudal pole) (3.07 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**

14190

**Spleen**

Previously splenectomized. There are no obvious abnormalities in the region of the splenic fossa.

**Liver**

The liver is subjectively normal in size. The parenchyma is subtly heterogeneous. A 3.18 cm x 2.87 cm heterogeneous mass is observed deep mid liver. The lesion causes capsular expansion. 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.

### ***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 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 or overt infiltrative 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***

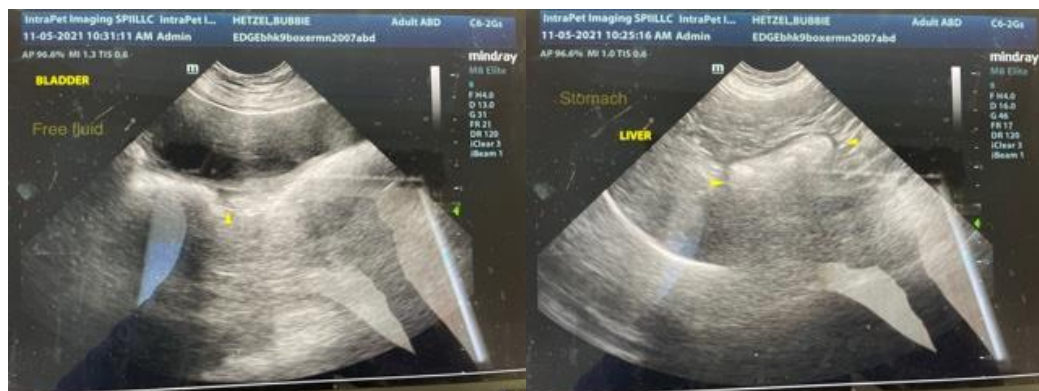
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible. A 10.60 cm x 8.47 cm heterogeneous cavitated mass if visualized. Surrounding mesentery is hyperechoic.

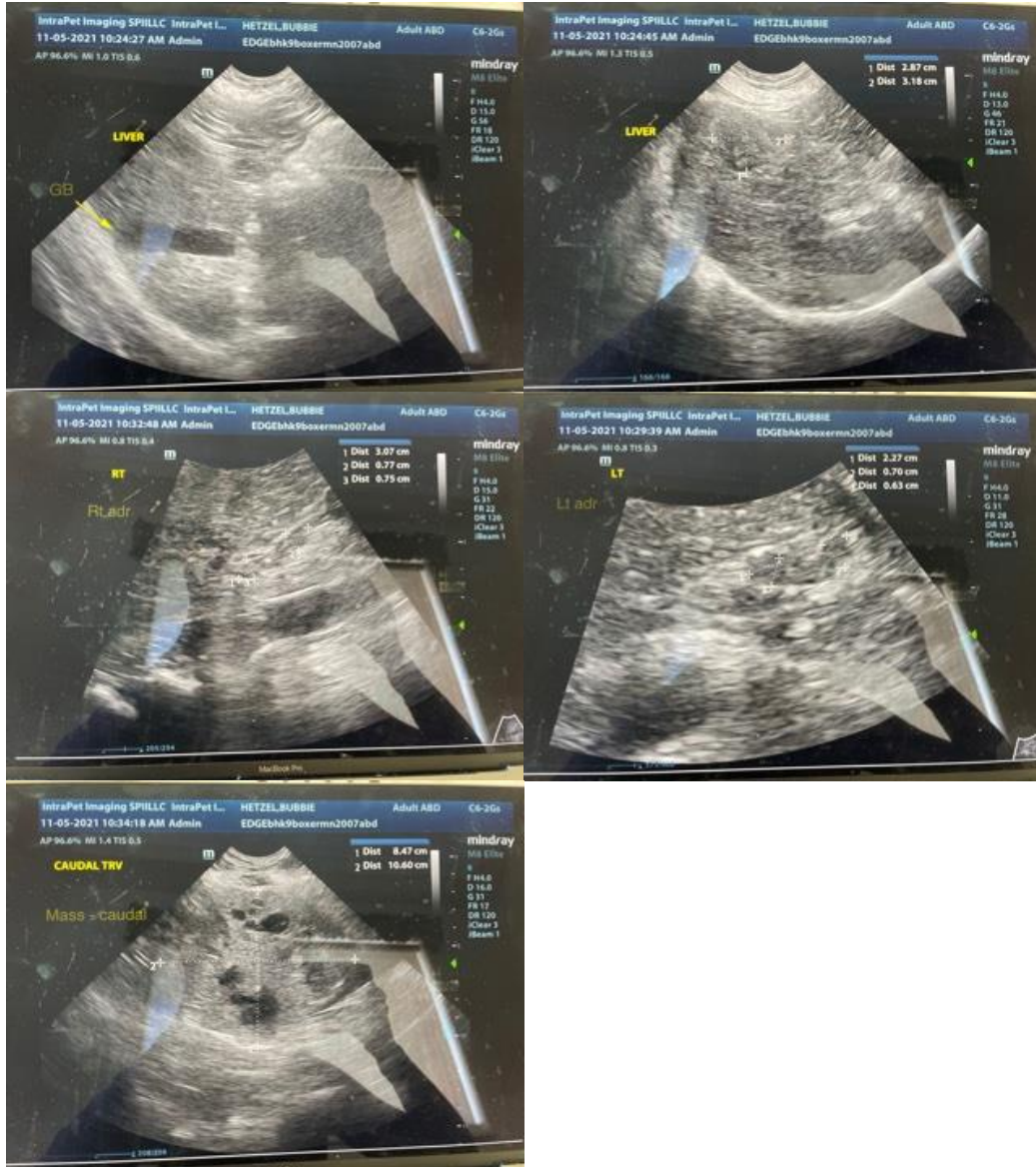
## **ULTRASONOGRAPHIC FINDINGS**

- The mid to caudal abdominal mass is likely neoplastic (i.e., recurrence of previous tumor), other. Regional peritonitis is present. The origin of this lesion is unclear as it does not appear to be arising from any specific organ. A mesenteric origin is suspected.
- The hepatic mass is also concerning for a neoplastic process (i.e., metastatic disease) with a lower possibility of benign pathology (i.e., regenerative nodule).

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the likelihood of metastatic disease in the abdomen, palliative care should be considered.
- If an aggressive approach is desired, an abdominal exploratory with removal of the mid to caudal abdominal mass as well as the hepatic mass can be considered as long as the client understands the guarded prognosis.





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.

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
 info@SonoPath.com