

**DATE PRESENTING CLINICAL SIGNS**

12/23/21

PATIENT

Sophie Burgoyne

History: Second opinion from Eldersburg, growth on right hip started shortly after rabies vax given 10/28, suspected vax reaction- continued to grow- suspect neoplasia- was advised to have removal with board cert surgeon. Presented to us for second opinion and inappetence, overall lethargy.

SPECIES

Canine

Current Medications: Cerenia 24mg 1 tablet sid x4 days, Entyce 1ml po SID.

Radiographs: 3 view chest rads show no obvious signs of metastasis.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Puggle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

6/18/08

The left kidney presented normal size (4.80 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.

WEIGHT

26 Lbs.

The right kidney presented normal size (5.03 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.57 cm at caudal pole) (1.86 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.

IMAGING PERFORMED BY

Andi Parkinson
RDMS

The right adrenal gland is normal size (0.47 cm at cranial pole) (0.38 cm at caudal pole) (1.92 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.

HOSPITAL NAME

Mt. Airy AH

Spleen

The spleen is subjectively normal in size (1.48 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchymal is mottled in appearance. A 0.75 cm x 0.59 cm hypoechoic to anechoic nodule is observed at the caudal aspect. The lesion causes subtle capsular expansion. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Riley

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal

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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 scant amount of aggregated echogenic debris is observed within the lumen. 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion, right atrial/auricular mass or obvious chamber enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodule could be consistent with a benign process (i.e., a focus of extramedullary hematopoiesis or lymphoid hyperplasia) with a cystic region. Alternatively, emerging neoplasia is possible. The diffuse splenic parenchymal changes are nonspecific and could be secondary to benign pathology or infiltrative neoplasia (i.e., round cell tumor). A benign process is favored for the diffuse changes.

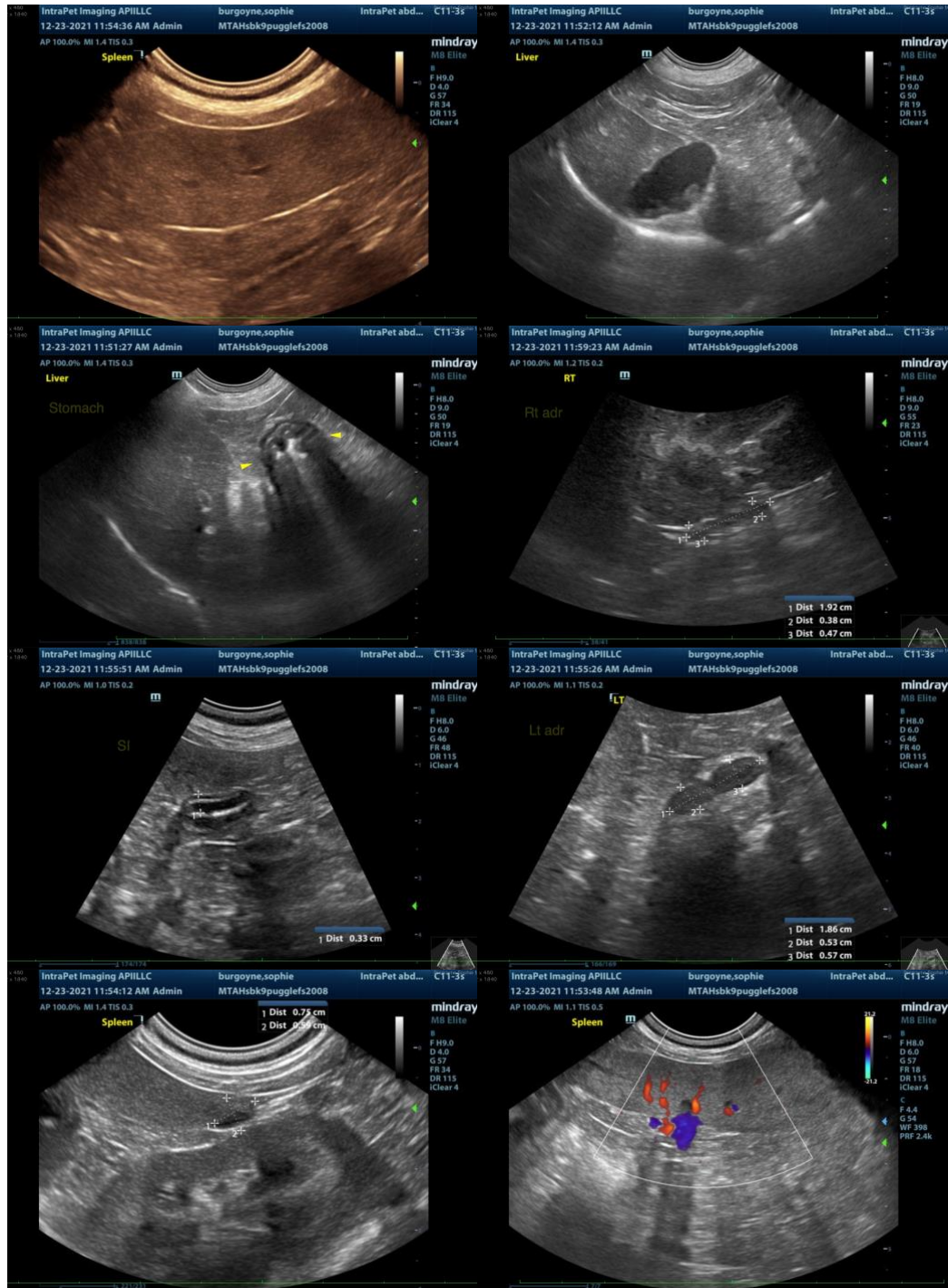
Secondary Findings

- Minor age-related hepatic and renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the splenic nodule and other areas of the spleen can be considered if clotting status is appropriate. A 25-gauge needle should be used. There is some risk of iatrogenic hemorrhage associated with aspirating the nodule given the anechoic region. Therefore, if a more conservative approach is desired, consider rechecking an ultrasound in 3-4 weeks to assess for progression.
- An CT scan would be useful in presurgical planning for the mass on the hip, particularly if the

suspicion for a sarcoma is high.



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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