



**PATIENT PRESENTING CLINICAL SIGNS**

Jerry Roberti History: heart dz renal failure on Yunnan Bayaio

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**BREED**

Dachshund

The prostate is normal in size (0.81 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**SEX**

Neutered Male

The left kidney is normal in size (4.68 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Numerous, varying-sized cortical cysts are visualized, some of which are complex in nature. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of hydroneureter. Renal vasculature is normal.

**AGE**

4 years

The right kidney is normal in size (5.42 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several varying-sized cortical cysts are visualized. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

15.8 lbs

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.75 cm at cranial pole) (0.64 cm at caudal pole) (1.98 cm in length) with a slightly irregular shape and 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*)

The right adrenal gland is mildly enlarged (1.13 cm at cranial pole) (0.85 cm at caudal pole) (2.00 cm in length) with a slightly irregular shape and 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**

Jenn

**Spleen**

**HOSPITAL NAME**

Rockaway AH

The spleen is enlarged with irregular peripheral contours. A > 6.50 cm hyperechoic-to-heterogenous cavitated mass is arising from the medial aspect. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

**REFERRING VET**

Dr Maniar

**Liver**

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

12205

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**DATE**

2.10.23

### ***Gastrointestinal***

The lumen is mildly fluid-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***

A portion of the pancreas is obscured by the large splenic mass. In the visualized portion no obvious abnormalities are seen.

### ***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**

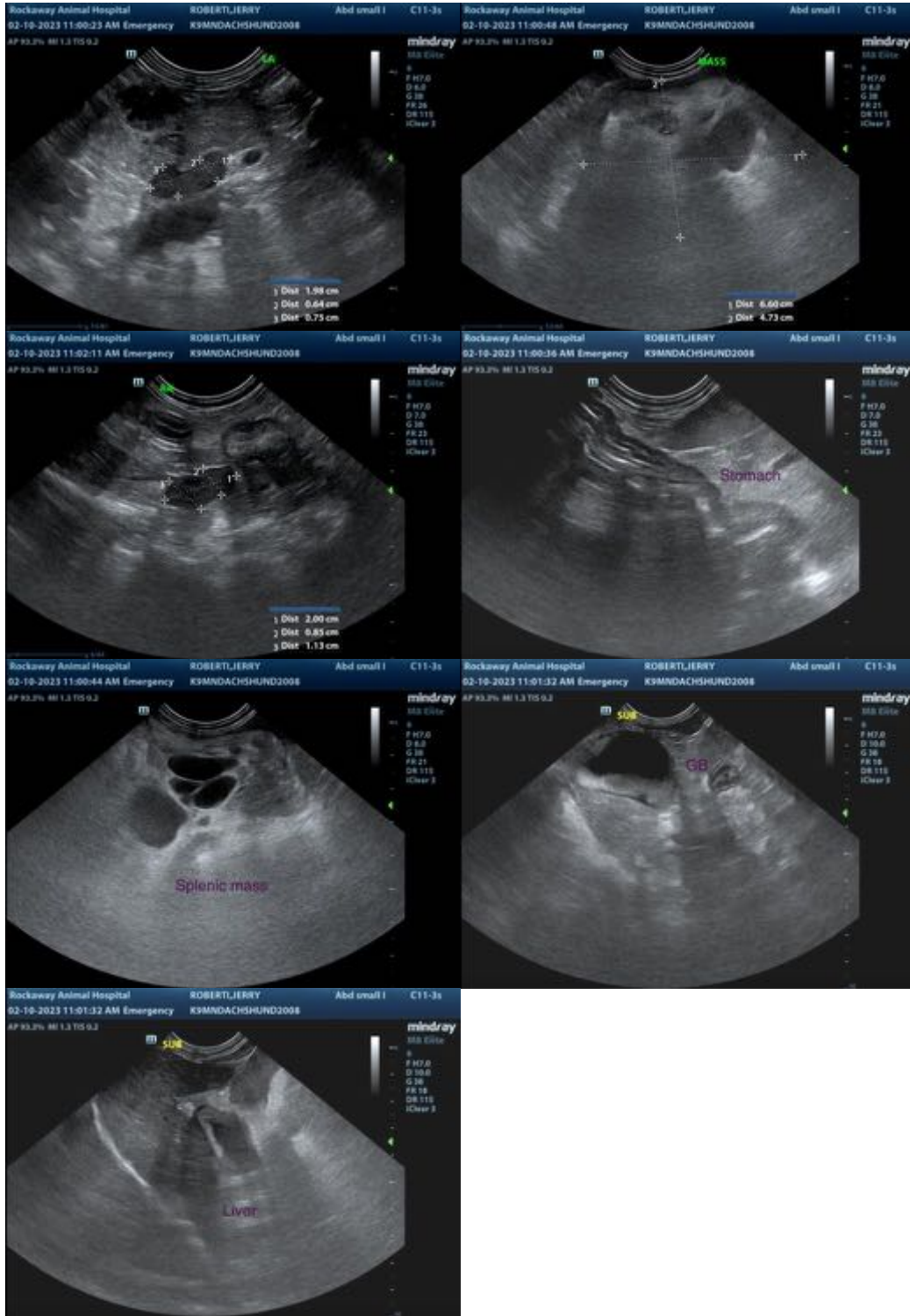
- Large splenic mass. Differentials include necrotic myelolipoma, sarcoma, round cell tumor, other.

### **Secondary Findings**

- Mild bilateral adrenomegaly
- Bilateral degenerative renal changes with dystrophic mineralization, cortical cysts, and left pyelectasia
- The hepatic parenchymal changes are most consistent with benign age-related remodeling. However, correlation with the patient's liver values is recommended.
- The gall bladder changes could be consistent with cholestasis, and emerging mucocele, or less likely, fasting

## **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, consider a splenectomy with submission of the spleen for histopathology. A liver biopsy should also be obtained at the time of surgery to assess for micrometastatic disease. A fine needle aspirate of the splenic mass can be considered prior to surgery. However, there is a risk of iatrogenic hemorrhage with the procedure.



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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