

PATIENT

Fili Prada

PRESENTING CLINICAL SIGNS

History: Enlarged spleen on routine exam today. Abdominal radiographs confirm splenomegaly.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boxer Mix

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 3-4 cm, are normal.

SEX

Spayed Female

The left kidney is normal in size (6.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

4.15.2011

The right kidney is normal in size (7.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

62.2 lbs/28.21 kg

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.73 cm at caudal pole) with a normal 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 in normal size (1.03 cm at cranial pole) (0.80 cm at caudal pole) with a normal 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

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

Spleen

The spleen is enlarged with swollen margins at the cranial aspect. A >8.70 cm heterogenous, cavitated, vascular mass is observed at the cranial aspect. The lesion causes capsular expansion. In the remainder of the spleen, the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Sun Dog Cat Moon

Liver

The liver is subjectively normal in size. A 0.38 cm hypoechoic nodule is observed on the left side, at the caudal aspect. The lesion causes slight capsular expansion. The remaining peripheral margins are curvilinear. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Kelsey Pruitt

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.

INVOICE

12217

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally dilated with chyme. 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.

DATE

2.13.23

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. 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

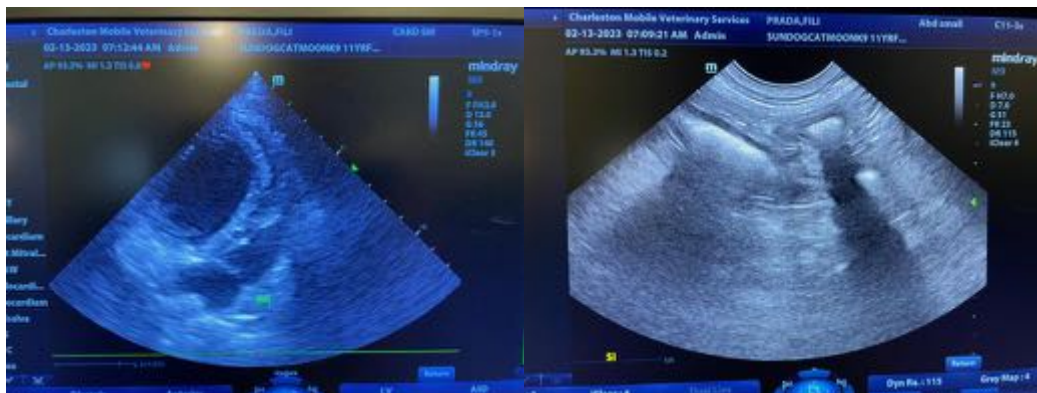
- Large cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, other) is suspected with a lower possibility of a benign process.
- The traces ascites may be secondary to minor hemorrhage from the splenic mass, neoplastic effusion, other.
- The left liver nodule may represent a metastatic lesion. Alternatively, a benign process (i.e., regenerative nodule, inflammatory focus, or granuloma) is also possible.

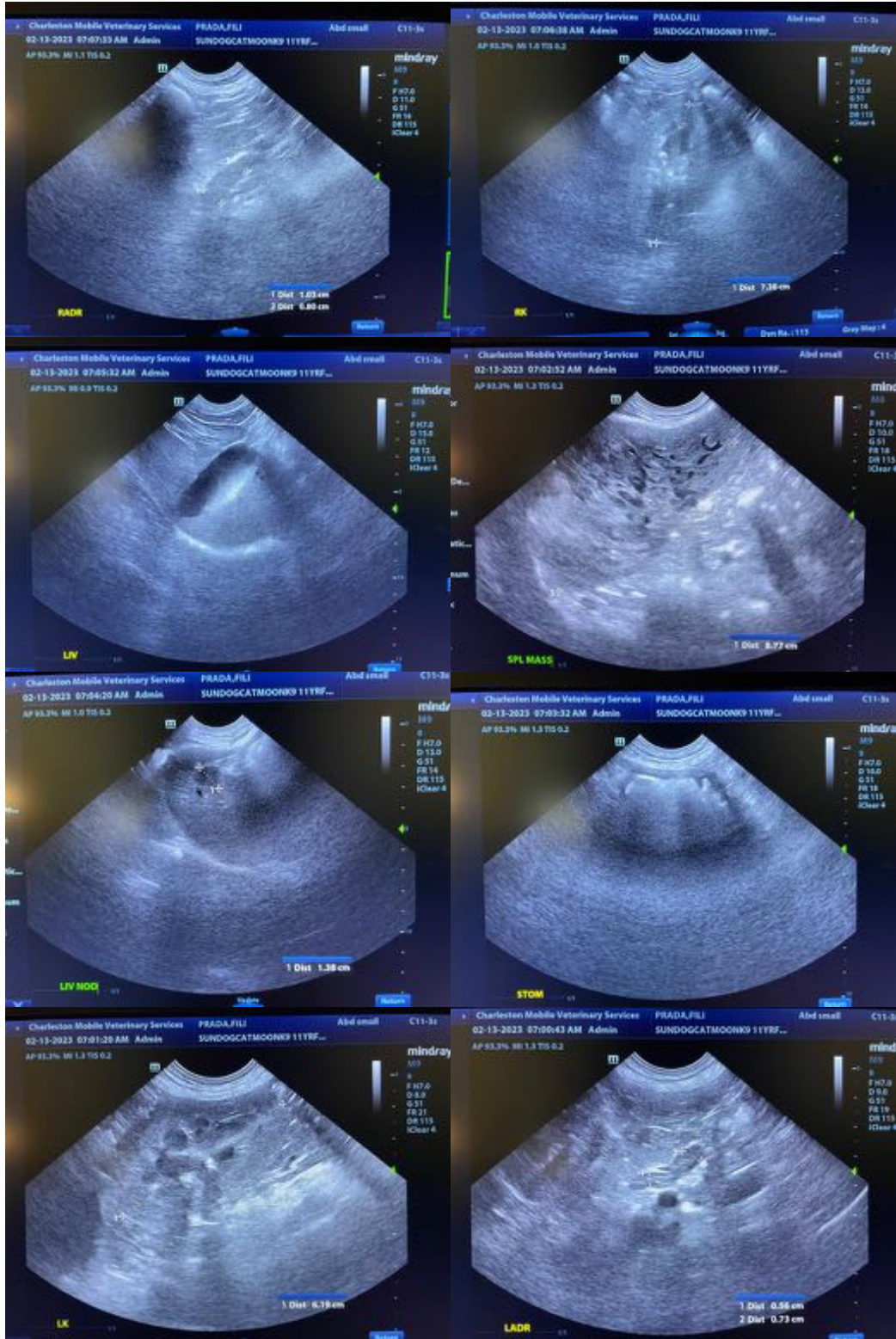
Secondary Findings

- Mild bilateral age-related renal changes

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. The liver nodule should also be biopsied at the time of surgery. The client should be warned of the possibility of metastatic disease of the liver prior to moving forward with a splenectomy.





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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