

**DATE**

2/16/22

PRESENTING CLINICAL SIGNS

History: Patient seen at different hospital and was diagnosed with splenic mass. Owner has no previous records. Patient has decrease appetite, anemic and lethargic.

PATIENT

Candy Hynes

Current Medications: Tramadol 50mg 1-2 tabs PO BID.

Lab Results: PCV 20%, otherwise unremarkable.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Andi Parkinson, RDMS.

Pitbull Terrier Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

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.

AGE

10/29/13

The left kidney presented normal size (5.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. A 3.89 cm x 1.29 cm, irregular tissue structure is adhered to the lateral aspect of the kidney.

WEIGHT

71.1 Lbs.

The right kidney presented normal size (6.10 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

HOSPITAL NAME

Northwind AH

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.73 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.

REFERRING VET

Dr. Cross

The right adrenal gland is normal size (1.21 cm at cranial pole) (0.61 cm at caudal pole) (2.63 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

13957

Spleen

The spleen is enlarged with a >9.0 cm, irregular, heterogeneous, cavitated mass, arising from what appears to be the cranial pole. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is mostly homogeneous. Splenic

vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. A 2.12 cm x 1.73 cm, cystic nodule is observed at the caudal aspect. The remaining parenchyma is homogeneous. 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. A moderate amount of echogenic debris, most of which is gravity dependent and some of which is suspended, 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 portion of the pancreas is obscured by the large splenic mass. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed adjacent to the splenic mass. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

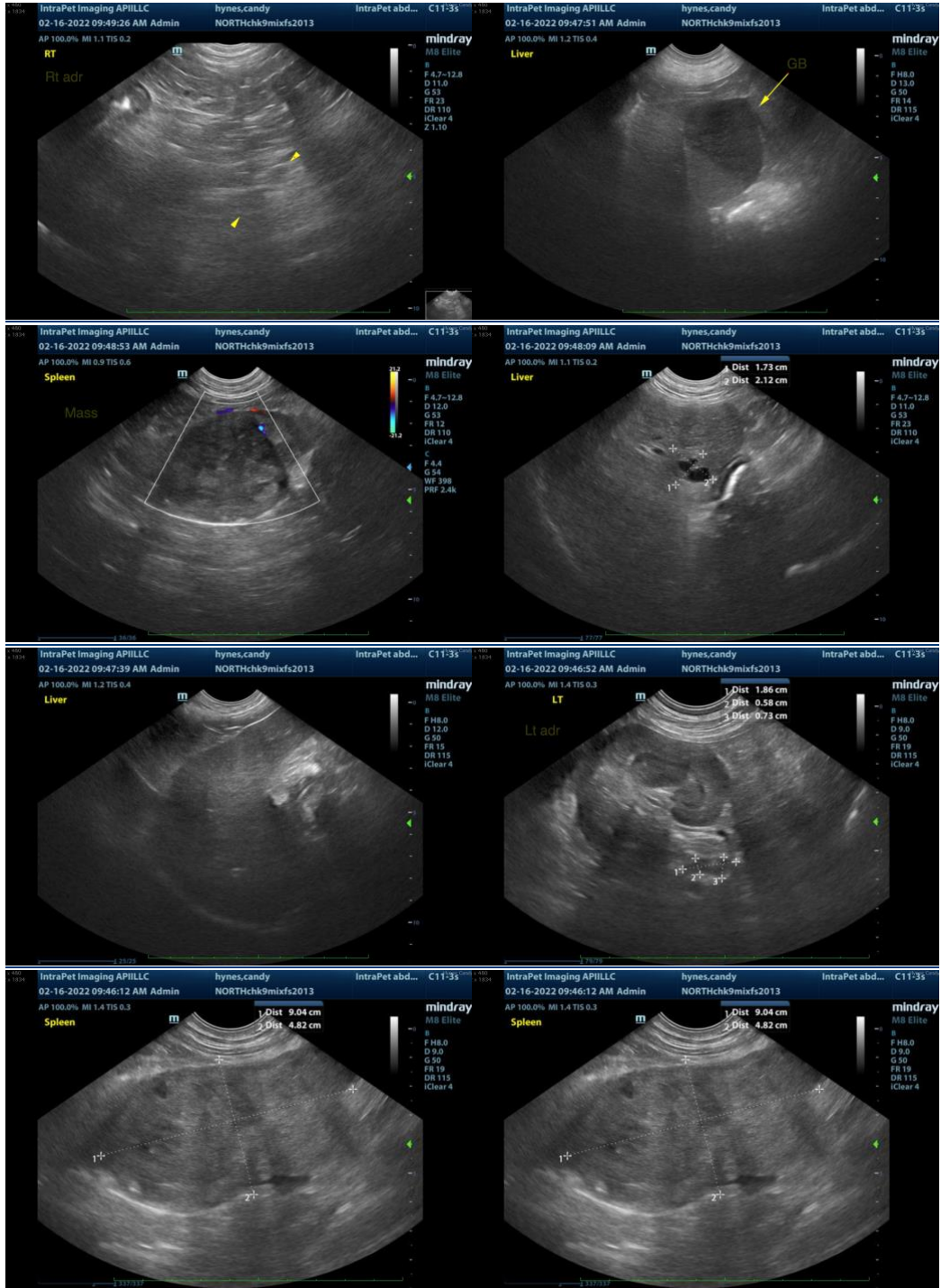
- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely. Regional peritonitis is present. A suspected clot is adhered to the lateral aspect of the left kidney.
- The cystic hepatic nodule may represent a metastatic lesion. Alternatively, a benign cystic structure may be present.

Secondary Findings

- Minor degenerative renal changes with right dystrophic mineralization

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 cystic liver nodule should also be biopsied and the client should be warned of the potential for metastatic disease prior to surgery.



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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