



PATIENT PRESENTING CLINICAL SIGNS

Teddy Ferko History: transfer for abdominal u/s- concern for splenic mass on radiographs

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

9 years

WEIGHT

35.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon
Animal ER

REFERRING VET

Dr. Longbottom

INVOICE

12218

DATE

2.16.23

Abnormal PE/Chem/CBC/UA Results: HCT 25. HGB 8.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.40 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal in size (7.02 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.50 cm at caudal pole) (1.98 cm in length) 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is enlarged with with swollen, irregular, peripheral contours, particularly at the cranial aspect. The parenchyma is diffusely mottled, with ill-defined hypoechoic areas and nodules throughout the organ. Splenic vasculature at the hilus appears normal with no obvious evidence of thrombosis.

Liver

The liver is subjectively enlarged with normal to slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. No distinct focal lesions are observed.

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/not seen.

Gastrointestinal

The lumen is mildly distended with ingesta. 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

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.

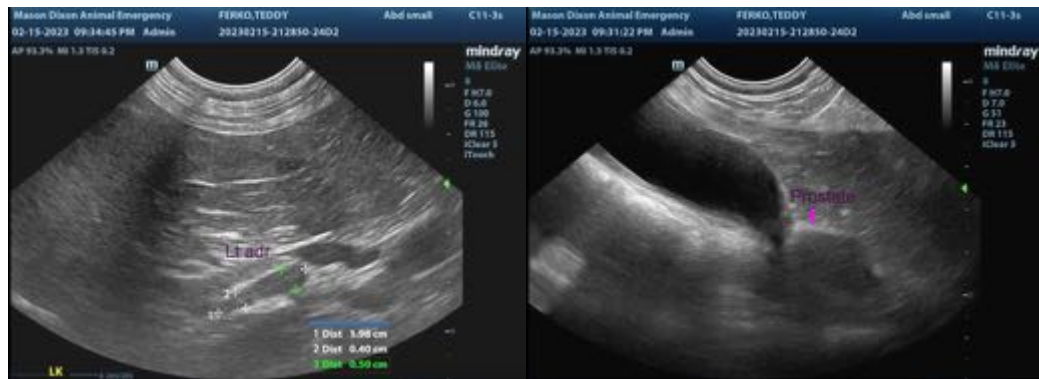
ULTRASONOGRAPHIC FINDINGS

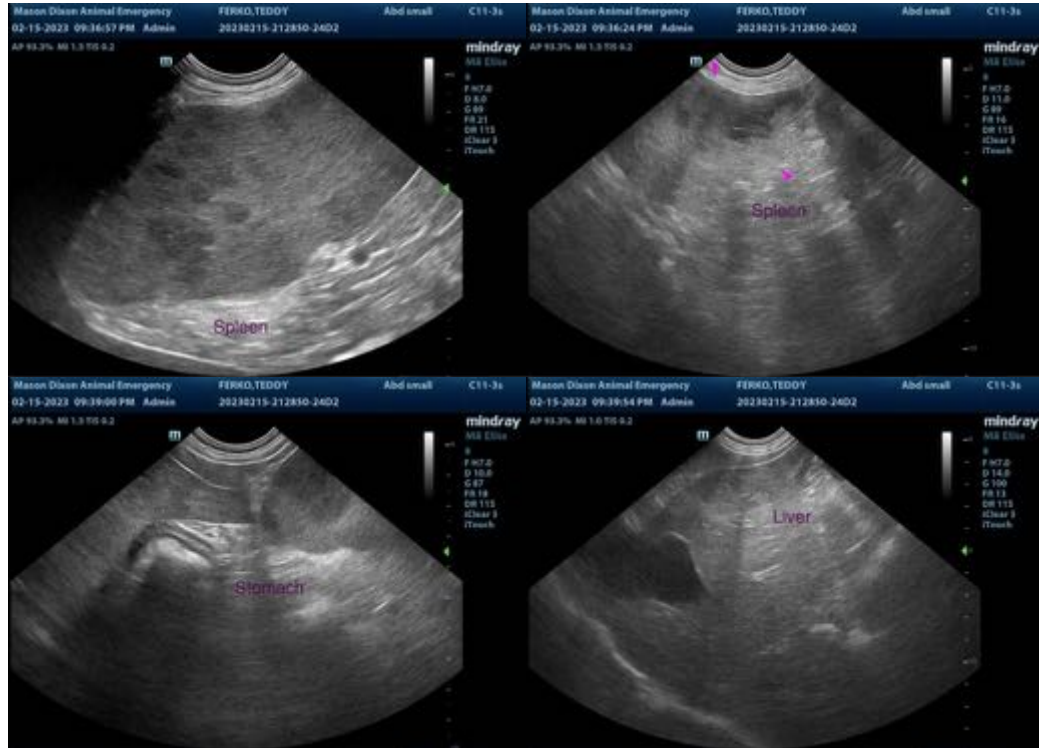
Primary Findings

- The splenic parenchymal changes are more concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., splenitis, antigenic stimulation, extramedullary hematopoiesis or lymphoid hyperplasia) cannot be completely excluded. The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., splenitis, antigenic stimulation, extramedullary hematopoiesis or lymphoid hyperplasia) cannot be completely excluded.
- Trace ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirates of the spleen +/- liver are recommended, if clotting status is appropriate. Twenty-five gauge-needles should be used.
- Three-view thoracic radiographs are also recommended to assess for pathology in the chest.
- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 should also be performed.





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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