

PATIENT

Roxy Schmitt

PRESENTING CLINICAL SIGNS

History: Splenectomy performed for a tumor. Dx. splenic stromal sarcoma grade 3
Abnormal PE/Chem/CBC/UA Results: Normal chemistry, CBC and UA. Normal 3 view radiographs.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 mostly 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.

BREED

Puggle

SEX

Intact Female

The left kidney is normal size (4.85 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.

AGE

10 years

The right kidney is normal size (6.03 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. Renal vasculature is normal.

WEIGHT

23 lbs

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.53 cm at caudal pole) (1.79 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.

INTERPRETED BY

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

The right adrenal gland is normal size (0.99 cm at cranial pole) (0.55 cm at caudal pole) (1.96 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

Laurel Logas

Spleen

Previously splenectomized. See *Free abdomen*.

HOSPITAL NAME

Bradenton VH

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is subjectively hyperechoic with several small ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Laurel Logas

The gall bladder is of normal contours and contains some dependent echogenic to mineralized debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE

10410

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid 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.

DATE

2/18/22



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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Canine

Free Abdomen

The mesentery in the cranial abdomen (region of the splenic fossa) is hyperechoic/reactive and slightly irregular in appearance. A few prominent lymph nodes are observed in the left cranial quadrant, the largest measuring 1.03 cm in length.

BREED

Puggle

SEX

Intact Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The cranial abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia, or metastatic disease (from the previously removed splenic tumor).
- The mesenteric changes in the cranial abdomen may be secondary to post-operative peritonitis (depending on when surgery took place), low-grade pancreatitis, infiltrative neoplasia, other.

AGE

10 years

Secondary Findings

- Suspected benign hepatopathy (i.e., vacuolar hepatopathy and or regenerative nodular hyperplasia)
- Gall bladder debris, non-mucocele
- Minor age-related renal changes

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic imaging of the left cranial quadrant/prominent lymph nodes is recommended. If accessible, fine-needle aspirate of the nodes is recommended.
- Three-view thoracic radiographs should also be considered to assess for pulmonary metastatic disease, if not already performed.
- Consider repeat abdominal ultrasound in 3-4 weeks to reevaluate the mesenteric and lymph node changes.

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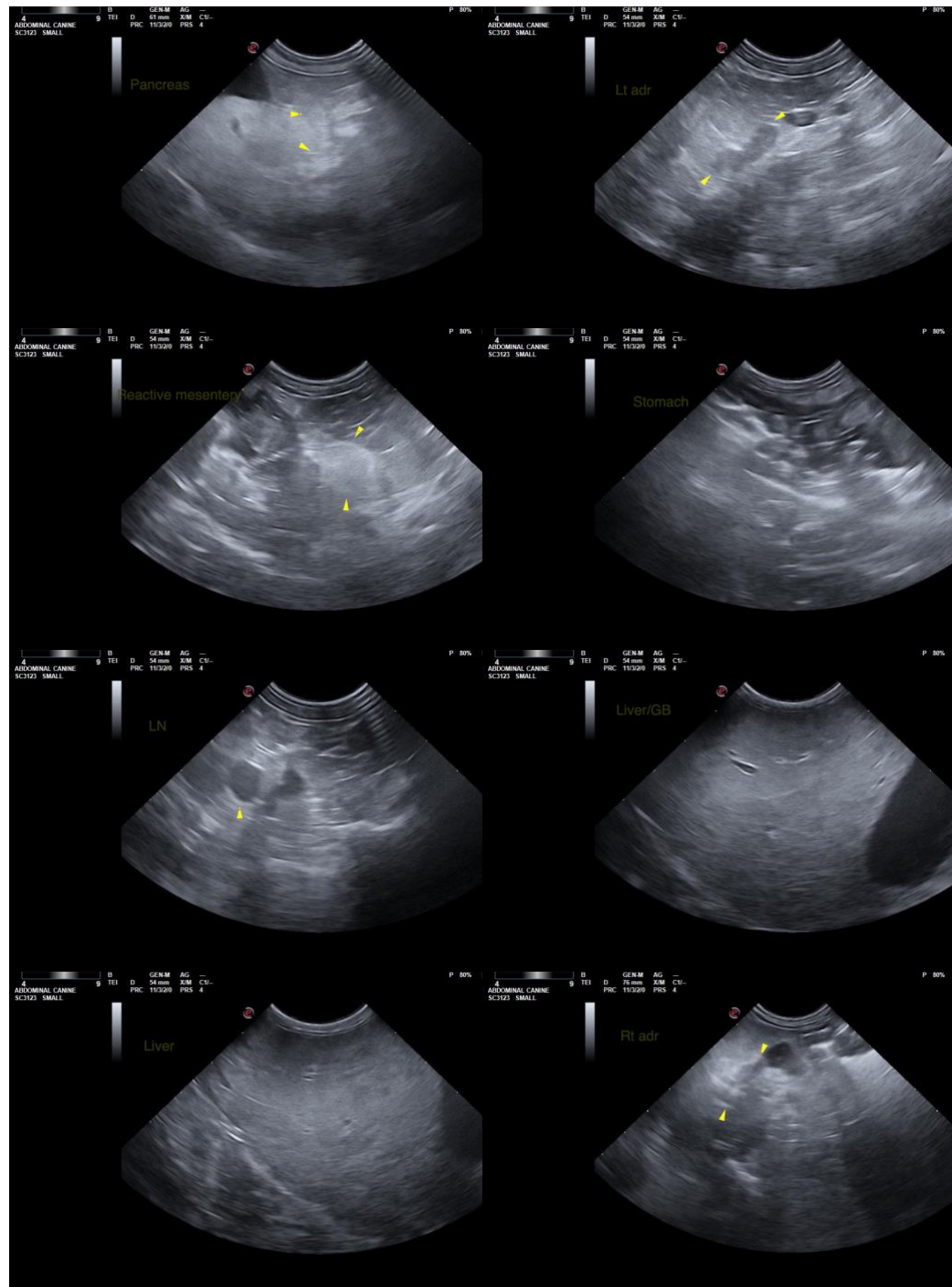
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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