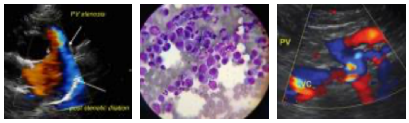
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/21/23

PATIENT
Ion Sumlin

SPECIES
Canine

BREED
Labrador

SEX
Male, neutered

AGE
6/8/2009

WEIGHT
78 lbs.

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

HOSPITAL NAME
Hickory VH

REFERRING VET
Dr. Lyle

INVOICE
14623

PRESENTING CLINICAL SIGNS

Presented for decreased appetite, lethargy and vomiting. Mildly pale MM on PE with mild abdominal discomfort. Mild anemia on BW and mid abdominal mass seen on rads.

Current Medications: 2/17 Cerenia 80 mg SID
Lab Results: Hct 35.1%, Hgb 12.6, RBC 5.57.
Radiographs: Lateral chest rad mild sternal LN enlargement, lateral abdomen- mid abdominal mass
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic IV.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 2 cm, are normal.

The prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.24 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.45 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.

Adrenal Glands

The left adrenal gland is normal size (0.77 cm at cranial pole) (0.76 cm at caudal pole) (2.58 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.

The right adrenal gland is mildly enlarged (1.17 cm at cranial pole) (0.90 cm at caudal pole) (2.55 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.

Spleen

An approximately 12 cm heterogeneous cavitated mass is observed in the cranial to mid abdomen and is thought to be of splenic origin. 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 homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and 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 small amount of

aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not 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 cranial to mid abdominal mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen
Trace free fluid is observed.

Lymph Nodes
See *Other.*

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

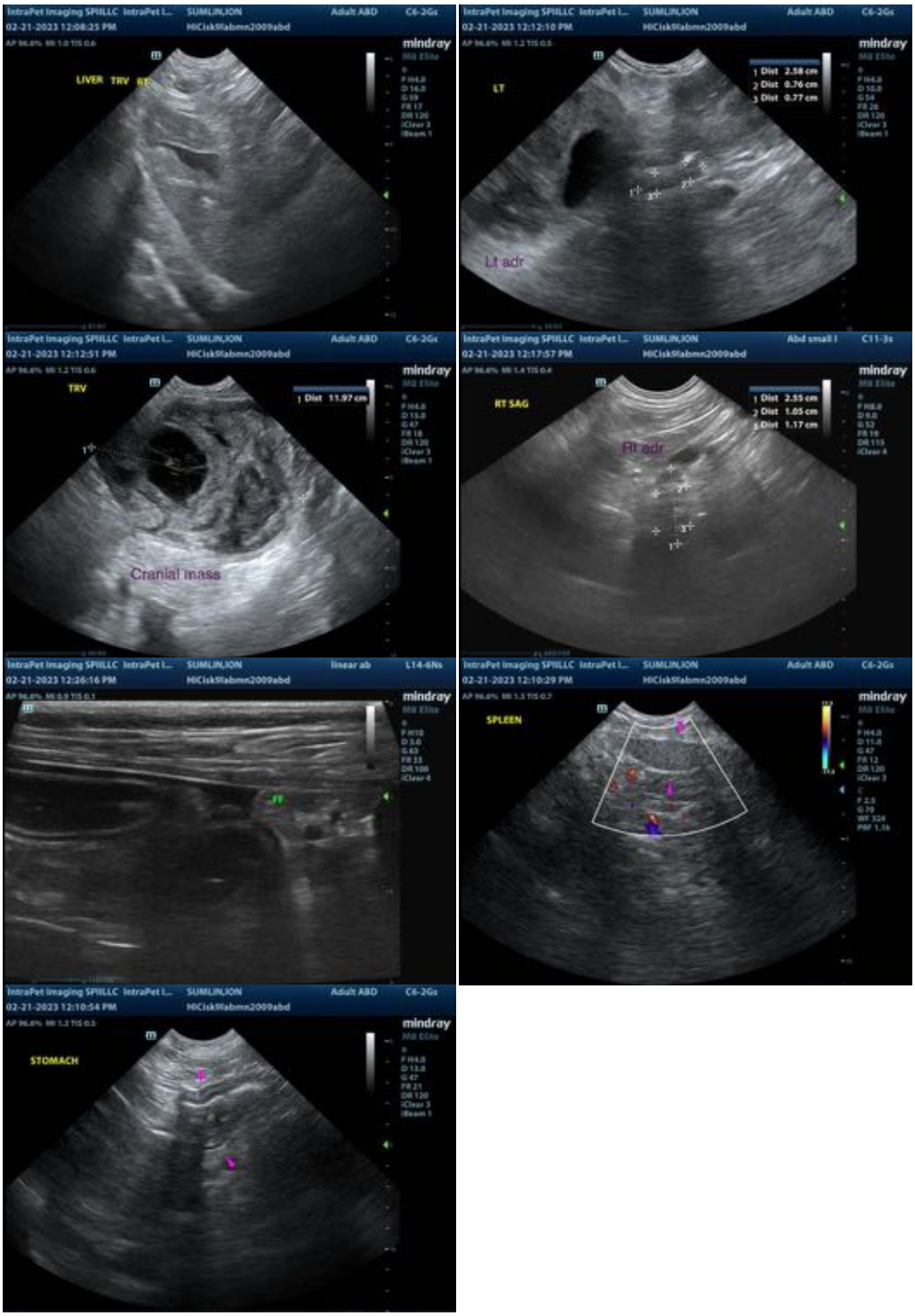
ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Cranial to mid-abdominal mass, thought to be of splenic origin. However, other origins (i.e., mesentery, lymph node, liver) cannot be excluded. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of a benign process. Adjacent peritonitis is present.

Secondary Findings:

- Mild right adrenomegaly.
- The hepatic parenchymal changes are non-specific and are most consistent with age-related remodeling. However, metastatic disease or other hepatopathies cannot be completely excluded.
- Gallbladder debris/sludge- non-mucocele.

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, an abdominal exploratory with mass removal and submission for histopathology can be considered. Liver biopsies should also be obtained at the time of surgery. An abdominal CT scan would be useful in better characterizing the origin of the abdominal mass.



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com