

PATIENT

Can Ozzy Unidad
Canina Policia de PR

SPECIES

Canine

BREED

Belgium Shepherd

SEX

Male, neutered

AGE

7 Yrs.

WEIGHT

60.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Martes

INVOICE

12922

DATE

2/9/22

PRESENTING CLINICAL SIGNS

History: Presented on 2-8-22 for evaluation of hematochezia. lethargy and frequent history of constipation. As a mass effect was visualized on the cranial abdomen then an ultrasound was performed to characterize the mass (origin, ect).

Abnormal PE/Chem/CBC/UA Results: PE: Right-sided perineal hernia ABD Radiographs: Revealed a mass effect on the cranial abdomen. **Fecal:** Negative **CHEM:** unremarkable **CBC:** pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.32 cm) with an irregular mucosal surface. No cystic calculi are observed. the region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is subjectively normal in size (1.08 cm in width) with relatively normal peripheral contours. A few mineralized foci are observed within the parenchyma. The parenchyma is slightly heterogeneous in appearance with a few foci of mineralization. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.58 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 (7.06 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.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.73 cm at caudal pole)(2.60 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.

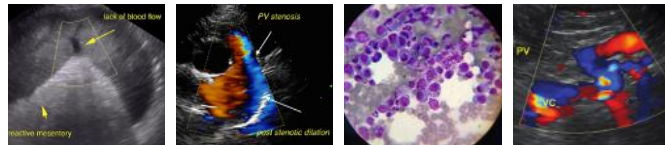
The right adrenal gland is normal size (0.71 cm at cranial pole) (0.48 cm at caudal pole) (2.91 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A greater than 8 cm irregular heterogeneous cavitated mass is arising from the medial aspect. The mesentery effacing the serosal surface is slightly hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no obvious evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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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 pyloric outflow tract is patent. 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 disease is noted.

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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.

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Free Abdomen

There is no evidence of free fluid. A 2.49 cm medial iliac lymph node is visualized. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.50 cm in length.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology. Regional peritonitis is present.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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Secondary Findings:

- The prostatic parenchymal changes may be secondary to age-related remodeling with incidental mineralization. Alternatively, emerging neoplasia is possible. Correlation with clinical findings is recommended.
- The urinary bladder wall changes may be artifactual due to lack of full repletion or could be consistent with cystitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- 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. A liver biopsy should also be obtained to assess for micrometastatic disease.

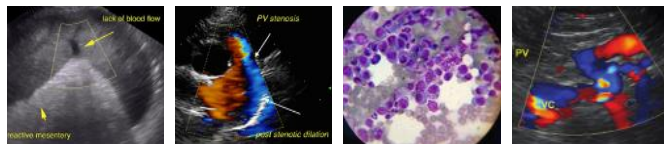
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- Consider repair of the perineal hernia at the time of surgery, if the patient is stable.

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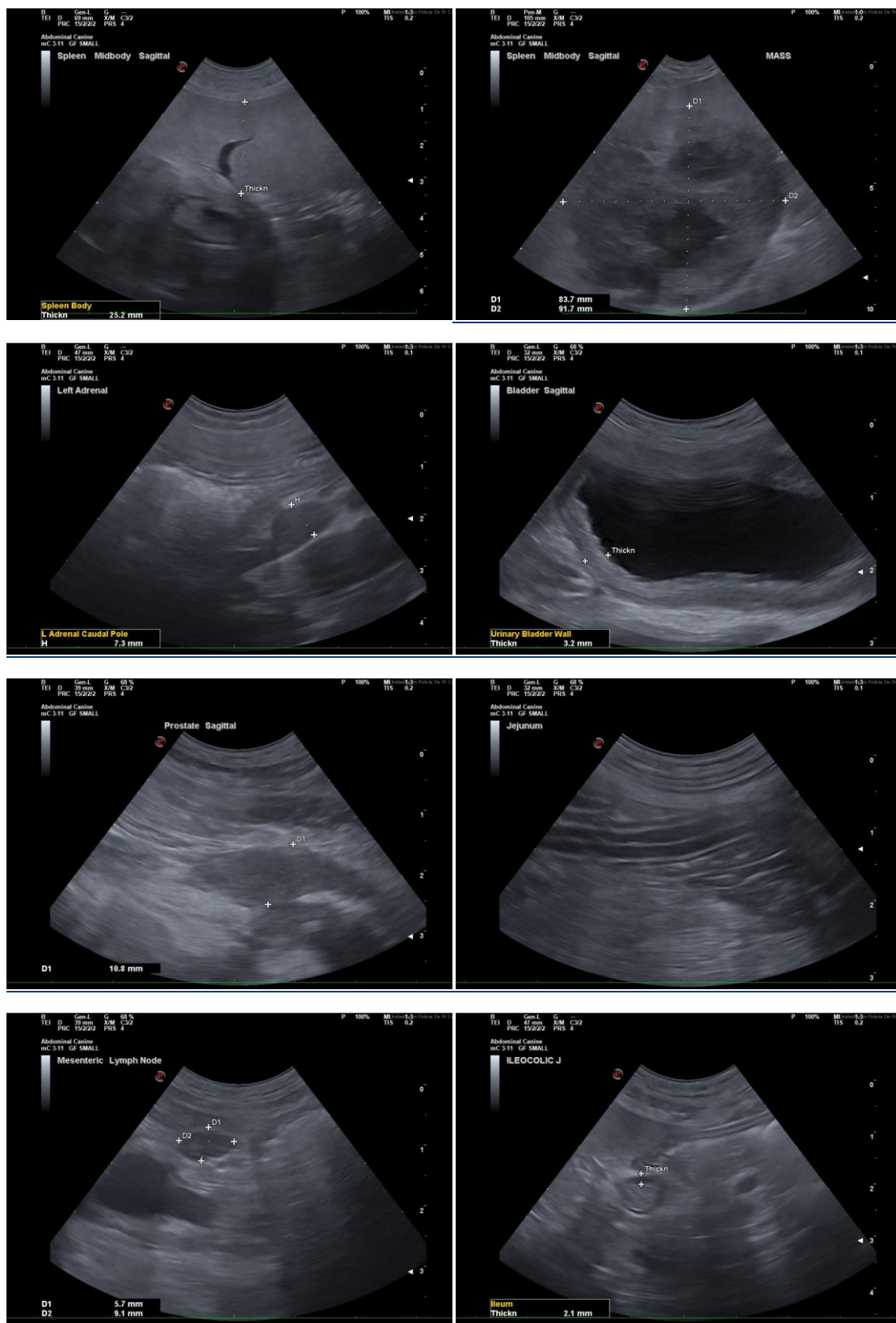
Dr. Martes

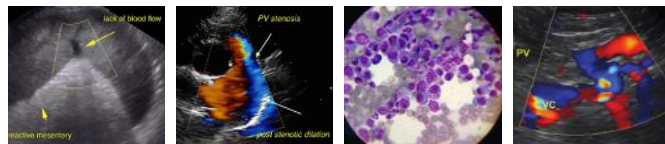
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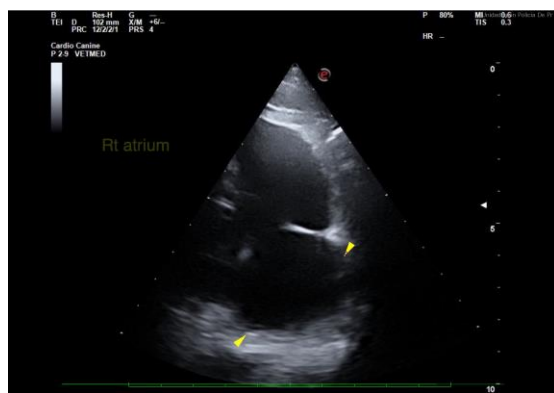
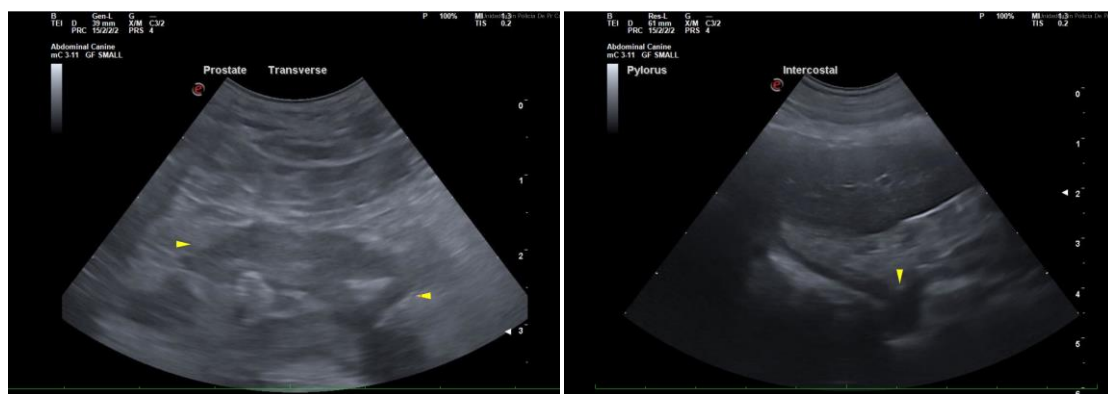
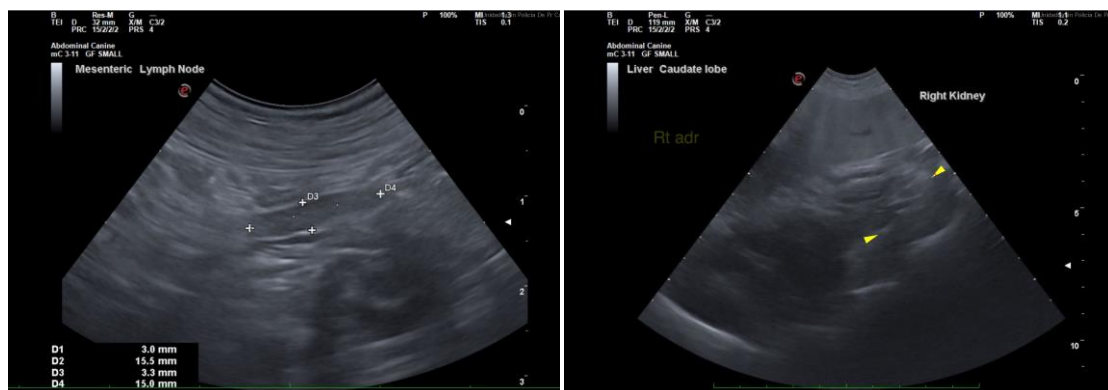
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com