


PATIENT PRESENTING CLINICAL SIGNS

Ares Currie History: Presented for bloody discharge from nose. Labs show progressive regenerative anemia and leukocytosis with marked ALP elevation.

SPECIES Abnormal PE/Chem/CBC/UA Results: Regenerative anemia - Hct 30%. Mild neutrophilia and monocytosis. Marked ALP elevation over 2000.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED *Urinary System*

Pitbull Terrier

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 1-2 cm, are normal.

SEX

Neutered Male

The region of the prostate is not visualized due to its pelvic location.

AGE

9 years

The left kidney is normal in size (7.53 cm in length) with a normal shape, architecture and 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 hydroureter.

The right kidney is normal in size (8.07 cm in length) with a normal shape, architecture and 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 hydroureter.

WEIGHT

34 kg

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.53 cm at caudal pole) 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.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

Spleen

An approximately 3.60 cm heterogenous cavitated mass is arising from the parenchyma, approximately mid-spleen. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is relatively homogenous. Splenic vasculature appears normal with no obvious evidence of thrombosis.

HOSPITAL NAME

Canyon Meadows VC

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous, varying-sized heterogenous coalescing nodules/masses are observed throughout the organ. One of the larger masses measures approximately 3.00 cm in diameter. Several of the lesions cause capsular expansion. A few of the nodules are cavitated. There is minimal to no normal-appearing hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of thrombosis.

REFERRING VET

Dr Leboldus

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12384

DATE

3.10.23

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The proximal duodenal lumen is mildly to moderately fluid-distended. The remaining small intestinal segments are empty. The small intestinal wall is normal in thickness 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 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.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A 0.98 cm irregular echogenic structure is observed in what appears to be the portal vein.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

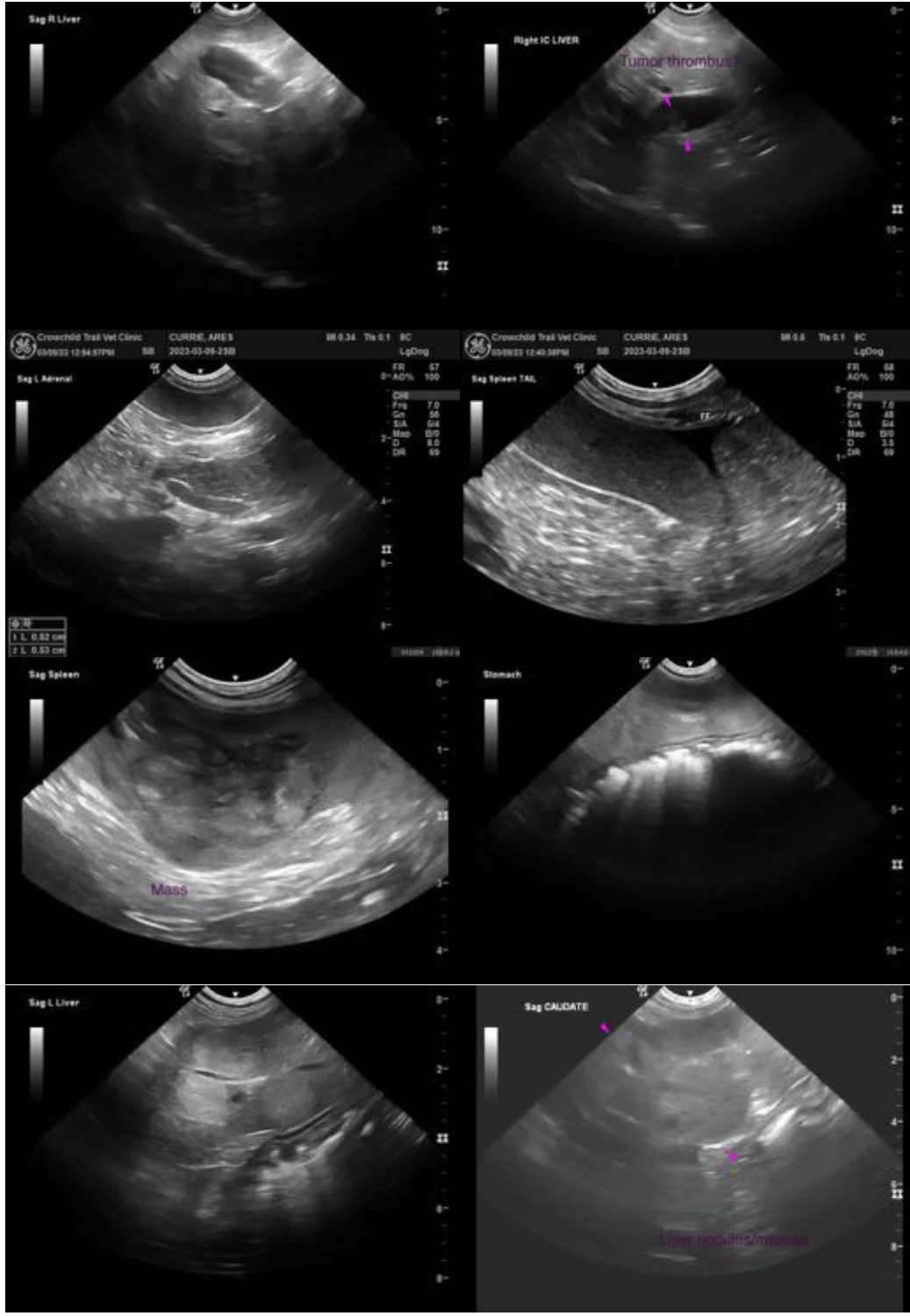
- Splenic mass. Neoplasia (i.e., hemangiosarcoma, round cell tumor) is suspected with a lower possibility of a benign process.
- The diffuse hepatic nodules/masses are concerning for a metastatic disease, with a lower possibility of benign regenerative nodules or inflammatory foci.
- Possible small tumor thrombus in the portal vein

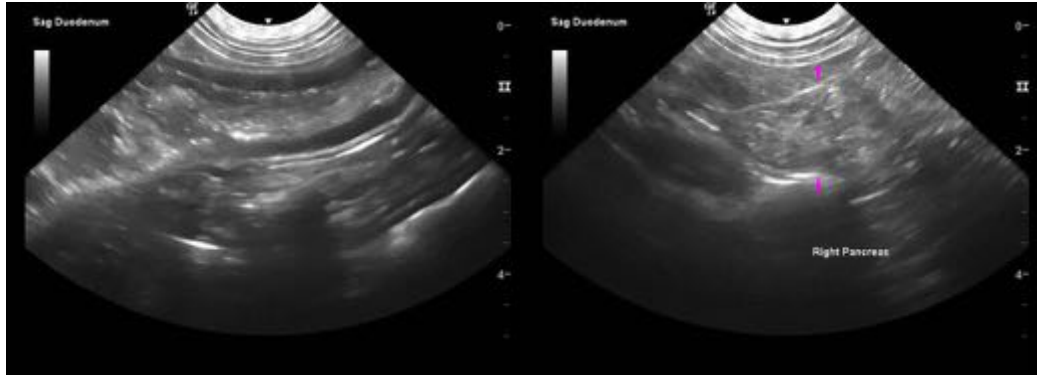
Secondary Findings

- Minor bilateral age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the hepatic and splenic lesions can be considered if clotting status is appropriate. Twenty-five gauge-needles should be used. There is some risk of iatrogenic hemorrhage with the procedure, due to the cavitated areas, particularly in the spleen.
- Given the guarded prognosis for this patient, consider palliative treatment in lieu of invasive diagnostics.





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