


PATIENT PRESENTING CLINICAL SIGNS

Sophie Brennan History: bloody diarrhea bleeding from rectum, vomiting increased thirst and appetite

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SPECIES
Urinary System

Canine The urinary bladder is moderately distended. The wall is normal thickness with a smooth mucosal surface. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

BREED

Yorkshire Terrier The left kidney is normal in size (3.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A small cortical cyst is observed at the lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Female Spayed The right kidney is normal in size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

13 years **Adrenal Glands**
 The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.46 cm at caudal pole) (1.68 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.

WEIGHT

9 lbs

The right adrenal gland is in normal size (0.77 cm at cranial pole) (0.53 cm at caudal pole) (1.71 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.

INTERPRETED BY

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 Animal Internal Medicine*)

IMAGING PERFORMED BY

Jenn

Spleen

The spleen is enlarged with irregular peripheral contours. A >7.00 cm irregular, heterogenous cavitated mass is arising from the parenchyma. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen, the peripheral margins are undulating to rounded, and the parenchyma is mottled. Splenic vasculature appears normal with no evidence of thrombosis.

Liver
HOSPITAL NAME

Rockaway AH

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic-to-isoechoic relative to the spleen and diffusely slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr Maniar

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 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. There is no evidence of an obstructive pattern.

INVOICE

12425

DATE

3.16.23

Pancreas

A portion of the pancreas is obscured by the splenic mass. In the visualized portion of the left limb, the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

There is a possible 1.65 cm echogenic mass in the right atrium. There is no obvious evidence of pericardial fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected, with a lower possibility of benign pathology. Adjacent peritonitis is present.
- There is a suspected right atrial mass. However, additional imaging would be beneficial in confirming this finding.
- The hepatic parenchymal changes are nonspecific and may be secondary benign age-related remodeling and/or vacuolar hepatopathy. However, micrometastatic disease cannot be completely excluded.

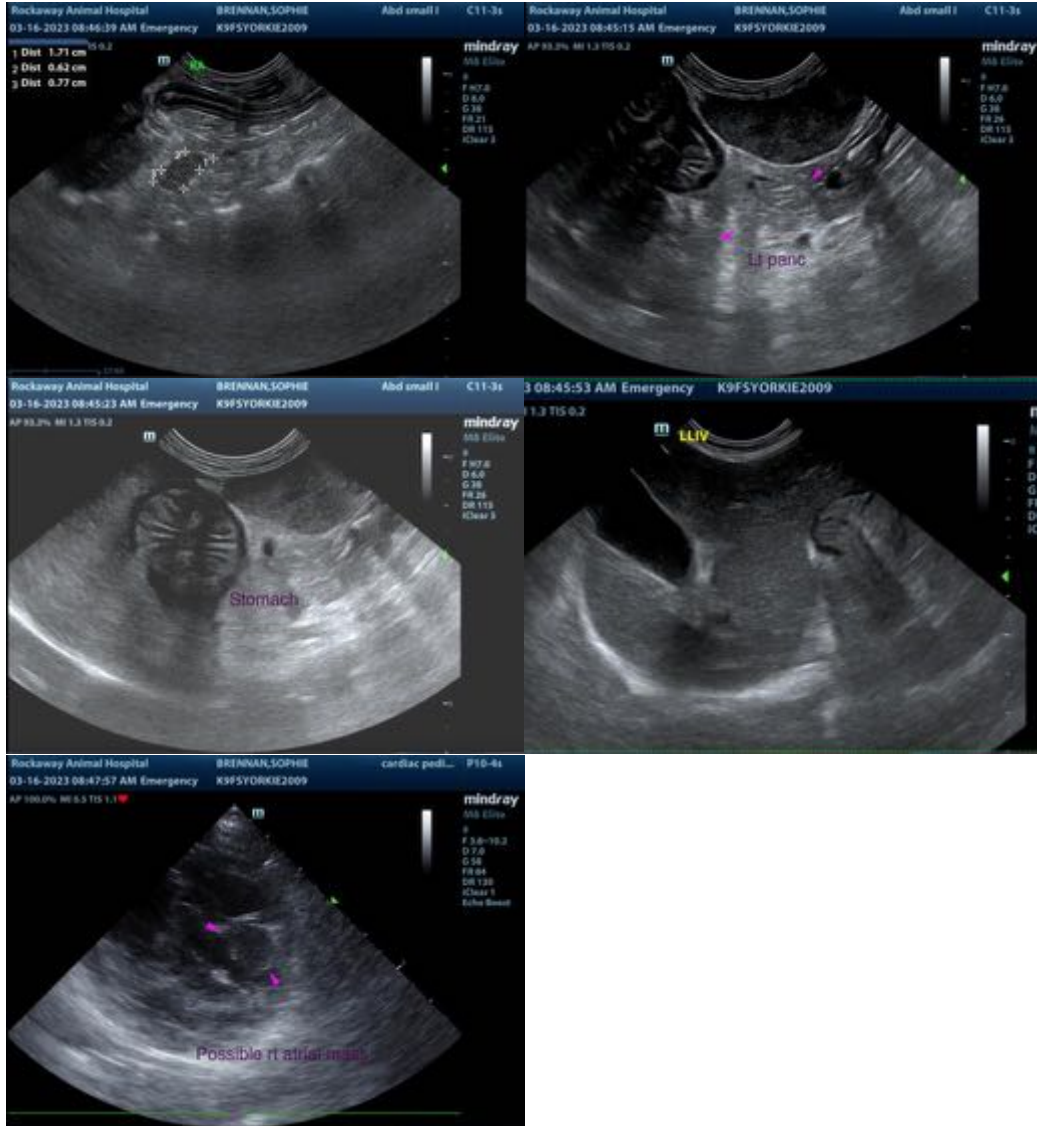
Secondary Findings

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 and a full echocardiogram are recommended to further evaluate for metastatic disease from the splenic mass.
- Consider Yunnan Bayaio and other palliative measures in the meantime.







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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