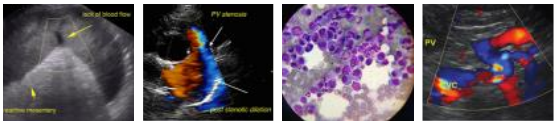



**PATIENT**
Rufus Buring

**SPECIES**
Canine

**BREED**
Pitbull

**SEX**
Neutered Male

**AGE**
11 years

**WEIGHT**
53.3 lbs

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

**IMAGING PERFORMED BY**
Sara Hansen

**HOSPITAL NAME**
West Hills AH

**REFERRING VET**
Dr. Glaze

**DATE**
3/17/22

**INVOICE**
10575

## PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: New patient/second option: P presented with dermatitis and signs of prednisone and thyroid supplementation over use/chronic use. P is being weaned off both prednisone and thyroxine for future endocrine testing.

Abnormal PE/Chem/CBC/UA Results: Altered labwork values: T4 >9.0 prior to stopping thyroxine - other lab work is pending

## 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 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 enlarged (2.77 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogenous, with a few small ill-defined hyperechoic areas. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (6.84 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. Mild pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.09 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. At least one small cortical cyst is visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is mildly enlarged (0.83 cm at cranial pole) (0.88 cm at caudal pole) (3.39 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 (0.93 cm at cranial pole) (0.52 cm at caudal pole) (2.56 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 > 6 cm irregular hypoechoic to heterogenous mass is arising from the caudal aspect. The mass causes capsular expansion. The mesentery effacing the serosal surface is hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

### *Liver*

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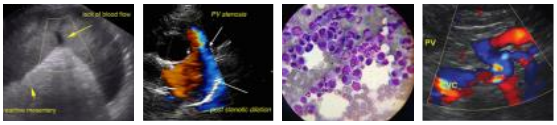

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MOBILE VETERINARY ULTRASOUND
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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

***Gastrointestinal***

The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. 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.

***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.

***Free Abdomen***

There is no evidence of free fluid.

***Lymph nodes***

(see “Other” category).

***Other***

A 2.03 x 1.64 cm irregular, well-circumscribed echogenic to slightly heterogenous vascular mass is observed adjacent to the left adrenal gland.

A brief echocardiogram reveals no evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Large splenic mass. Neoplasia (i.e., sarcoma, round cell tumor), is suspected, with a lower possibility of benign pathology. Regional peritonitis is present. The echogenic nodule/mass adjacent to the left adrenal gland, may represent a metastatic lesion within the mesentery, an enlarged lymph node, an extension of the splenic mass, other.
- The prostatomegaly could be consistent with neoplasia (i.e., adenocarcinoma), late-in-life neutering, normal variation (less likely), other.

### Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The mild, left pyelectasia may be secondary to pyelonephritis, PU/PD (if applicable), age-related remodeling, other.

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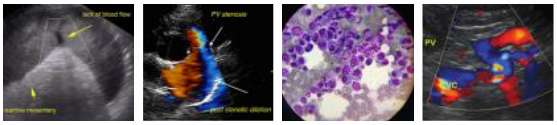

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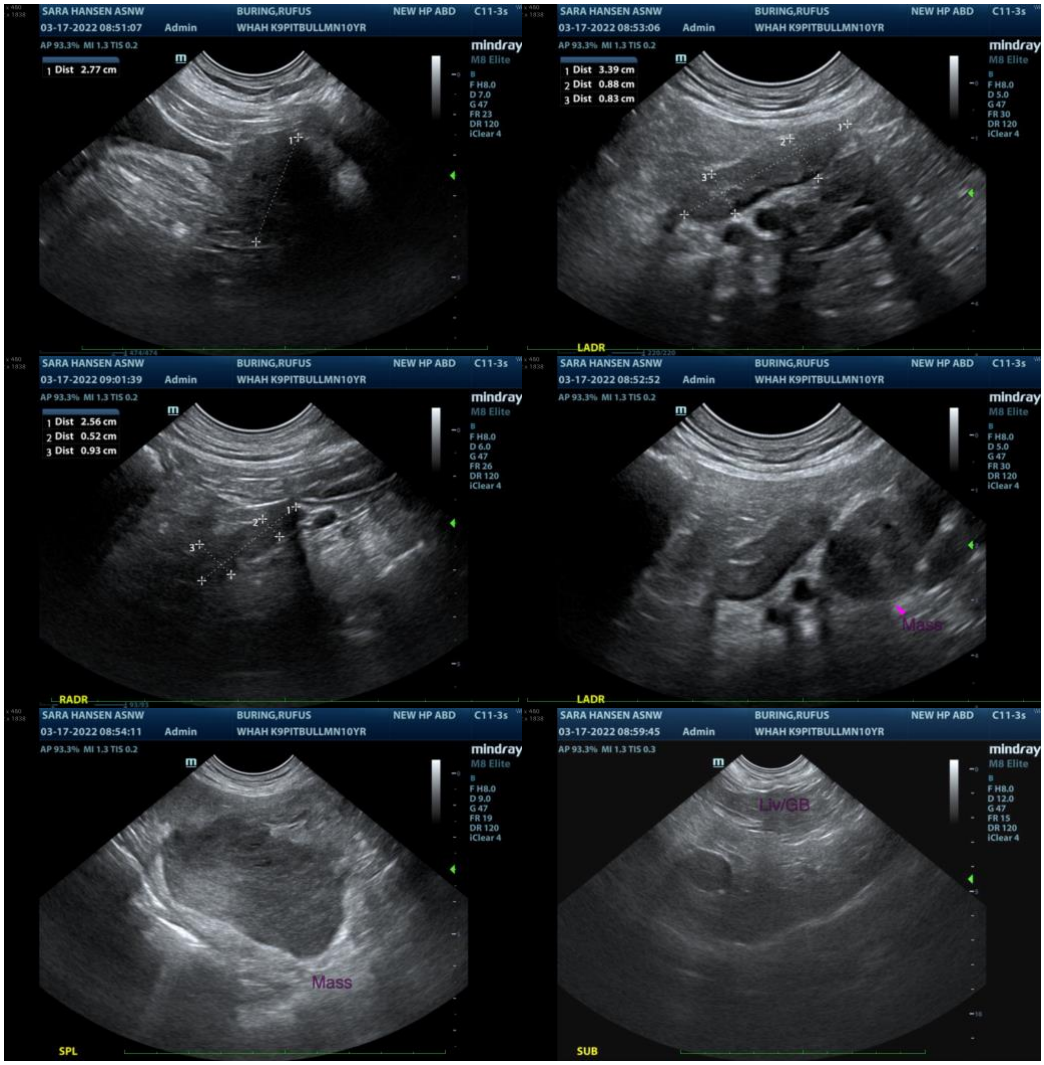
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, and an aggressive approach is desired, consider an abdominal exploratory with splenectomy. Biopsy/removal of the echogenic nodule adjacent to the left adrenal gland is recommended along with liver biopsies to assess for metastatic disease. The client should be warned of the potential for metastases within the abdomen prior to surgery. An abdominal CT scan may be useful in pre-surgical planning.



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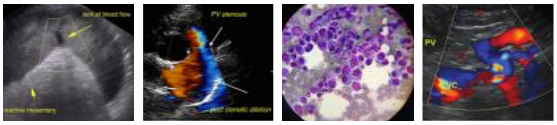

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com