



**PATIENT PRESENTING CLINICAL SIGNS**

Tucker Pinzone History: Abdominal mass-suspect spleen. Operable at GP vs Boarded Sx. Current meds: Amoxi/Clav  
Abnormal PE/Chem/CBC/UA Results: Clinical UTI

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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.

**BREED**

Germ Shorthair Pointer

**SEX**

Intact Male

The prostate is enlarged (4.59 cm in width) with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

**AGE**

6 years

The left kidney is normal in size (7.14 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.45 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

87.4 lbs

**Adrenal Glands**

The left adrenal gland is normal in size (0.62 cm at cranial pole) (0.50 cm at caudal pole) (2.44 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**

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

The right adrenal gland is in normal size (0.69 cm at cranial pole) (0.58 cm at caudal pole) (1.73 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.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Spleen**

An approximately 12.00 cm heterogenous mass is arising from the cranial pole. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen the margins are curvilinear, and the parenchyma subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**HOSPITAL NAME**

Shohola VH

**Liver**

The liver is subjectively normal with curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. An approximately 6.00 cm heterogenous mass is observed in the region of the right medial lobe, deep on the left side adjacent to the diaphragm. The mass is causing compression of the gall bladder wall. The remaining hepatic parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**REFERRING VET**

Dr. DeMeo

**INVOICE**

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.

12306

**DATE**

3.2.23

### ***Gastrointestinal***

The 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 large splenic mass. In the visualized portion no obvious abnormalities are seen.

### ***Free Abdomen***

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Large splenic mass with a suspected metastatic disease lesion in the liver. Neoplasia (i.e., round cell tumor, sarcoma, other) is suspected, with a lower possibility of a benign process (i.e., multifocal inflammatory disease). Adjacent peritonitis is present.

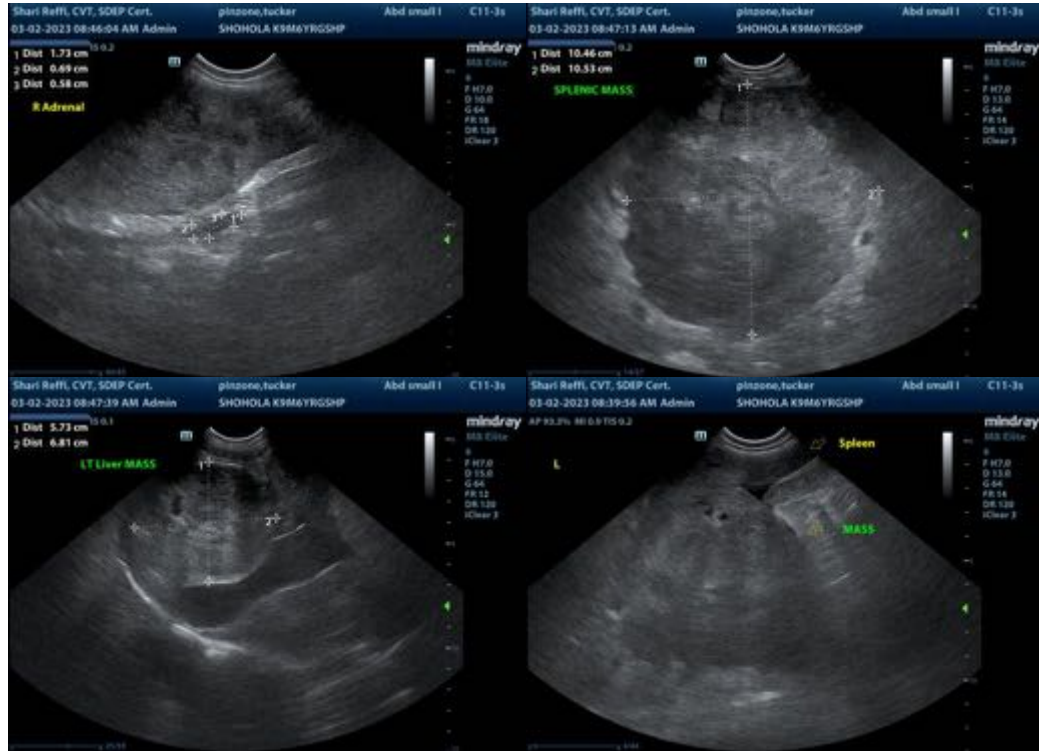
### **Secondary Findings**

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the splenic +/- hepatic masses (if clotting status is appropriate). Twenty-five gauge-needles should be used. Cytology results may help determine if chemotherapy is a potential treatment option.





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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