

PATIENT

Cosmo Switzer

PRESENTING CLINICAL SIGNS

History: Incidental splenic mass found during ultrasound demo. Measured ~1.7cm. Cosmo is well clinically.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

BREED

Pomeranian

The prostate is normal in size (0.76 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Neutered Male

The left kidney is normal in size (4.11 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

8 years

The right kidney is normal in size (3.99 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

WEIGHT

17 lbs

The left adrenal gland is mildly enlarged (0.45 cm at cranial pole) (0.59 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 appear normal.

INTERPRETED BY

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

The right adrenal gland is borderline enlarged (0.57 cm at cranial pole) (0.55 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 appear normal.

Spleen

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

The spleen overall is normal in size (1.48 cm in width at the level of the hilus). A 1.51 x 1.24 cm hypoechoic-to-heterogenous slightly cavitated nodule/mass is observed at the cranial- to mid-aspect. The lesion causes slight capsular expansion. There is ill-defined hyperechoic parenchyma surrounding the lesion. In the remainder of the spleen the parenchyma is subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Falmouth AH

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.

REFERRING VET

Jennifer Switzer, DVM

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

INVOICE

12586

Gastrointestinal

The gastric lumen is mildly distended with ingesta. A 0.70 cm shadowing structure is observed within the lumen. 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 is normal in

DATE

3.30.23

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

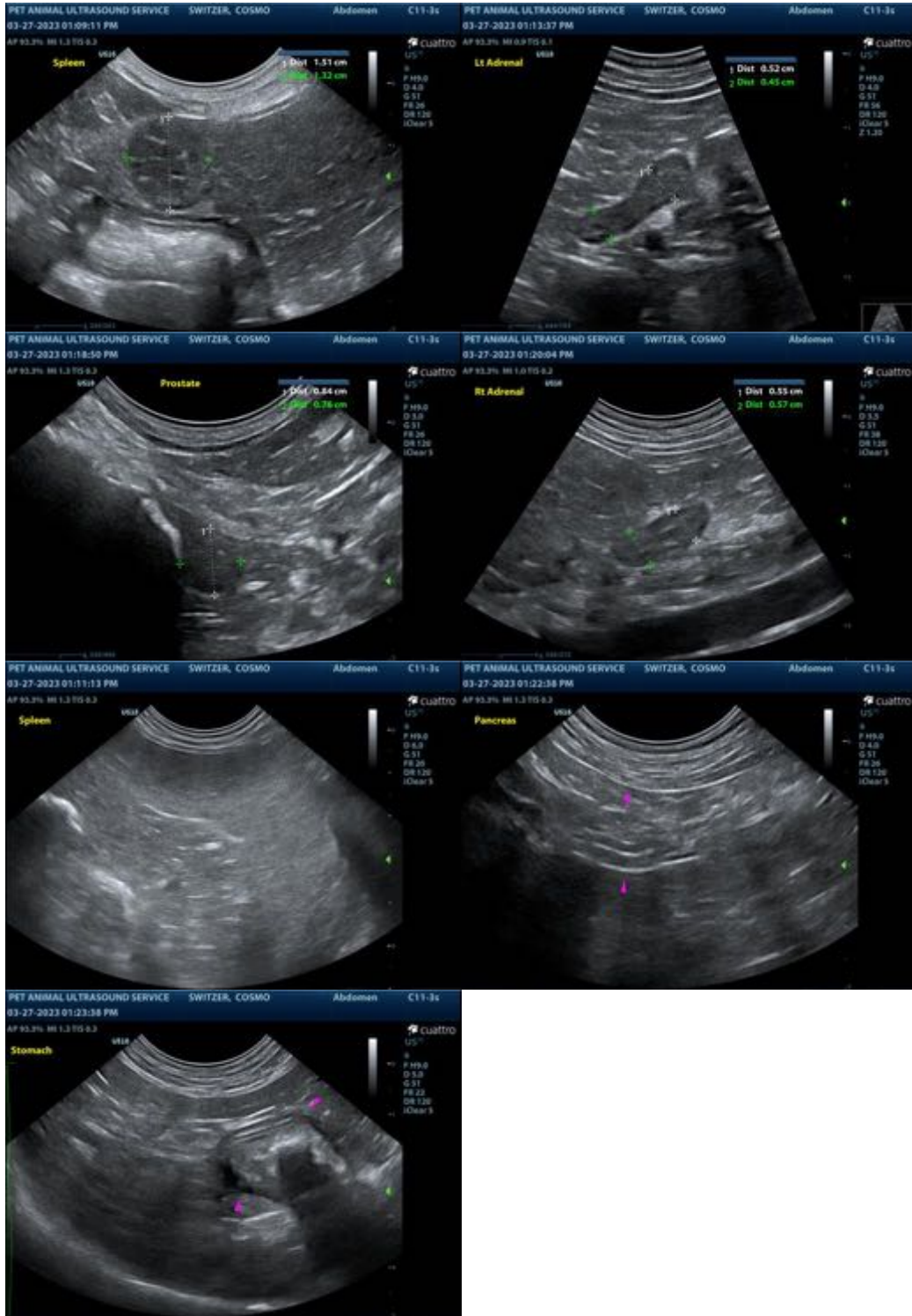
- Splenic nodule/mass. Neoplasia (i.e., sarcoma, round cell tumor) is of primary concern. However, a benign lesion (i.e., focus of lymphoid hyperplasia, or similar) cannot be excluded.

Secondary Findings

- Minor bilateral age-related renal changes with subtle dystrophic mineralization
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The shadowing structure within the gastric lumen may represent foreign material or medication (if applicable). It appears nonobstructive at the time of this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the splenic nodule/mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, a liver biopsy should also be obtained to assess for micrometastatic disease. The diffuse splenic parenchymal changes trend toward the benign (i.e., extramedullary hematopoiesis, lymphoid hyperplasia, other) with a lower possibility of infiltrative neoplasia.



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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