

**DATE PRESENTING CLINICAL SIGNS**

3/4/2022

Suspected splenic mass noted on previous radiographs (taken by specialist so not available for review).
 Mast cell tumor SQ right lateral elbow.

PATIENT

Moxley Millhausen

Current Medications: Carprofen.
 Lab Results: see attached.
 Creatinine 1.6. Globulin 5.0. Urine Specific Gravity 1.025. 1+ proteinuria. Active urine sediment.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Jack Russel

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

11/17/2008

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall in the region of the apex is mildly to moderately thickened (up to 0.59 cm), and irregular. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

WEIGHT

33.4lbs

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The left kidney presented normal size (4.86 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (4.68 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Timonium AH

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.49 cm at caudal pole) (2.64 cm in length); with a normal shape and smooth peripheral contours. A 0.58 x 0.46 cm hyperechoic nodule is observed at the mid- to caudal aspect. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. McMichael

The right adrenal gland is normal size (0.52 cm at cranial pole) (0.51 cm at caudal pole) (1.61 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.

INVOICE

10502

Spleen

The spleen is enlarged with irregular peripheral contours. A > 8 cm irregular, hypoechoic to heterogenous vascular mass is arising from the parenchyma. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the parenchyma is homogenous. Splenic vasculature appears normal with no obvious evidence of thrombosis.

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.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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. 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. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., round cell tumor, sarcoma), is suspected with a low possibility of benign pathology. Regional peritonitis is present.

Secondary Findings

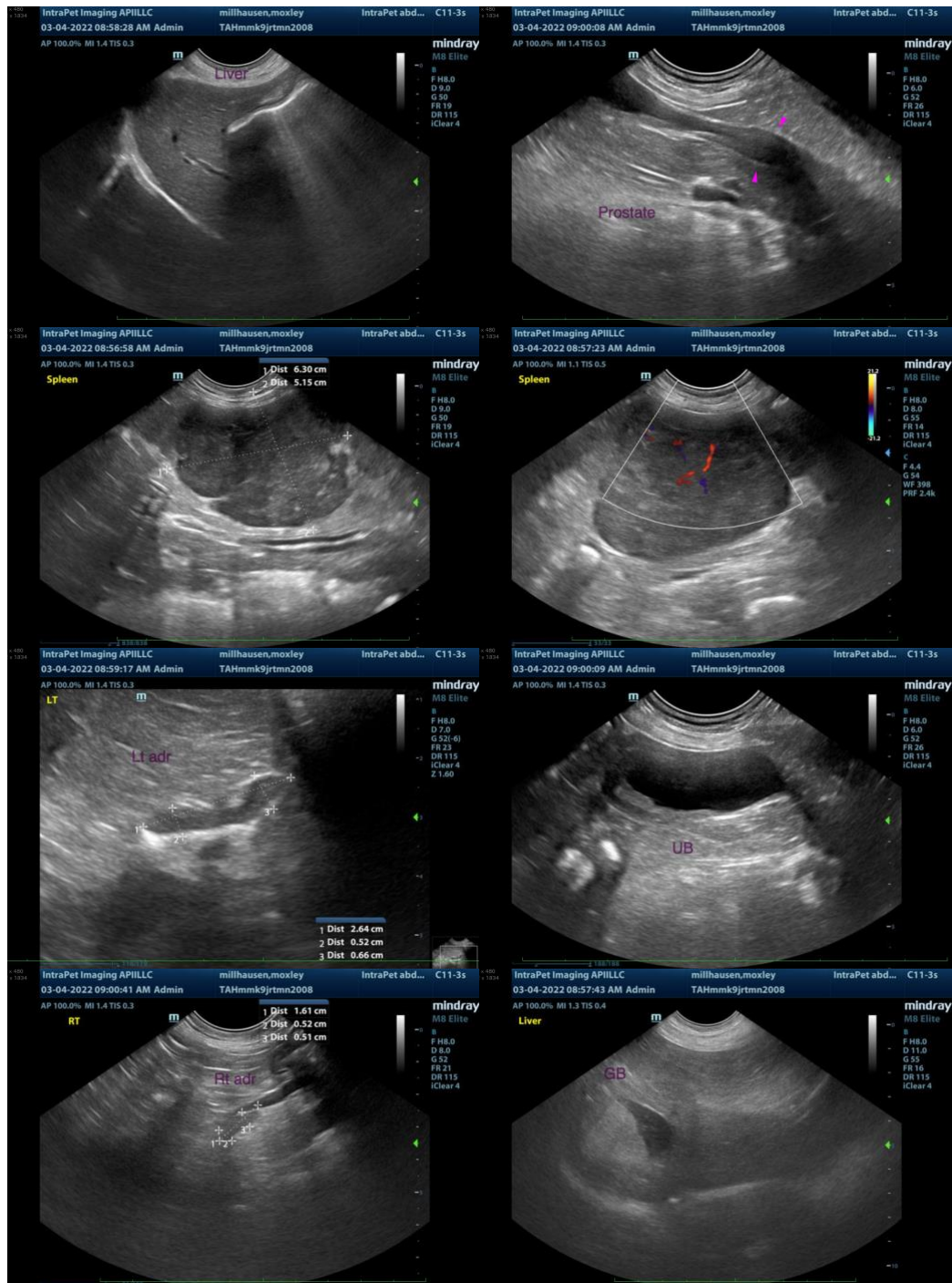
- The bladder wall changes could be consistent with cystitis. However, they may be somewhat artifactual due to lack of full repletion.
- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia), with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the splenic mass if clotting status is appropriate. A 25-gauge needle should be used. Given the patient's history of mast cell disease, the patient should be pre-

treated with diphenhydramine, at 2.2 mg/kg subcutaneously 15 minutes prior to aspiration to help reduce the potential risk of mast cell degranulation.

- Given the active urine sediment, a urine culture and sensitivity is also recommended.



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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