

**DATE PRESENTING CLINICAL SIGNS**

4/20/2022 ADR last night – lethargy, not eating/drinking- history of multiple masses.

PATIENT

Roscoe McCall

Current Medications: None listed.
 Lab Results: See attached.
 Radiographs:
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Andi Parkinson, RDMS

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

12/11/2010

WEIGHT

61.5 lbs

INTERPRETED BY

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

HOSPITAL NAME

PetVet of Clarksville

REFERRING VET

Dr. Martof

INVOICE

10775

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 not definitively visualized due to its pelvic location.

The left kidney presented normal size (6.37 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 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.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.81 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal size (1.00 cm at cranial pole) (0.80 cm at caudal pole) (2.57 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

The spleen is enlarged with irregular peripheral contours. A > 11 cm, irregular, heterogenous, cavitated mass is arising from the parenchyma. The surrounding mesentery is hyperechoic. The remaining parenchyma is mottled in appearance. Splenic vasculature appears normal with no 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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.

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

A portion of the pancreas is obscured by the large, splenic mass (see "Other" category).

Free Abdomen

A small amount of slightly echogenic free fluid is present. The mesentery throughout the cranial- to mid-abdomen is hyperechoic.

Lymph nodes

(See "Other" category)

Other

A 1.22 x 0.92 cm hypoechoic to slightly heterogenous nodule is observed in the right cranial quadrant, adjacent to the pylorus.

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

A small amount of pleural effusion is noted.

ULTRASONOGRAPHIC FINDINGS

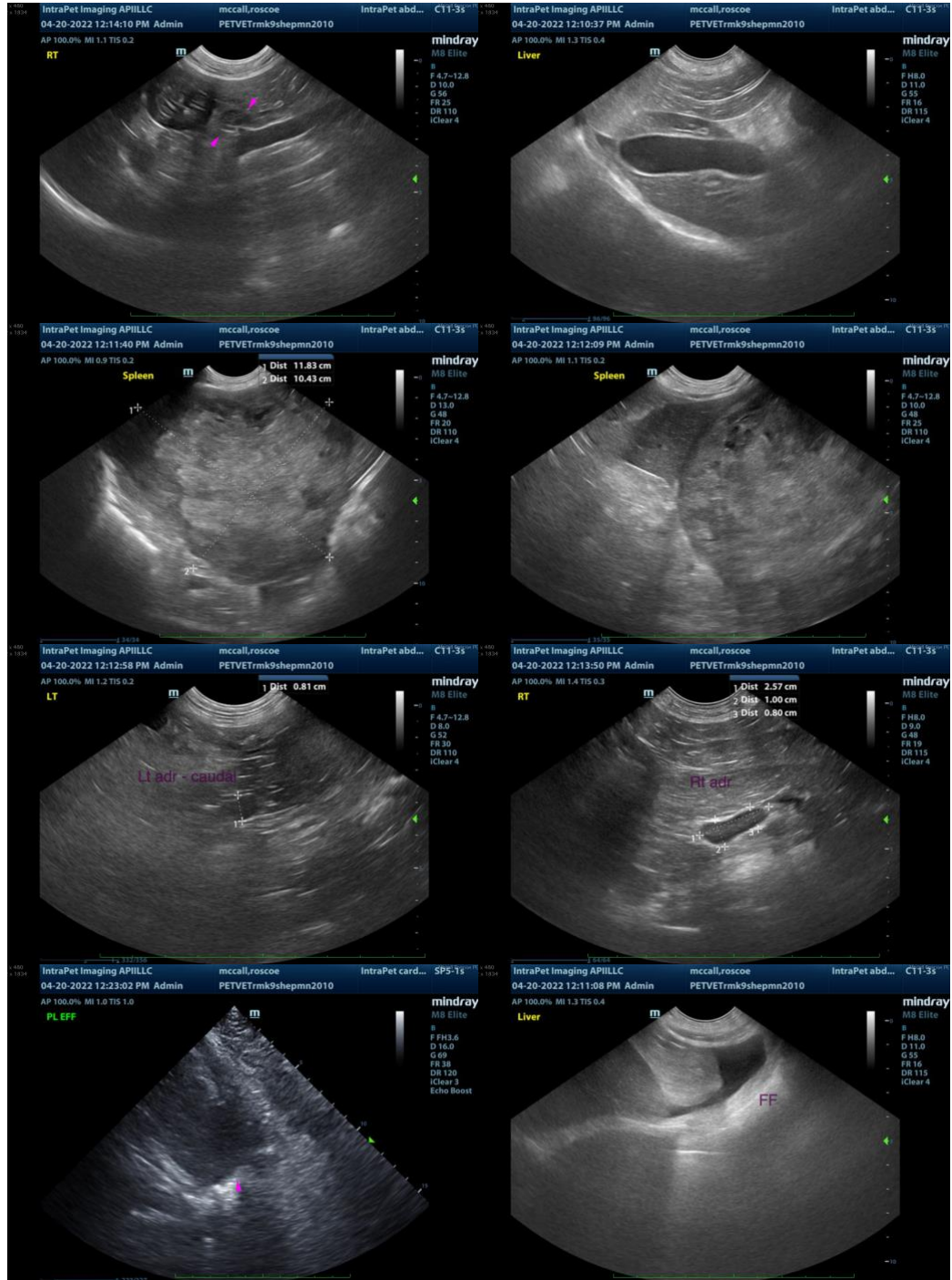
Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely, with a lower possibility of benign pathology. Peritonitis and abdominal effusion are present, likely secondary to the splenic mass.
- The presence of pleural effusion is concerning for the possibility of metastatic disease in the chest.
- The origin of the nodule in the right cranial quadrant is unclear. It may be arising from mesentery, pancreas, lymph node, other. It may represent a metastatic lesion, a benign pancreatic nodule, a cystic lymph node, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Given the concern for possible metastatic disease, palliative care should be considered in lieu of a splenectomy. However, if an aggressive approach is desired, consider a thoracic (chest rads inconclusive) and abdominal CT scans to assess for metastatic disease.



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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