

**DATE PRESENTING CLINICAL SIGNS**

4/26/22

Excessive drinking for a couple months. Increased hunger. No urinary accidents. Weight loss.

PATIENT

Kajj Hopkins

Current Medications: Thyro-tabs 0.1mg ½ SID.

Lab Results: ALP 726, 4DX negative, USG 1.019, no proteinuria, inactive sediment. Urine cortisol: creatinine ratio borderline.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Boxer

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 mostly 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.

SEX

Male, netuered

The prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

3/27/2014

The left kidney is normal size (7.80 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.

WEIGHT

91.5 lbs.

The right kidney is normal size (7.52 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.74 cm at caudal pole) (3.74 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.

HOSPITAL NAME

Greenbrier VC

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.69 cm at caudal pole) (2.55 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.

REFERRING VET

Dr. Boccanfuso

Spleen

A >8.5 cm irregular hypoechoic slightly cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface is slightly hyperechoic. The remaining splenic parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

INVOICE

13275

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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas. 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 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 obvious evidence of pericardial effusion.

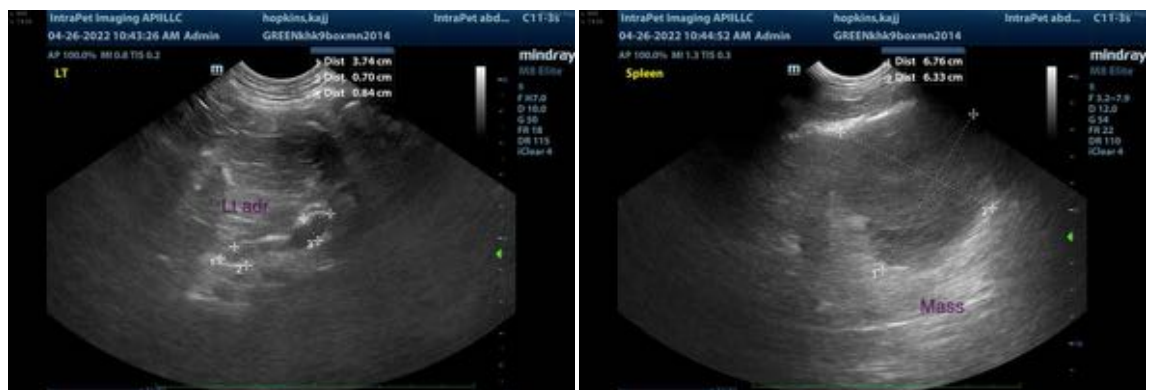
ULTRASONOGRAPHIC FINDINGS

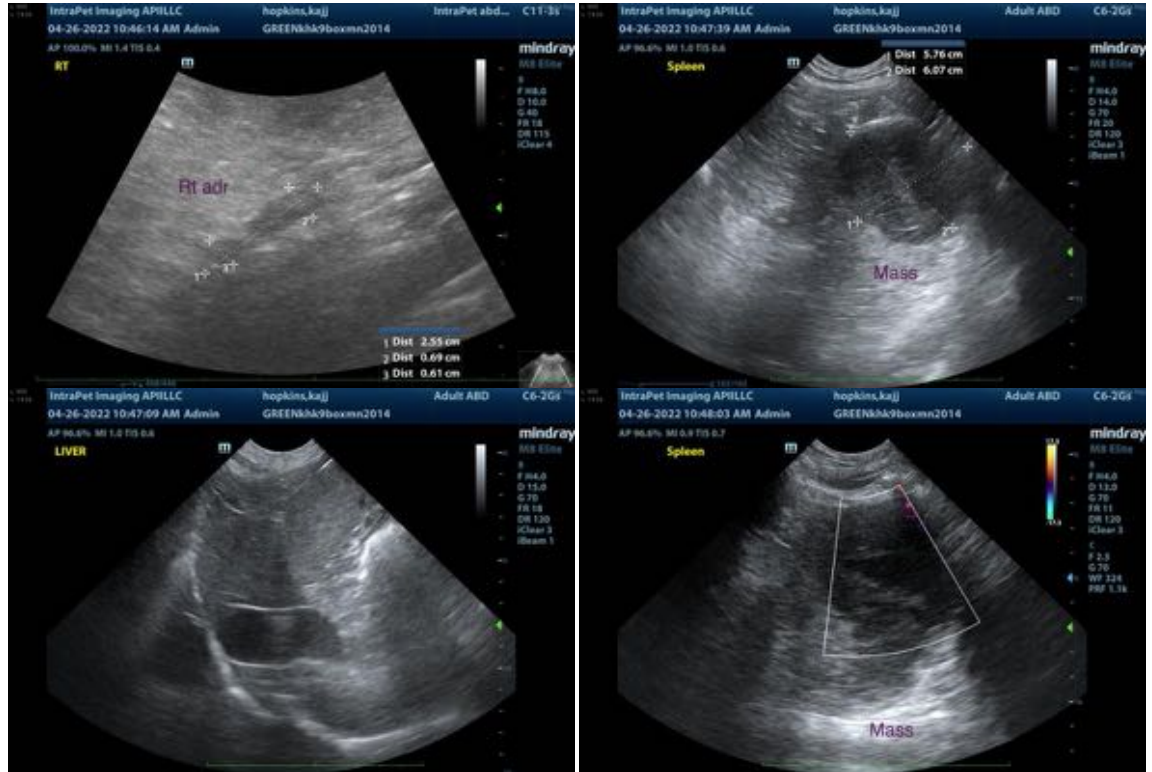
- Splenic mass with mild regional peritonitis. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a lower possibility of a benign lesion.

*It is unclear whether the patient's splenic mass is causing the polydipsia and polyphagia or if a separate, concurrent process is occurring.

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, a splenectomy with submission of the spleen for histopathology can be considered. A liver biopsy should also be obtained at the time of surgery to assess for micrometastases.
- Regarding the polydipsia, consider a urine culture and sensitivity to assess for occult pyelonephritis. If the urine culture is negative and the patient's clinical signs do not resolve with splenectomy, further workup may be warranted.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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