



PATIENT

Dorothy Lawrence

PRESENTING CLINICAL SIGNS

SPECIES

Canine

History: lethargic, collapsed today, full feeling abd. WBC count elevated. There is a neutrophilia and low platelets at 63,000.

Abnormal PE/Chem/CBC/UA Results: please see attached CBC

BREED

Blue Heeler

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The bladder lumen is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A moderate amount of suspended, echogenic debris is observed within the lumen. No cystic or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

9 years

The left kidney presented normal size (5.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

31 kg

The right kidney presented normal size (6.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. 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 enlarged (1.82 cm at cranial pole) (1.18 cm at caudal pole) (3.12 cm in length); with an irregular shape. The parenchyma is heterogenous with loss of glandular detail. A 0.85 ill-defined, anechoic area is observed at the cranial pole. There is no evidence of vascular invasion.

The right adrenal gland is normal size (1.39 cm at cranial pole) (0.47 cm at caudal pole) (2.41 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.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is enlarged with irregular peripheral contours. A >5.50 cm heterogenous, slightly cavitated mass is arising from the medial aspect. In addition, a 1.90 cm isoechoic nodule/mass is observed at the caudomedial aspect. Surrounding mesentery is mildly hyperechoic. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Chedoke AH

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

REFERRING VET

Dr. Heinen

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.

INVOICE

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Gastrointestinal

The gastric 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. No obstructive or overt infiltrative disease is noted.

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4/28/22



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Pancreas

The abdominal pathology slightly obscures the region of the pancreas. In the visualized portion, no obvious pathology is seen.

SPECIES

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Free Abdomen

A moderate to large amount of aggregated echogenic free fluid is present. The mesentery is hyperechoic. The abdominal lymph nodes are normal/not visible.

BREED

Blue Heeler

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic masses. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology. Regional peritonitis is present.
- The ascites may be secondary to hemorrhage, neoplastic effusion, other.
- The left adrenal changes could be consistent with an emerging tumor or hyperplastic change.
- The hepatic parenchyma changes are nonspecific and may be secondary to benign age-related remodeling. However, metastatic disease cannot be completely excluded.

SEX

Spayed Female

AGE

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WEIGHT

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Secondary Findings

- Bilateral, chronic, age-related renal changes
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine-needle aspirate of the free fluid is recommended if PT and PTT are normal. A 25-gauge needle should be used. A PCV should be performed on the fluid and compared to a peripheral PCV to determine if a hemoabdomen is present.
- Thoracic radiographs are recommended to assess for pulmonary metastatic disease. If there is no evidence of metastases in the thorax, consider a splenectomy with submission of the spleen for histopathology. A liver biopsy should also be obtained at the time of surgery. The patient's hematocrit should be closely monitored as it may drop if the patient has had an acute bleeding episode.



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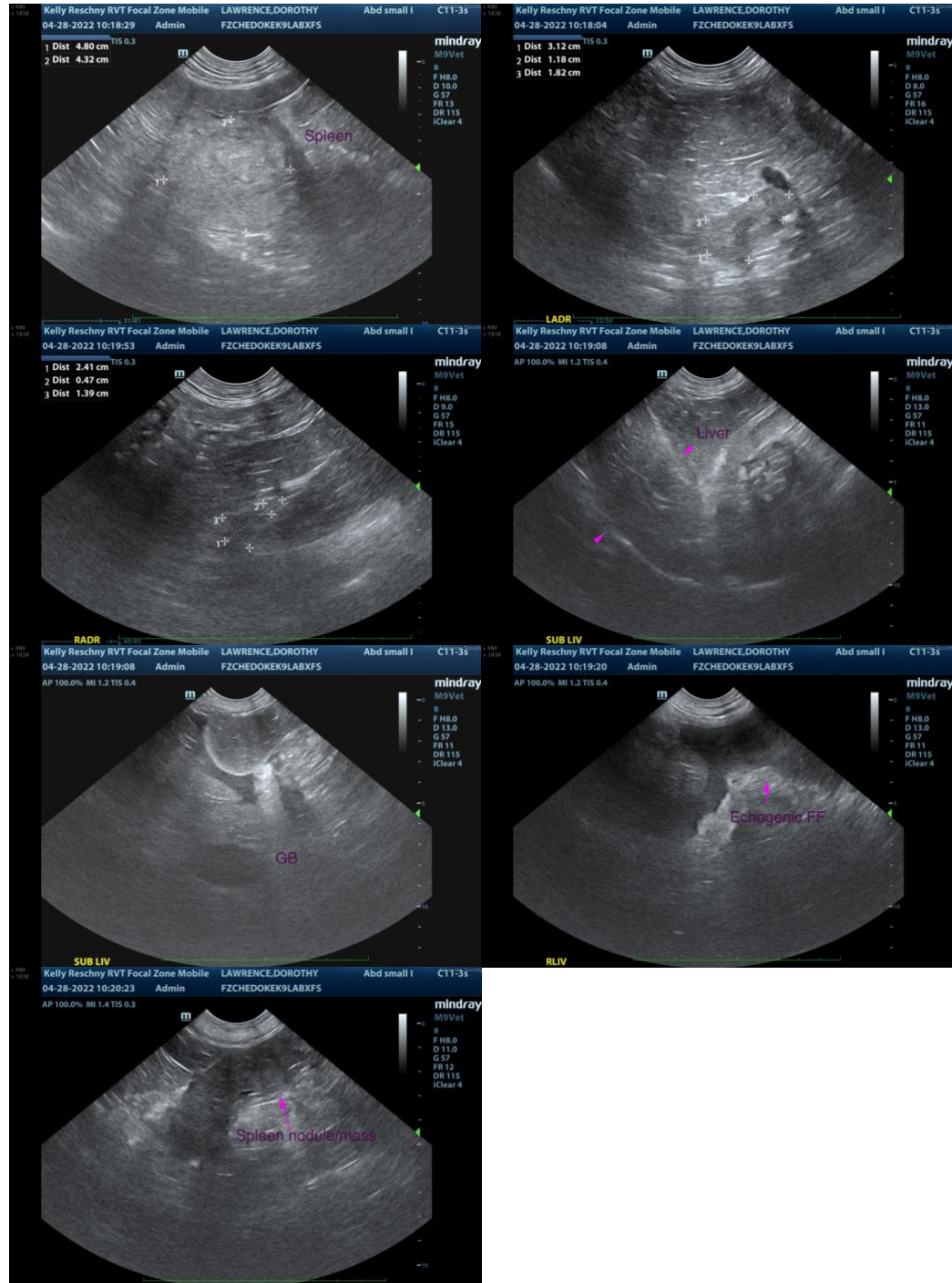
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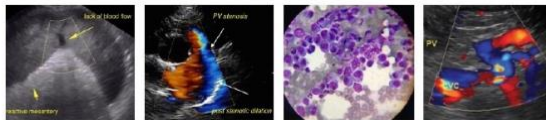
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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