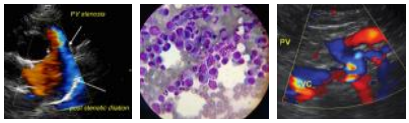
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/4/2022

PATIENT

King Miller

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

1/13/2014

WEIGHT

59 lbs

INTERPRETED BY

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

HOSPITAL NAME

Madonna Veterinary Clinic

REFERRING VET

Dr. Brockett

INVOICE

10663

PRESENTING CLINICAL SIGNS

History: Lethargic, decreased appetite, weight loss, enlarged abdomen.

Current Medications: None.
Radiographs: Large abdominal mass noted.
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.

***The large splenic mass obscures visualization of portions of the abdomen.*

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. The glands are not definitively visualized. However, no obvious pathology is observed. The large splenic mass interfered with visualization of the glands.

Spleen

A >17 cm irregular, heterogenous cavitated mass is arising from the splenic parenchyma. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the parenchyma appears homogenous. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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.

Pancreas

A portion of the pancreas is obscured by the large splenic mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

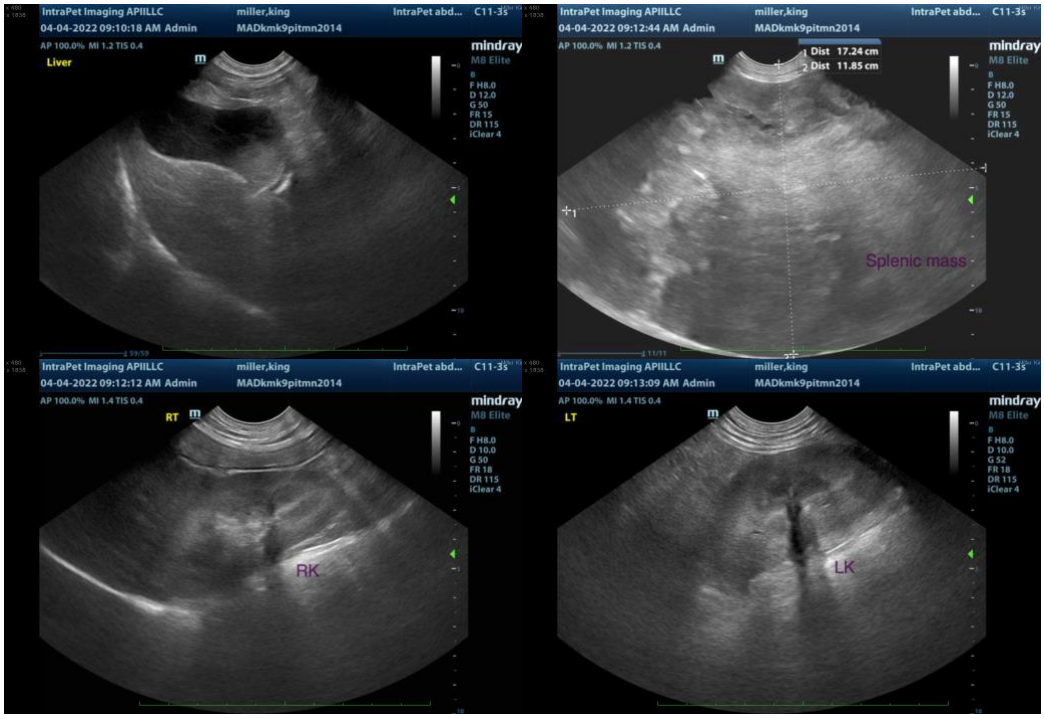
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass with regional peritonitis. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of a benign process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. An echocardiogram would also be useful to evaluate for a right atrial/auricular mass and pericardial effusion. If there is no evidence of metastatic disease, a splenectomy with submission of the spleen for histopathology can be considered. If surgery is pursued, a liver biopsy should also be obtained to assess for micro-metastasis.



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.

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