


PATIENT PRESENTING CLINICAL SIGNS

Wilby Barnes History: Acute onset unsteady, tender abdomen on palpation

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 34.2 (N 37.3-61.7) HGB 11.7 (N 13.1-20.5) Decreased MCV, MCH WBC 21.88 (N 5.05-16.76) Neut 18.7 (N 2.95-11.64) Monos 1.3 (N 0.16-1.12) Eos 0.04 (N 0.06-1.23) increased MPV Chem: ALKP 221 (N 23-212) Lip 2370 (N 200-1800) CI 107 (N 109-122) TT4: <6 (N 13-51) SDMA 11 (N 0-14): Snap cPL: Normal

BREED

Golden Retriever

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (1.37 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

9 years, 5 mos

The left kidney is normal in size (7.44 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

50.6 kg

The right kidney is normal in size (7.66 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.57 cm at caudal pole) (2.22 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

IMAGING PERFORMED BY

Dr Brian J Barnes

Spleen

The spleen is enlarged. A >8.00 cm heterogenous, slightly cavitated mass is visualized. Ill-defined hypoechoic reticulated material is adhered to the mass. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is relatively homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Westview VH

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A 2.49 cm cavitated nodule/mass is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr Brian J Barnes

What is thought to be gall bladder appears to be moderately distended with normal wall thickness and anechoic luminal contents.

INVOICE

12685

DATE

4.6.23

Gastrointestinal

The 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. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is obscured largely by the large splenic mass. In the visualized portion no obvious abnormalities are seen.

Free Abdomen

A small amount of free fluid is present. 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

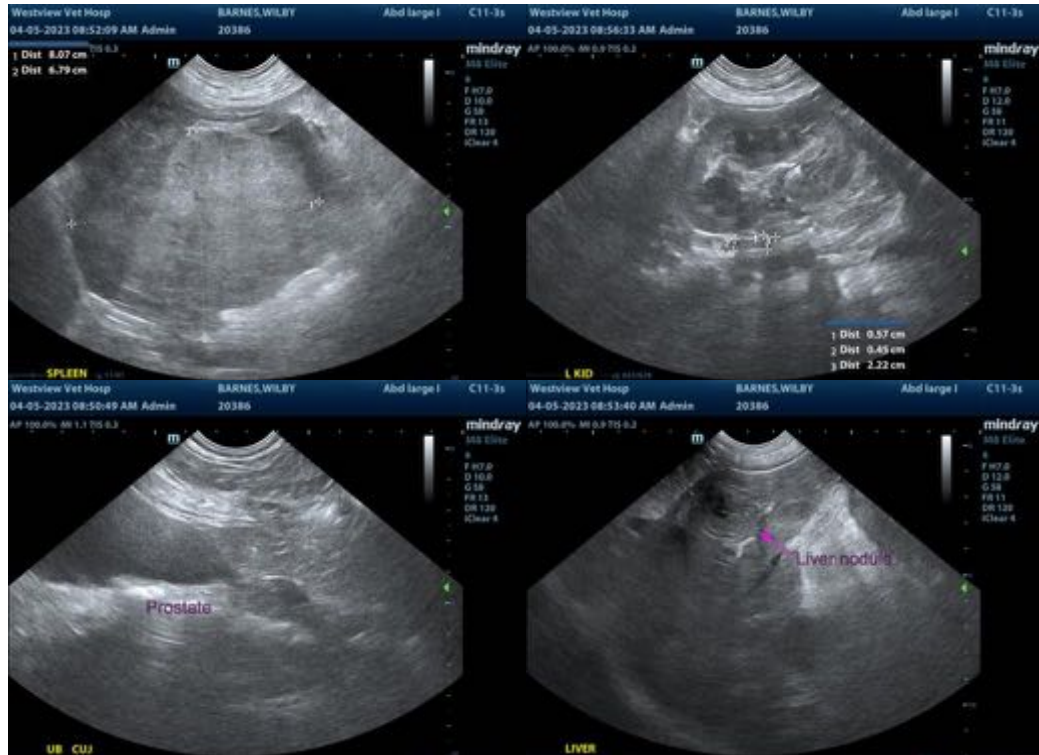
- Large ruptured splenic mass, with an adhered clot and regional peritonitis
- The left liver nodule is concerning for a metastatic lesion. However, a benign process cannot be completely excluded. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to age-related remodeling, regenerative nodular hyperplasia, metastatic disease, other.

Secondary Findings

- Minor bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease (if not already performed).
- Given the hepatic nodule, consider a recheck ultrasound in 3-4 weeks to assess for progression.
- Given the low T4, consider a T4/free T4 by equilibrium dialysis.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com