

**DATE PRESENTING CLINICAL SIGNS**

5/2/22

Abdominal mass found on palpation of abdomen and confirmed via radiographs.

PATIENT

Louie Gemmill

Current Medications: Gabapentin 200mg BBID, Cerenia 80mg SID, Metoclopramide 5mg BID, Carprofen 50mg BID.

SPECIES

Canine

Lab Results: Mild Leukocytosis characterized by a mature neutrophilia and monocytosis, mild hypochloremia. Radiographs: Mass in left cranial abdominal quadrant.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined / Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

English Bulldog

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 and the visible portion of the proximal urethra are normal.

SEX

54.2 lbs.

The prostate is normal in size (1.08 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

12/24/2013

The left kidney is normal size (6.55 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. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

54.2 lbs.

The right kidney is normal size (6.50 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)**Adrenal Glands**

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.75 cm at caudal pole) (3.20 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

Eastern AH

The right adrenal gland is normal size (0.71 cm at cranial pole) (0.57 cm at caudal pole) (1.93 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. Bottaro

Spleen

A >9 cm irregular, heterogeneous, cavitated, vascular mass is arising from the medial aspect. The mesentery effacing the serosal surface of the mass is mildly hyperechoic. In the remainder of the spleen, the parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

INVOICE

13286

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 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 pyloric outflow tract is patent. 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 disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. 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:

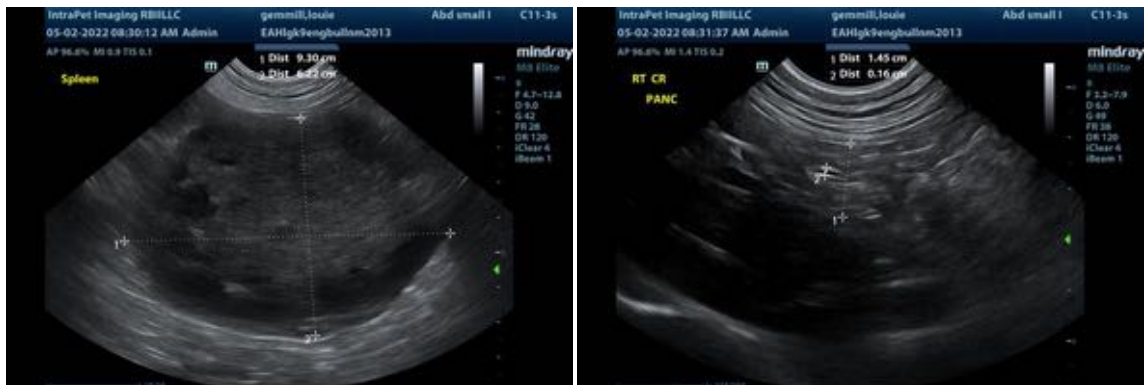
- Splenic mass with mild adjacent peritonitis. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a lower possibility of benign pathology.

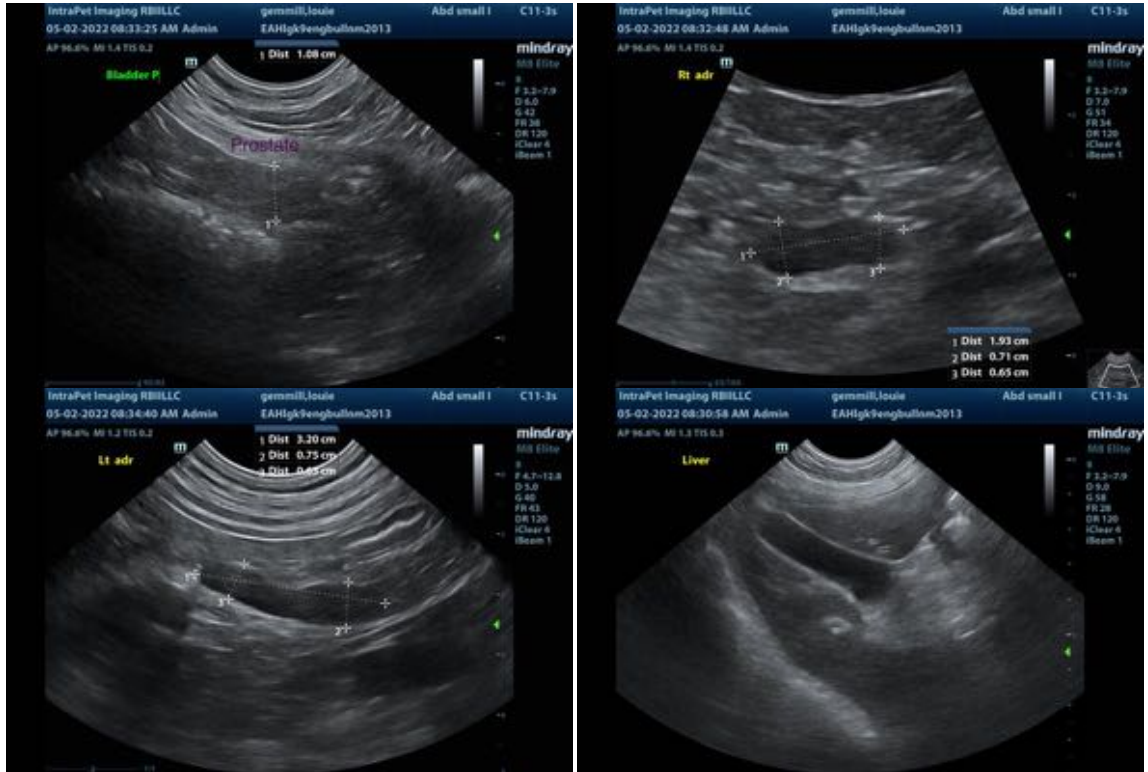
Secondary Findings:

- Minor, age-related pancreatic remodeling.
- The mild left pyelectasia may be secondary to pyelonephritis or age-related remodeling. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs (three-view) are recommended to assess for pulmonary metastases. If none are seen, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, a liver biopsy should also be obtained to assess for micrometastases.





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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