

**DATE**

5/3/22

PRESENTING CLINICAL SIGNS

Was seen at another hospital where a "quick scan" was done, owners were told there may be a splenic mass. Dog has a history of pancreatitis and most recently vestibular disease. No symptoms related to a splenic mass. PE - 4/27/2022 Grade I/II systolic heart murmur, pink MM, abdomen not tense, no palpable mass. PE - 4/29/2022 Rotary nystagmus, left head tilt, ears clean, same murmur, abdomen again soft, pink MM.

PATIENT

Runa Fadrowski

Current Medications: SMZ TMP 480 mg BID for 8 days, Cerenia 60 mg QD for 4 days, Meclizine 25 mg QD for 4 days

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

German shepherd

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Female, spayed

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.

AGE

11/17/2010

The left kidney is normal size (7.04 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.

WEIGHT

62.5 lbs.

The right kidney is normal size (6.89 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.79 cm at cranial pole) (0.66 cm at caudal pole) (3.34 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

Chadwell AH

The right adrenal gland is normal size (1.00 cm at cranial pole) (0.76 cm at caudal pole) (2.86 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. Malick

Spleen

The spleen is subjectively normal in size (2.14 cm in width at the level of the hilus) with slightly undulating peripheral contours. The parenchyma is subtly mottled/heterogeneous in appearance. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

13308

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 portal vein: caudal vena cava is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mineralized sand as well as echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen contains a large amount of hard shadowing material. The gastric wall in the region of the fundus is normal to mildly thickened (up to 0.74 cm). The pylorus is normal in thickness. The pyloric outflow tract appears patent at the time of the study. The small intestinal lumen is segmentally dilated with chyme. 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.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Suspected gastric foreign material, which appears non-obstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Consider a fine needle aspirate of the spleen if clotting status is appropriate. This will help to rule out round cell neoplasia as a possible cause for the parenchymal changes.
- Regarding the gastric luminal contents, consider abdominal radiographs for further evaluation.
- A repeat abdominal ultrasound can be considered in 24-48 hours to determine if the contents are moving into the small intestine.
- Regarding the patient's vestibular disease, if it persists, referral to a board-certified neurologist for a brain MRI 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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