

**DATE PRESENTING CLINICAL SIGNS**

5/9/22

Inappetence, lethargy, weight loss.

PATIENT

Butterfly Pilotte

Current Medications: None listed.

Lab Results: ALT 565.

Radiographs: Abdominal rads - decreased serosal detail throughout abdomen, large mass effect in the cranial abdomen (suspect hepatic, splenic, or gastric mass), spondylosis noted throughout lumbar spine, caudal displacement of intestines. Thorax rads - sternal lymph node mildly enlarged and no evidence of metastasis in the lungs at this time.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

German shorthair pointer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Female, spayed

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.

AGE

6/19/2009

The left kidney is normal size (6.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20.87 kg

The right kidney is normal size (5.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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 Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.64 cm at caudal pole) (3.01 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

Banfield Towson

The right adrenal gland is normal size (0.63 cm at cranial pole) (0.63 cm at caudal pole) (2.02 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. Washington

Spleen

The spleen is subjectively enlarged (3.31 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is subtly mottled in appearance. A 0.78 cm, ill-defined hypoechoic area is observed at the caudolateral aspect. Splenic vasculature appears normal with no evidence of thrombosis.

INVOICE

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Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 disease is noted.

Pancreas

The region of the left limb is isoechoic relative to surrounding omental fat. No obvious pathology is observed. see also *Other*.

Free Abdomen

A small amount of free fluid is present.

Lymph Nodes

See *Other*.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

A 5.42 x 3.09 cm irregular heterogeneous, cavitated mass is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

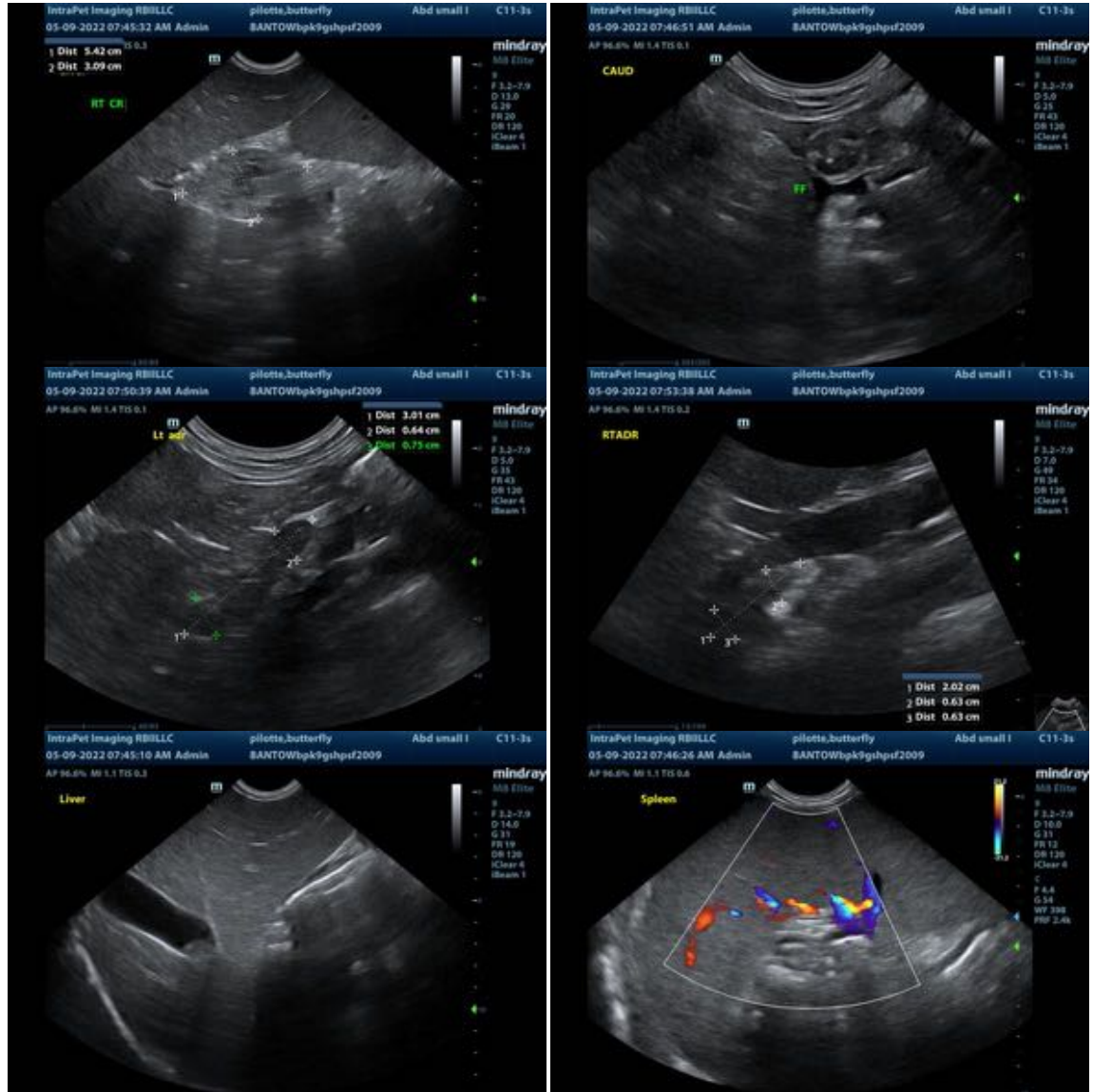
- The origin of the mass in the right cranial quadrant is unclear. It may be arising from pancreas, lymph node, liver, mesentery, other. Neoplasia is suspected with a lower possibility of benign pathology (i.e., inflammatory focus, granuloma).
- Hepatosplenomegaly, again, there is concern for infiltrative neoplasia (i.e., lymphoma). However, more benign processes are possible.
- Trace ascites.

Secondary Findings:

- Bilateral, minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the liver and spleen are recommended if clotting status is appropriate. If cytology results are inconclusive, consider an abdominal exploratory with surgical biopsies of the liver and spleen and biopsy and/or removal of the mass in the right cranial quadrant.



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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