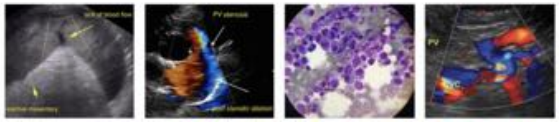


PATIENT

Javie Russell

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

1/1/2010

WEIGHT

46.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Kelsey Pruitt

INVOICE

11153

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History of lethargy, loss of appetite, ADR. Albumen of 2.2. Temp. 102.8. Toothpaste-like discharge coming from prepuce/penis. Simple cranial abdominal mass on palpation and abdominal radiographs. Mild anemia at 35%. Active urine sediment. USG 1.032.

Current Medications: cosequin, adv. multi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.78 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.42 cm at caudal pole); 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.

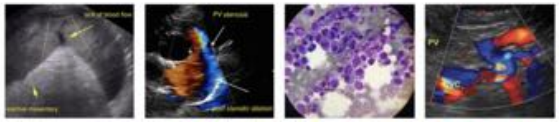
The right adrenal gland is prominent in size (1.20 cm at cranial pole) (0.65 cm at caudal pole) (3.02 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous approximately mid-gland. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A 5.58 x 4.75 cm round, solid mass is arising from the parenchyma. Ill-defined hyperechoic areas are observed within the mass. In the remainder of the spleen the peripheral margins are curvilinear. The parenchyma is homogenous. Splenic vasculature is 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 portal vein to caudal vena cava ratio is approximately 1: 1.



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The gall bladder lumen is moderately distended. The wall is normal in thickness. A moderate to large amount of aggregated, echogenic suspended sludge, in a stellate pattern is observed within the lumen. 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 mildly distended with ingesta. 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. A benign process (i.e., myelolipoma) is possible. Alternatively, neoplasia (i.e., round cell tumor, sarcoma) are also considerations.
- Gall bladder changes are consistent with a mucocele.
- The mild right adrenomegaly could be consistent with hyperplastic change. However, emerging neoplasia is also a consideration.

Secondary Findings

- Bilateral, chronic, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the splenic mass if clotting status is appropriate. A 25-gauge needle should be used. Alternatively, an abdominal exploratory with splenectomy and cholecystectomy can be considered. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications with cholecystectomy.

If a more conservative approach is desired, consider a repeat ultrasound in 4-6 weeks to assess for progression of the splenic mass and gall bladder mucocele, as well as the right adrenal gland.

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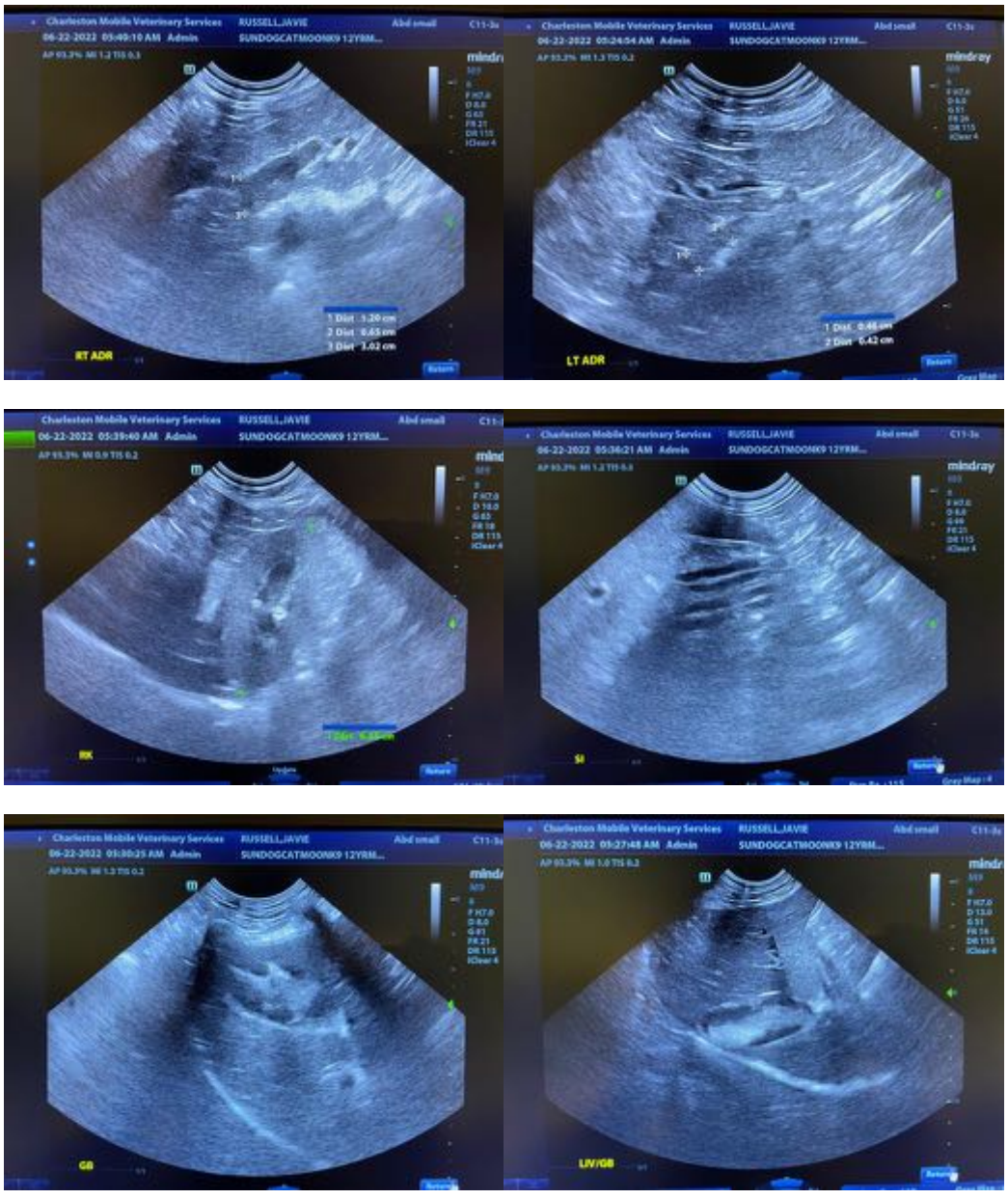
Given the active urine sediment and the dog's clinical signs, a urine culture and sensitivity is recommended. While awaiting test results, initiation of broad-spectrum antibiotic therapy should be considered.

Consider rechecking the patient's hematocrit and albumen in 2-3 weeks.



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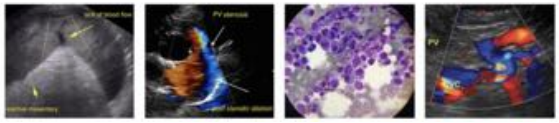

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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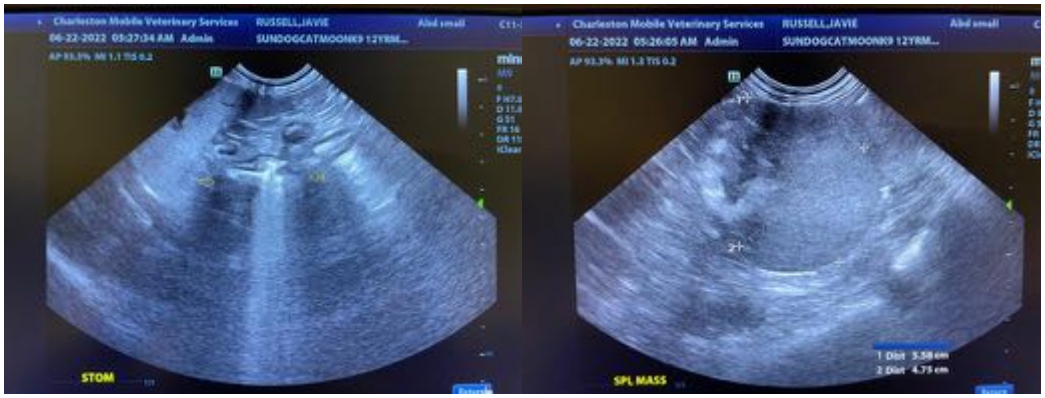

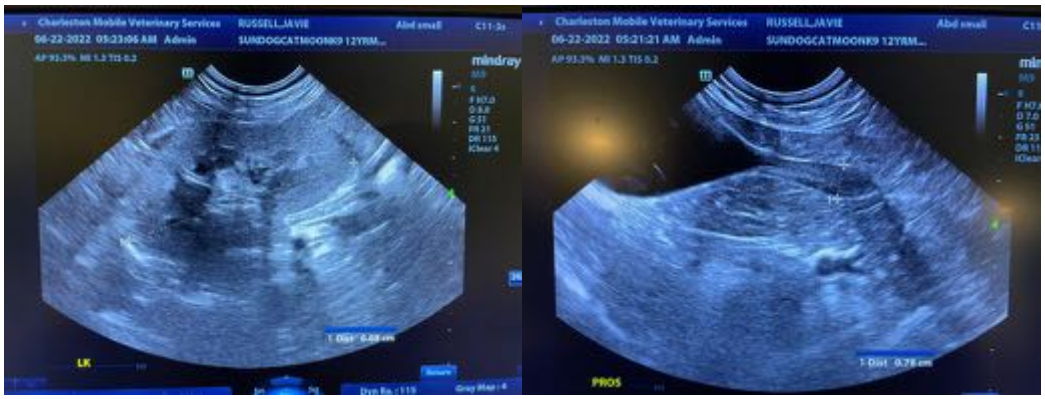

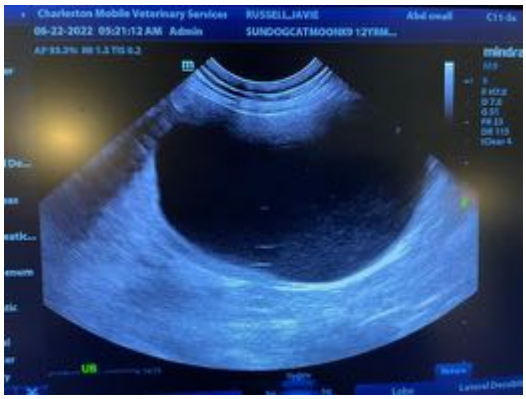

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com