


PATIENT

Cricket Richards

PRESENTING CLINICAL SIGNS

History: Cricket has a history of elevated liver enzymes for years. Previous vet started Cricket on steroid and owner stated enzymes improved. Last bloodwork from us from March only showed mildly elevated Alkp and Glob. Owner continues to give Prednisone 2.5 mg EOD. Cricket was recently taking into ER from bloody vaginal discharge. They performed an abdominal radiograph and there is a mass on cranial abdomen, Pet is doing well per owner but losing some weight and hair

SPECIES

Canine

BREED

English Springer Span

Abnormal PE/Chem/CBC/UA Results: March 2022 ALK: 164 Glob: 3.9

SEX

Spayed Female

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

AGE

13 years

The left kidney is normal size (5.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

31.5 lbs

The right kidney is normal size (6.04 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.52 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.

IMAGING PERFORMED BY

Dr Lynette Reyes

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

Spleen
HOSPITAL NAME

Chain of Lakes

The portion of the spleen that is definitively identifiable has a slightly mottled parenchyma. A 3.44 cm hypoechoic nodule appears to be arising from the medial aspect. In addition, a >9.00 cm, irregular, heterogenous, cavitated mass, with ill-defined hyperechoic areas is thought to be arising from the medial portion. The mass causes displacement of inter organs to the periphery.

REFERRING VET

Dr. Lynette Reyes

Liver

The liver is subjectively normal in size. There is rounding of the tip of the left, lateral lobe. The remaining peripheral margins are curvilinear. The parenchyma is hypoechoic relative to the spleen and subtly in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

11040

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

DATE

6/8/22

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 pancreas is largely obscured by the cranial- to midabdominal mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

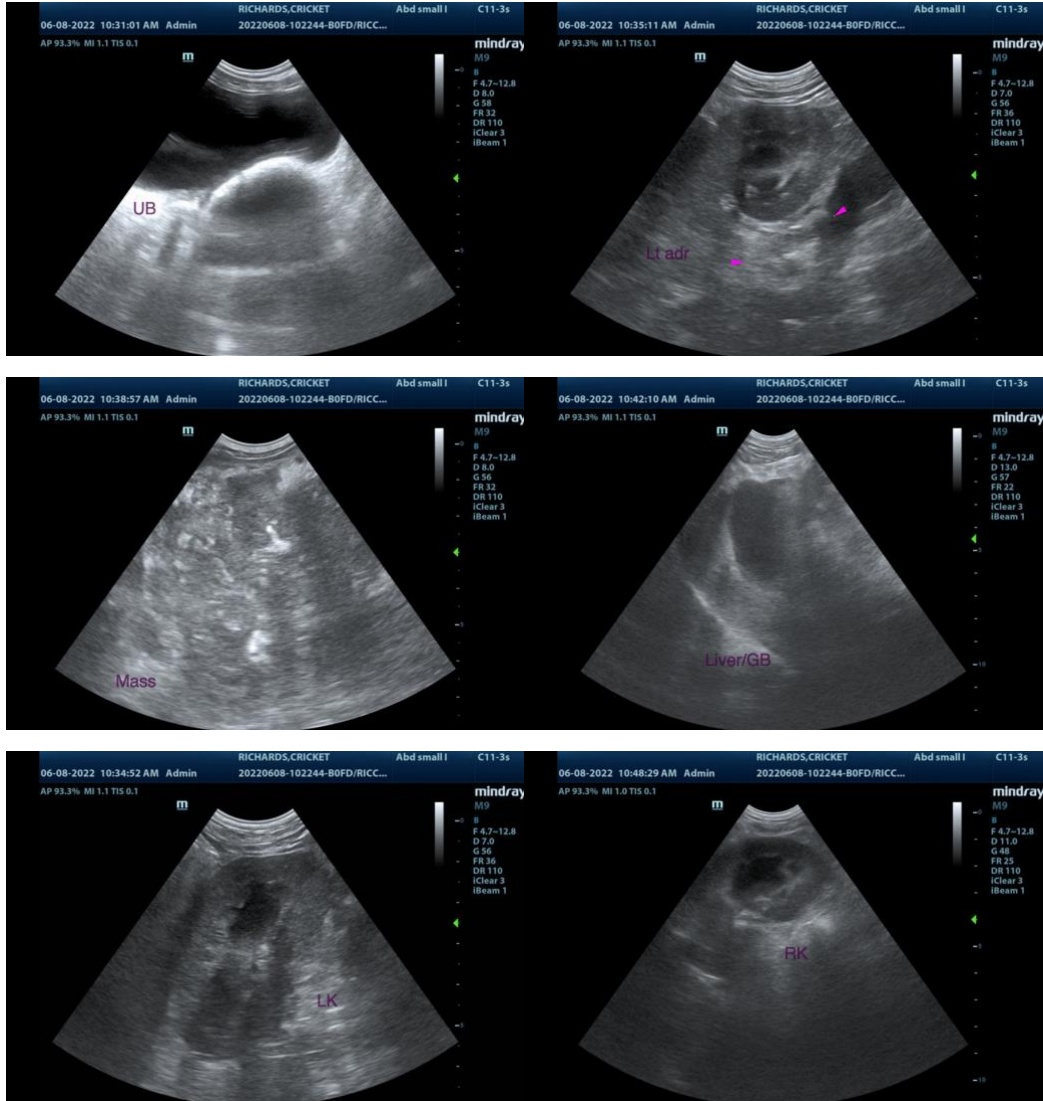
- Large, cranial to midabdominal mass, suspected to be of splenic origin. However, a different organ of origin is also possible. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. However, a benign process (i.e., large myelolipoma) cannot be completely excluded. The hypoechoic splenic mass may be an extension of the larger mass, or may represent a separate lesion, and is also thought to be neoplastic.

Secondary Findings

- Minor, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the mass if clotting status is appropriate.
- If cytology results are inconclusive, an abdominal exploratory with mass removal and submission for histopathology may be necessary to get a definitive diagnosis. If surgery is pursued, consider referral to a board-certified surgeon due to the potential for perioperative complications. An abdominal CT scan may be useful in presurgical planning.



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.

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