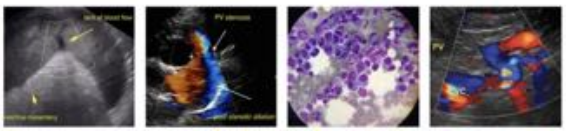

PATIENT

Mason Scianna

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Neutered Male

AGE

15 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

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INVOICE

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PRESENTING CLINICAL SIGNS

Elevated liver enzymes. History of vomiting. An abdominal mass was suspected on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is thickened (up to 0.63 cm) and slightly irregular. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and proximal urethra, visible to a depth of 2.00 cm, are normal.

The prostate is normal in size (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.23 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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. Renal vasculature is normal.

The right kidney is normal in size (6.93 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.63 cm at caudal pole) with a normal shape and 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 in normal size (0.85 cm at cranial pole) (0.42 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in size (1.85 cm in width at the level of the hilus) with slightly irregular peripheral contours. Two masses are visualized. One of the masses measures 2.72 cm in its longest dimension and is hypoechoic-to-heterogenous in appearance. This mass causes minimal capsular expansion. The second mass measures 4.56 x 3.51 cm and is largely isoechoic to slightly heterogenous in appearance. This mass causes capsular expansion. A few, small hypoechoic nodules are also seen. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance. A 2.04 cm isoechoic to slightly hyperechoic nodule is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. The cystic duct is normal. The common bile duct is normal to borderline dilated (up to 0.41 cm) and can be seen entering into the duodenal papilla, which is normal in size (0.44 cm in width). There is no obvious evidence of and intraluminal obstruction.

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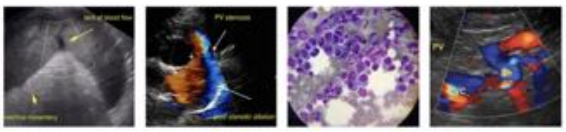

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Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In the lumen of one-to-two small intestinal segments, a small amount of soft, shadowing material is visualized. The remaining segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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
There is no obvious evidence of free fluid. A 0.84 cm medial iliac lymph node is visualized.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

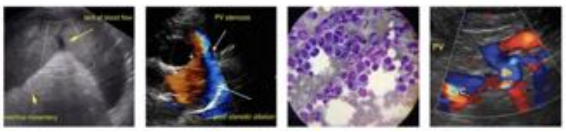
- Splenic masses/nodules. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process.
- The diffuse hepatic parenchymal changes are nonspecific and may be secondary to a benign process (i.e., regenerative nodular hyperplasia, age-related remodeling). However, metastatic disease cannot be excluded. The hepatic nodule may represent a metastatic lesion, regenerative nodule, inflammatory focus, other.

Secondary Findings

- Bilateral chronic age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The shadowing material within the small intestinal lumen likely represents transient foreign material (i.e., grass). It appears nonobstructive at this time.
- The prominent medial iliac lymph node is likely reactive, with a low possibility of emerging neoplasia.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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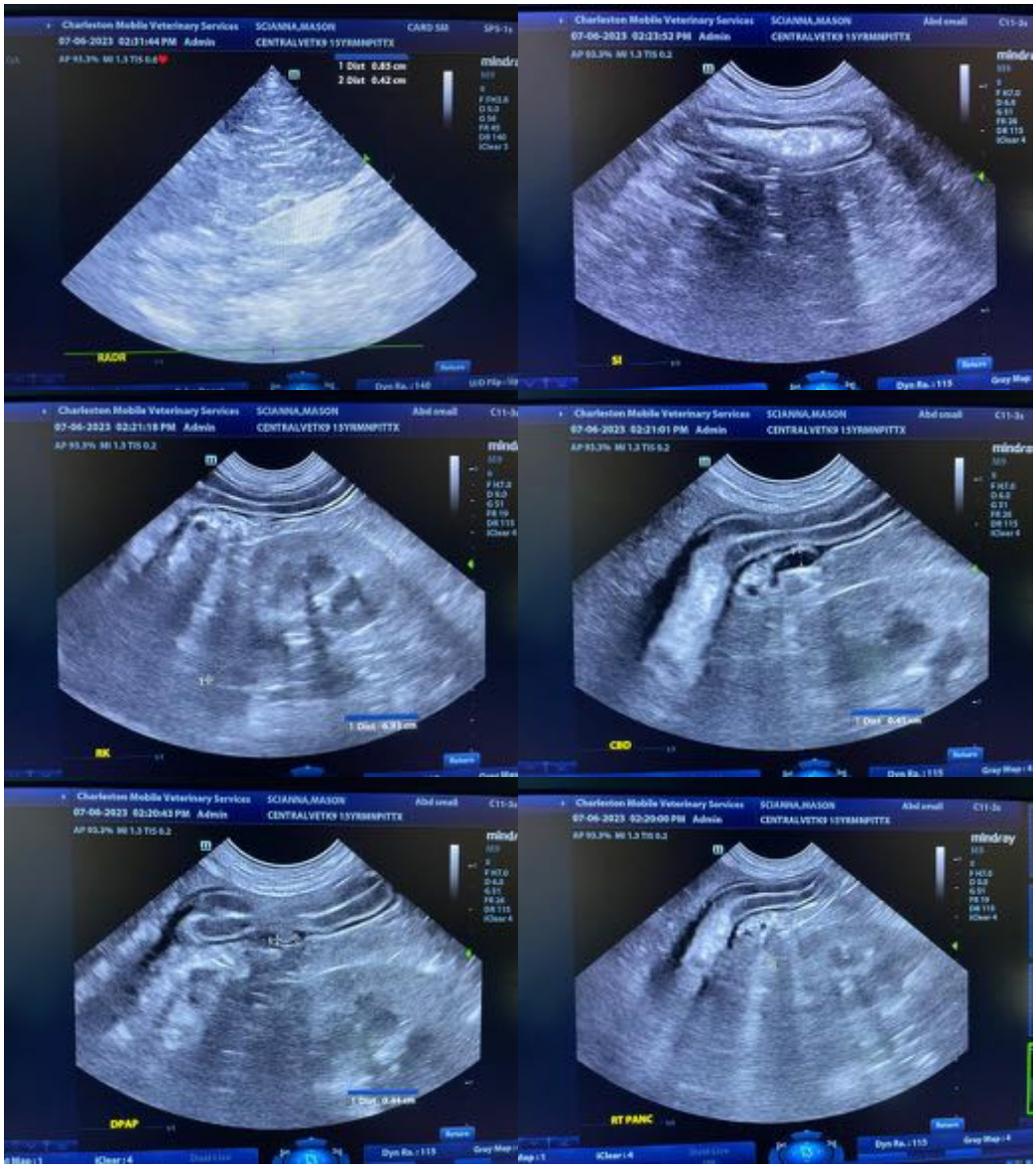
- Consider fine-needle aspirates of the splenic masses (if clotting status is appropriate). Twenty-five gauge-needles should be used. Depending on the results, a splenectomy with submission of the spleen for histopathology may be warranted. If surgery is pursued, liver biopsies should be obtained with special attention to any hepatic nodules.



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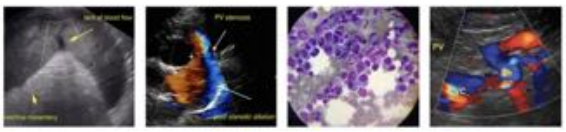

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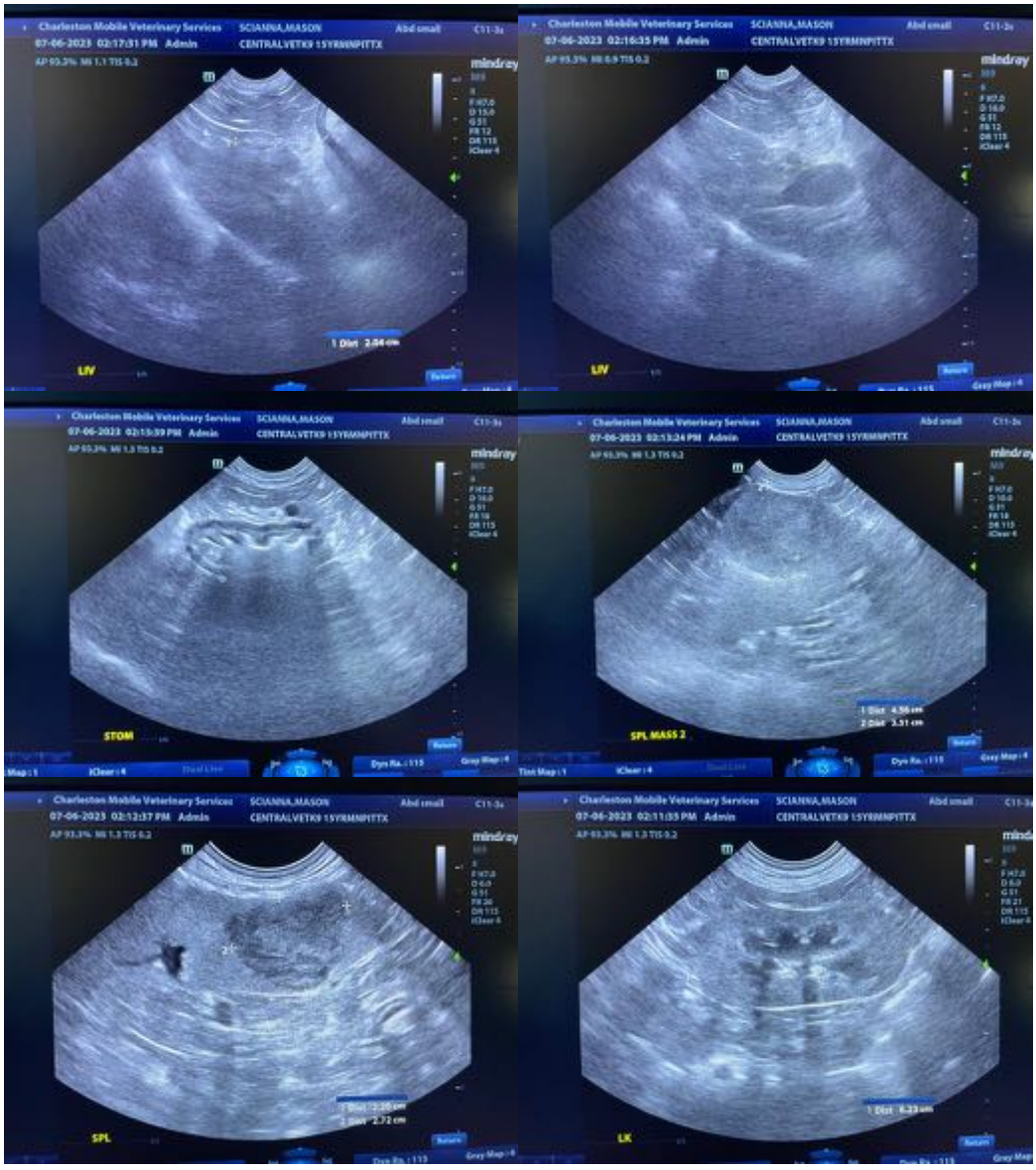

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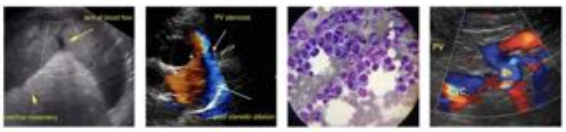

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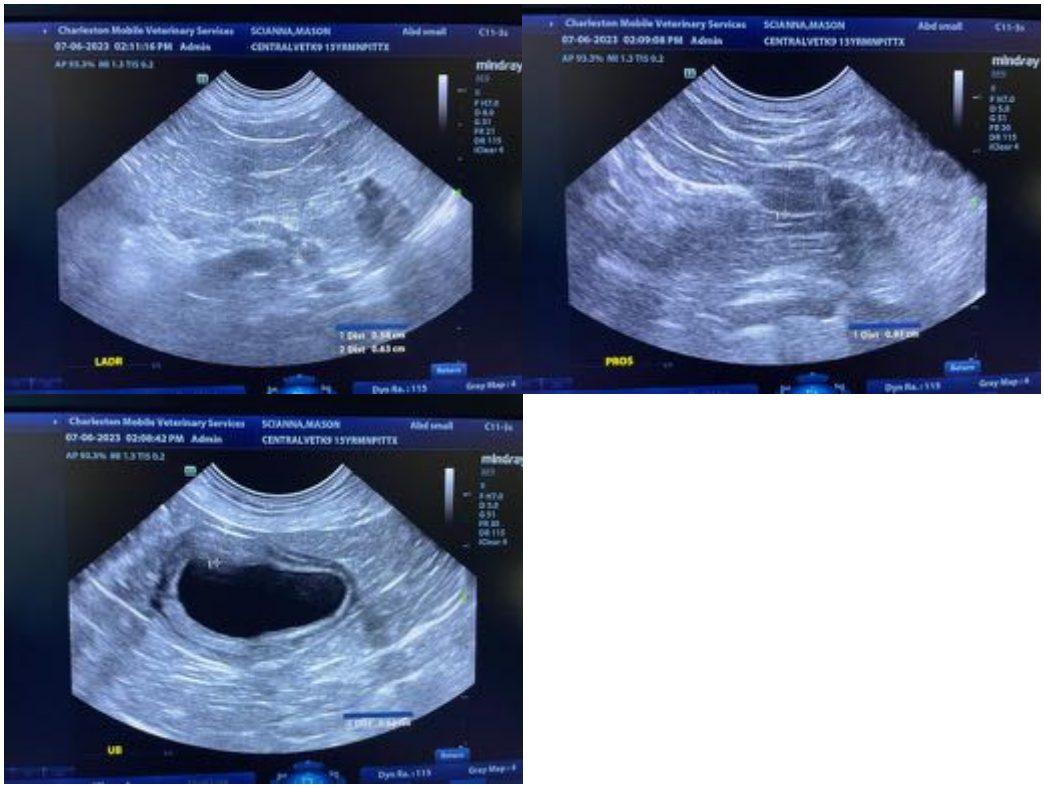

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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