

**DATE PRESENTING CLINICAL SIGNS**

8/10/21

History: Anorexia. got wrapped in chair and flipped over hit back/head 3 d ago. Seemed dazed at first then dragging right a little on PE 3 d ago, normal CPs and mentation, a little painful. Sent with Gabapentin 300 mg bid and Rimadyl 100 bid. Per O would not eat yesterday/today; wasn't able to get meds in yesterday/today.

**PATIENT**

Cheyenne Jarboe

Current Medications: Gabapentin 300 mg bid and Rimadyl 100mg bid.  
Lab Results: alt 252, bun 37, hct 34.4.

**SPECIES**

Canine

Radiographs: Not provided by the veterinarian.  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Butorphanol/Midazolam administered prior to scan.  
Stat Report: STAT report requested by the veterinarian.

**BREED**

German Shepherd

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

Male, neutered

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant 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.

**AGE**

10/20/2012

The prostate is not definitively visualized due to its pelvic location.

**WEIGHT**

43.36 kg.

The left kidney is normal size (7.66 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. A hyperechoic medullary band is visualized adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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(Small Animal Internal  
Medicine)

The right kidney is normal size (7.11 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. A hyperechoic medullary band is visualized adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**HOSPITAL NAME**

Banfield Pet Hospital  
of Towson

**Adrenal Glands**

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.65 cm at caudal pole) (2.83 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. Mike

The right adrenal gland is not definitively visualized.

**Spleen**

The spleen is enlarged (xxx cm in width at the level of the hilus) with irregular peripheral contours. A 5.37 x 5.30 cm heterogeneous cavitated mass is arising from the parenchyma. In addition, a 3.33 x 2.56 cm heterogeneous cavitated mass is also seen. The remaining parenchyma is mottled in appearance. Splenic vasculature appears normal with no obvious evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic.

**INVOICE**

11848

**Liver**

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. A 1.79 x 1.52 cm hyperechoic to slightly heterogeneous nodule is observed at the caudal aspect. The remaining parenchyma is subtly mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is

moderately distended. The wall is thickened (up to 0.52 cm), hyperechoic and slightly irregular in appearance. A small amount of echogenic debris is visualized 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 not distended. 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. No obstructive disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the splenic masses. In the visualized portion, no obvious pathology is observed.

### ***Free Abdomen***

A small of free fluid is present. The abdominal lymph nodes are normal/not visible.

### ***Other***

A moderate to large amount of pericardial effusion is visualized. There is evidence of cardiac tamponade. An obvious right atrial/auricular mass is not definitively identified. However, the intraventricular septum and right ventricular free wall appear subjectively thickened and irregular.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Splenic masses with regional peritonitis. Neoplasia (i.e., hemangiosarcoma) is considered likely.
- Hemoabdomen is suspected.
- The pericardial effusion is likely secondary to neoplasia (although a definitive mass is not identified) with a lower possibility of idiopathic pericardial effusion.
- The hepatic changes could be consistent with passive congestion, benign age-related pathology (i.e., remodeling, nodular hyperplasia, vacuolar hepatopathy). Alternatively, infiltrative neoplasia may be present but this is considered less likely.

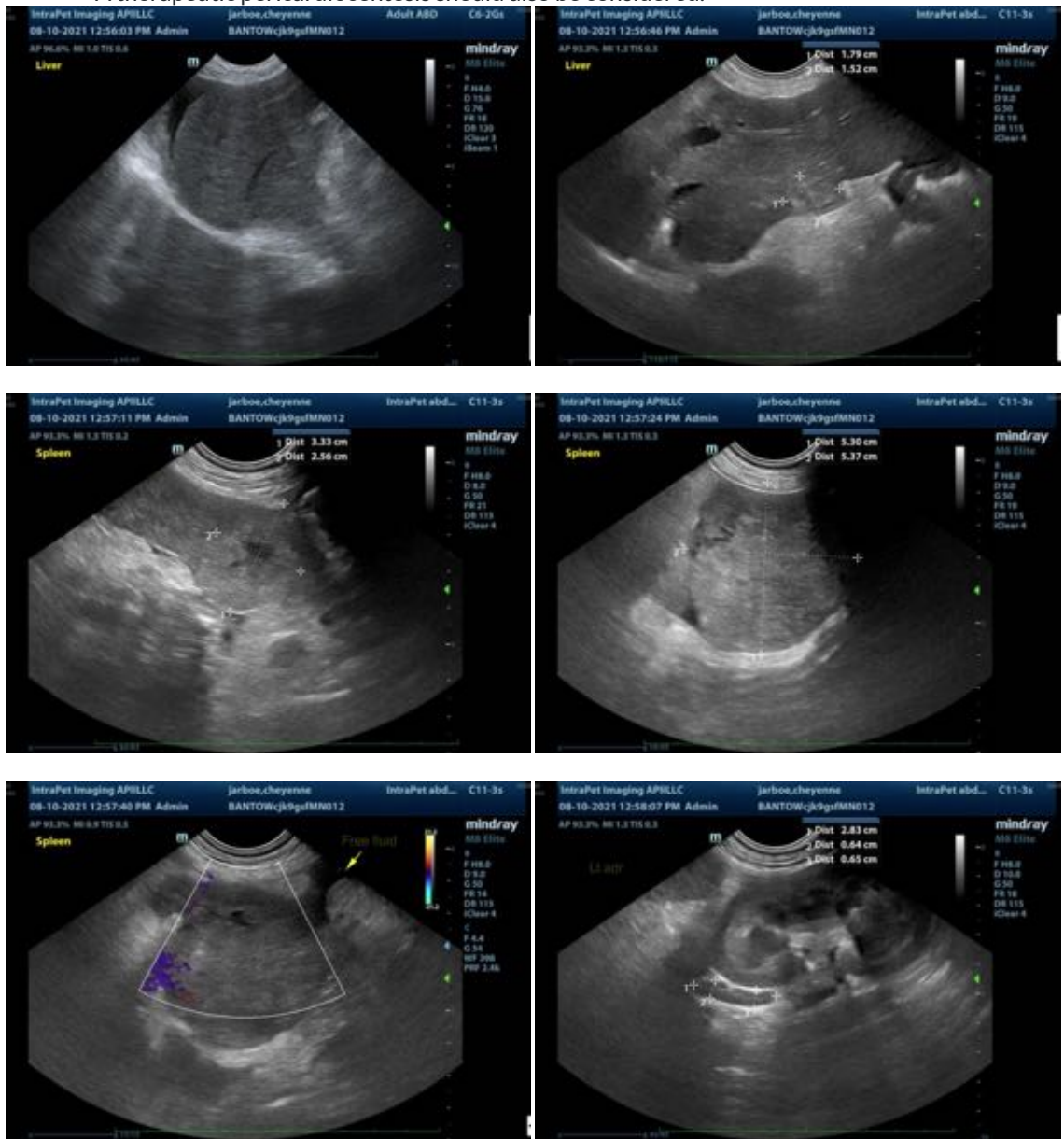
### **Secondary Findings:**

- Bilateral age-related renal pathology.
- The gallbladder wall changes could be consistent with passive congestion, cholecystitis, benign age-related hyperplasia, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the likelihood of bi-cavitary neoplasia, palliative care (i.e., blood transfusions, Yunnan Baiyao, pain medication as needed) is recommended.
- Three-view thoracic radiographs should be considered to assess for pulmonary metastatic disease.

- A therapeutic pericardiocentesis should also be considered.





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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