



## PATIENT PRESENTING CLINICAL SIGNS

Milo Bleacher **History:** Presented to our hospital for his stomach seeming hard, panting, tail is tucked, falling sideways and increased drinking. Previous health concerns: PLP inj in stifles  
Current meds: Gabapentin, Dasaquin - stopped

## SPECIES

Canine

**Abnormal PE/Chem/CBC/UA Results:** Blood work – Glu 148, ALP 165; Radiographs – sl effusion ventral abd, liver enlarged, poor detail around liver/spleen, small bladder, prostate mod enlarged

## BREED

JRT X

### Urinary System

The **urinary bladder** wall is 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

## SEX

Intact Male

The visualized portion of the **prostate** is enlarged (2.71 cm in width) with a slightly irregular shape. The parenchyma is mildly heterogenous. A few, small, ill-defined cystic areas are visualized. The prostatic urethra is not overtly dilated.

## AGE

11 years

The **left kidney** is normal size (5.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

## WEIGHT

13.4 kg

The **right kidney** is normal size (6.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

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

### Adrenal Glands

The **left adrenal gland** is normal size (0.48 cm at cranial pole) (0.58 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 region of the **right adrenal gland** is evaluated. No obvious pathology is seen.

## IMAGING PERFORMED BY

Erin Wicks

### Spleen

The **spleen** is enlarged with irregular peripheral contours. A > 6.00 cm irregular cavitated mass is arising from the parenchyma. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen, the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

## HOSPITAL NAME

Shores Animal Emerg Ctr

### Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

## REFERRING VET

Dr. Moser

The **gall bladder** 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/not seen.

## INVOICE

11404

### 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

## DATE

8.15.22

normal 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**

A portion of the **pancreas** is obscured by the splenic mass. In the visualized portion, no obvious pathology is seen.

### **Free Abdomen**

A small amount of free fluid is present. A 1.11 cm. medial iliac **lymph node** is visualized. The node is normal in shape and echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

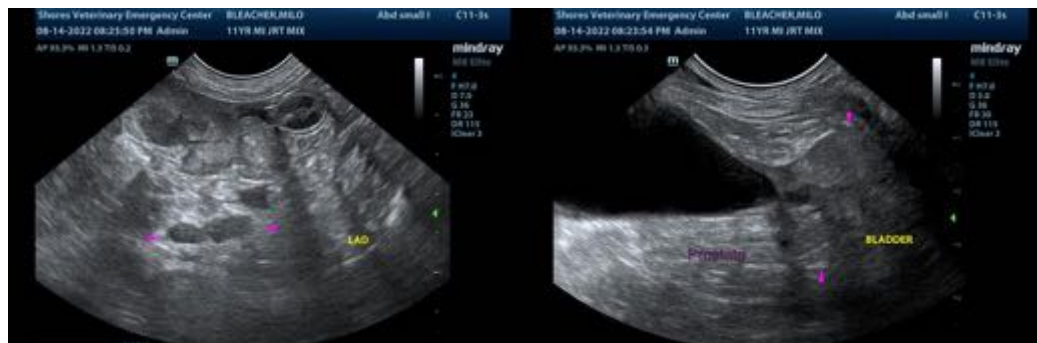
- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is suspected with a lower possibility of benign pathology. Adjacent peritonitis is present.
- The ascites may be secondary to hemorrhage, neoplastic effusion, other.

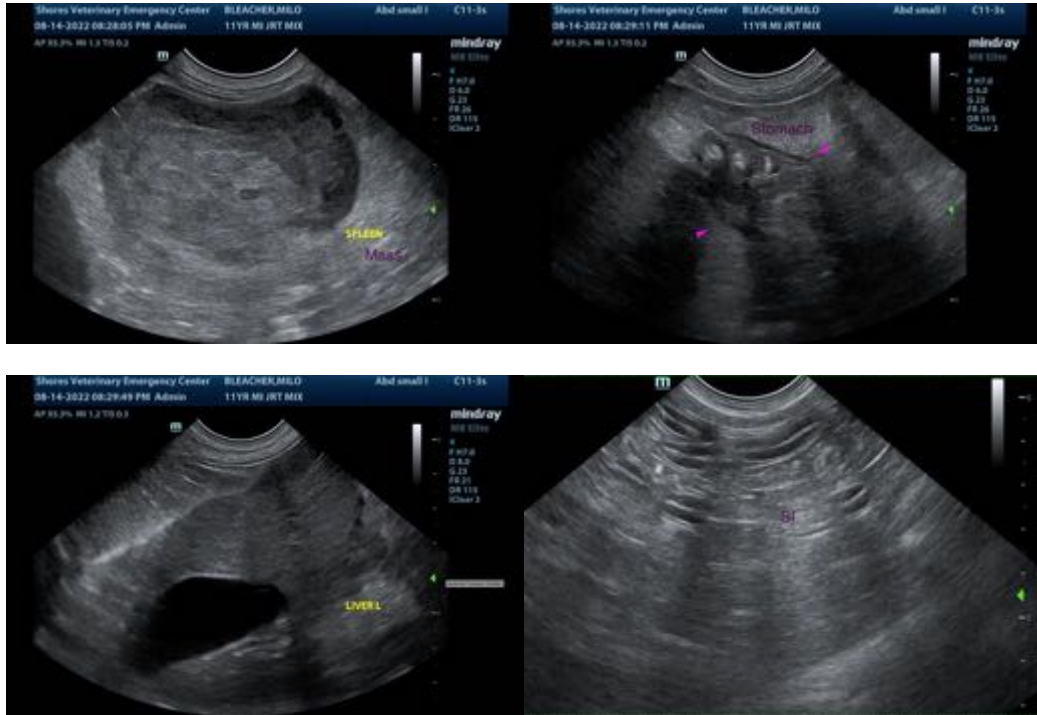
### **Secondary Findings**

- The prostate changes are consistent with benign prostatic hypertrophy with parenchymal cysts. Concurrent bacterial prostatitis is a possibility but is considered unlikely in the absence of lower urinary tract signs.
- Bilateral chronic, degenerative renal changes
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

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

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, splenectomy with submission of the spleen for histopathology is recommended. A liver biopsy should also be considered at the time of surgery to assess for micro-metastatic disease.





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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