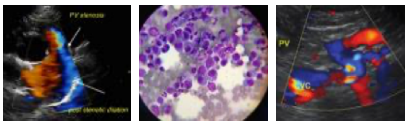
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/19/21

PATIENT

Buju Brogdon

SPECIES

Canine

BREED

Australian Cattle mix

SEX

Male, intact

AGE

2006

WEIGHT

40.9 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Veterinary Housecall Service

REFERRING VET

Dr. Ruth

INVOICE

11920

PRESENTING CLINICAL SIGNS

Presented for chest film for coughing. Mild diffuse bronchointerstitial pattern. Mild specific hepatomegaly; prostatomegaly. SPLENIC MASS.

Radiographs: Evaluate splenic mass, hepatomegaly and prostatomegaly.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: declined / not requested

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (at least 4.79 cm in width) with an irregular shape. The parenchyma is hyperechoic and mottled in appearance. Several varying size irregular cystic lesions are observed within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.64 cm at cranial pole) (0.68 cm at caudal pole) (2.62 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.

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.65 cm at caudal pole) (2.35 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.

Spleen

A >7 cm irregular, hypoechoic to heterogeneous vascular mass is arising from the medial aspect. The mass causes capsular expansion. In the remainder of the spleen, the peripheral contours are curvilinear. The parenchyma is diffusely mottled with a “moth eaten” appearance. A few ill-defined hyperechoic nodules are observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris 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 distended with gas. 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 mass. In the visualized portions, no obvious pathology si observed.

Free Abdomen
There is no evidence of free fluid. At least one prominent lymph node (1.87 cm in length) is observed at the aortic trifurcation.

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

The testicles are subjectively normal in size and symmetrical with a normal shape and homogeneous parenchyma.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Splenic mass. Neoplasia (i.e., round cell tumor, hemangiosarcoma) is considered likely.
- Diffuse hepatopathy. Differentials include metastatic disease, inflammatory/immune mediated disease, hepatotoxicosis (i.e., copper) and/or benign age-related pathology or other hepatopathy.

Secondary Findings:

- The prominent caudal abdominal lymph node is likely reactive with a lower possibility of emerging neoplasia.
- The prostate changes are consistent with benign prostatic hyperplasia with parenchymal cysts. Bacterial prostatitis is also possible. However, this is considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- A fine needle aspirate of the splenic mass can be considered (if clotting status is appropriate). A 25-gauge needle should be used and care should be taken to avoid the vascular regions.
- Alternatively, a splenectomy with submission of the spleen for histopathology can be considered. If surgery is pursued, a liver biopsy should also be obtained to assess for micrometastatic disease. Also consider castration at the time of surgery.


IntraPet Imaging RBIILLC
brogden,buju
Abd small I
C11-3s
08-19-2021 09:09:16 AM Admin
VHCSbbk9ausxma2006
mindray
Liver

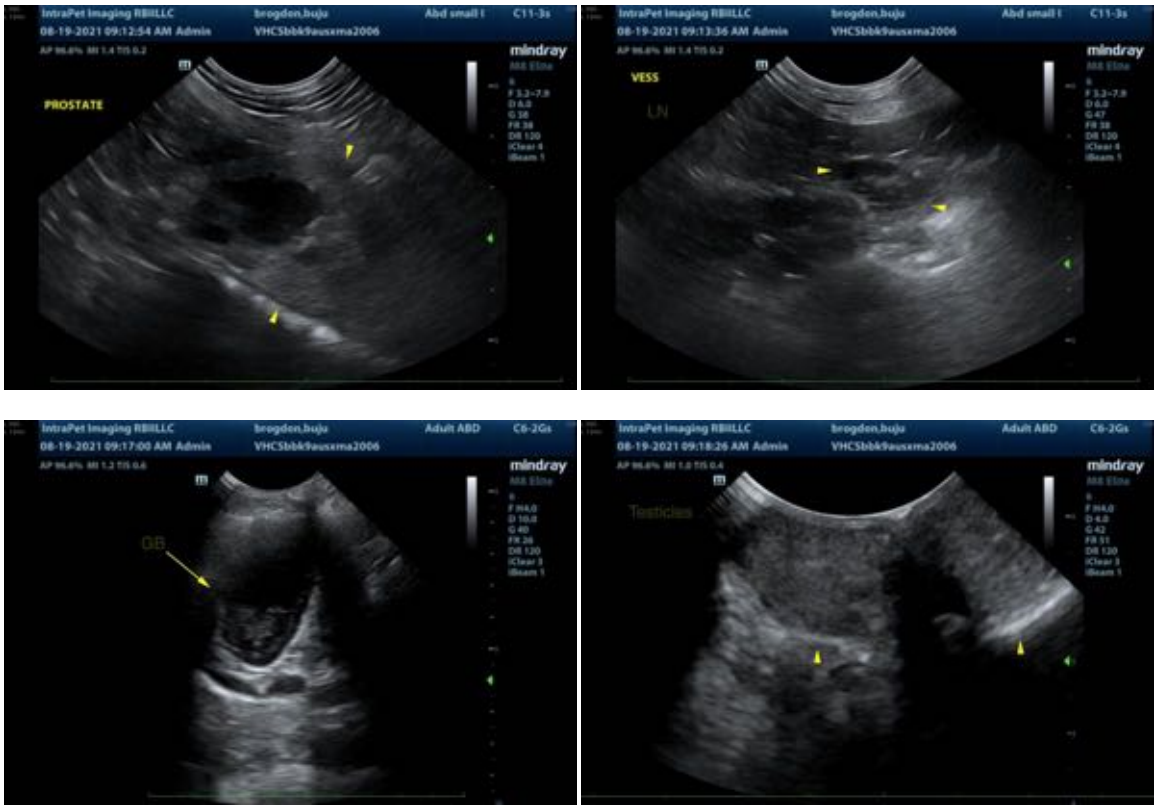

IntraPet Imaging RBIILLC
brogden,buju
Adult ABD
C6-2Gs
08-19-2021 09:17:35 AM Admin
VHCSbbk9ausxma2006
mindray
1 Dist 7.36 cm
2 Dist 6.00 cm
Splenic mass


IntraPet Imaging RBIILLC
brogden,buju
Abd small I
C11-3s
08-19-2021 09:15:31 AM Admin
VHCSbbk9ausxma2006
mindray
RT ADR
1 Dist 2.35 cm
2 Dist 0.65 cm
3 Dist 0.59 cm


IntraPet Imaging RBIILLC
brogden,buju
Abd small I
C11-3s
08-19-2021 09:11:57 AM Admin
VHCSbbk9ausxma2006
mindray
1 Dist 2.62 cm
2 Dist 0.73 cm
3 Dist 0.64 cm


IntraPet Imaging RBIILLC
brogden,buju
Abd small I
C11-3s
08-19-2021 09:08:03 AM Admin
VHCSbbk9ausxma2006
mindray
Spleen


IntraPet Imaging RBIILLC
brogden,buju
Abd small I
C11-3s
08-19-2021 09:10:10 AM Admin
VHCSbbk9ausxma2006
mindray
Liver
Stomach



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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com