



PATIENT PRESENTING CLINICAL SIGNS

Sully Bryan **History:** regenerative anemia; on doxy 300mg sid

Abnormal PE/Chem/CBC/UA Results: PCV 35%, platelets 73k, RBCs low 4.3, Lyme pos

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2cm, are normal.

Mixed

The **prostate** is normal in size (0.87 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Neutered Male

The **left kidney** is normal size (6.54 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.

AGE

13 years

The **right kidney** is normal size (6.46 cm in length); with an irregular shape at the caudal pole. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

n/a

Adrenal Glands

The **left adrenal gland** is normal size (0.85 cm at cranial pole) (0.65 cm at caudal pole) (2.27 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.

INTERPRETED BY

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

The **right adrenal gland** is normal size (1.34 cm at cranial pole) (0.66 cm at caudal pole) (2.42 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.

IMAGING PERFORMED BY

Diane McFadden

Spleen

The **spleen** is enlarged with a >10cm heterogenous cavitated mass arising from the parenchyma. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen, the peripheral contours are irregular. The parenchyma is severely mottled with diffuse, ill-defined, cavitated lesions

HOSPITAL NAME

Andover AH

Liver

The **liver** is normal in size with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous, varying-sized hypoechoic to heterogenous nodules/masses are observed throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Hummel

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

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Gastrointestinal

The **gastric lumen** is not mildly distended with soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall

DATE

8.19.22

thickness is 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

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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

The **mesentery** throughout the abdomen is hyperechoic. A moderate amount of free fluid is present. A few, ill-defined echogenic nodules are observed medial to the spleen. A 1.25 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

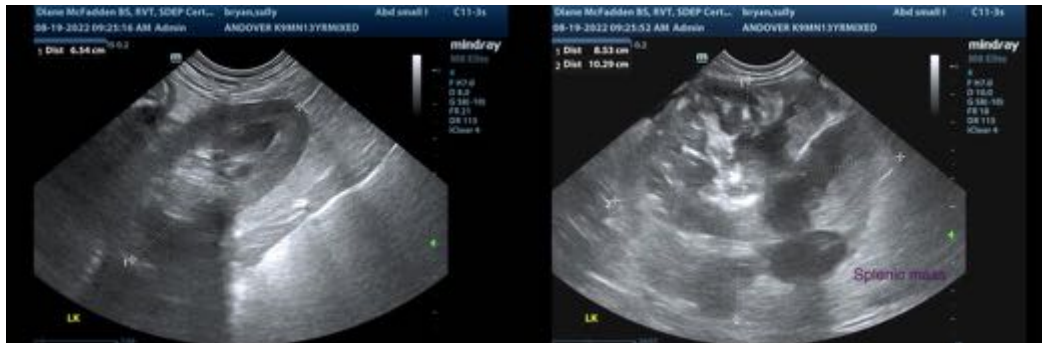
- Large splenic mass with diffusely abnormal splenic parenchyma. Neoplasia (i.e., hemangiosarcoma) is suspected.
- The hepatic nodules are most concerning for metastatic disease.
- The echogenic lesions medial to the spleen may represent metastatic nodules in the mesentery or may be extensions of the larger splenic mass.
- Diffuse peritonitis is present, likely secondary to splenic and hepatic pathology.

Secondary Findings

- The irregularity at the caudal pole of the right kidney may represent an infarct, area of inflammation, emerging neoplasia, other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs can be considered to assess for occult pulmonary metastatic disease.
- Given the high likelihood of neoplasia with metastatic disease in the abdomen, systematic/palliative care should be considered.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com