



PATIENT PRESENTING CLINICAL SIGNS

Zeus Roehrich History: Pet presented for dental cleaning, but splenic mass was palpated. Radiographs showed a large mass near spleen and no obvious metastatic lesions in his chest

SPECIES Abnormal PE/Chem/CBC/UA Results: NSF, repeating HCT today

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

BREED The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 1-2 cm, are normal.

Corgi

SEX

The **prostate** is normal in size (1.04 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

AGE

The **left kidney** is subjectively normal in size, with a 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 hydronephrosis. Renal vasculature is normal.

7 years

The **right kidney** is normal size (6.41 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

35 lbs

Adrenal Glands

The **left adrenal gland** is normal size (0.47 cm at cranial pole) (0.61 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.

INTERPRETED BY

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

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Dr Lynette Reyes

Spleen

A >7.00 cm irregular, heterogenous, multi-lobulated, cavitated mass is arising from the caudal aspect of the **spleen**. The mass causes capsular expansion. In the remainder of the spleen, the parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Chain of Lakes AC

Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

REFERRING VET

Dr Lynette Reyes

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

11322

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

DATE

.22

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

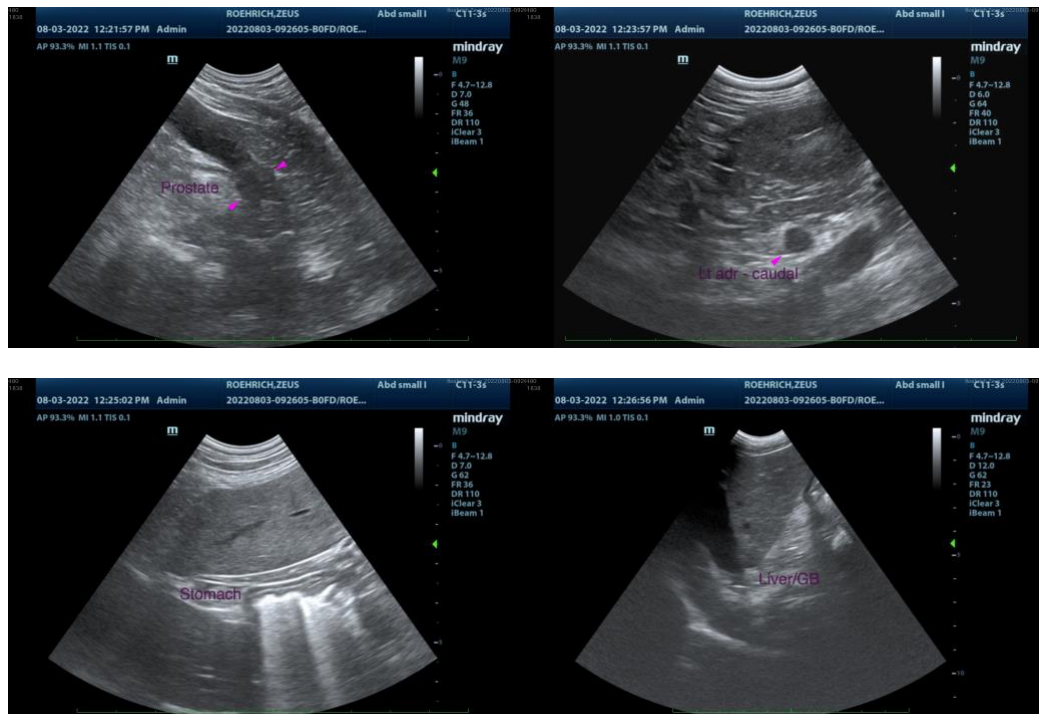
Primary Findings

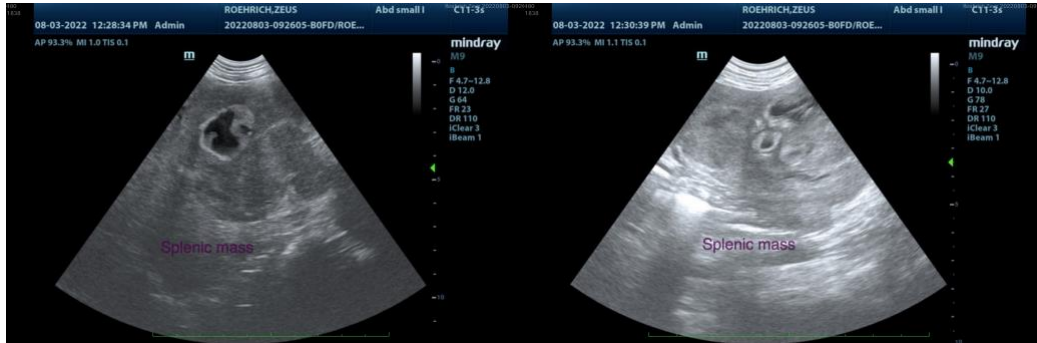
- Splenic mass. Neoplasia (i.e., sarcoma, round cell neoplasia) is suspected, with a lower possibility of benign pathology.

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, a splenectomy with submission of the spleen for histopathology is recommended. A liver biopsy should also be obtained at the time of surgery to assess for micrometastatic 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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