**DATE**

8/9/21

PRESENTING CLINICAL SIGNS

History: Patient presented for acute vomiting and lethargy of one day duration. Concern for neoplasia/infiltrative disease based on lab work and AFAST scan.

PATIENT

Benjie Norman

Current Medications: Cerenia Injection 8-8-2021.

SPECIES

Canine

Lab Results: Moderate anemia (22.9%). Elevated globulins at 6.1, ALT is 190, ALP is 251. Previous lab work from 2016 WNL.

BREED

Yorkshire Mix

Radiographs: AFAST scan: unusual splenic appearance.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SEX

Neutered male

Sedation: Not needed.

Stat Report: Not requested/declined.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

11/4/08

Urinary System

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 visible portion of the proximal urethra are normal.

WEIGHT

21.6 lbs.

The prostate is normal in size (0.89 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.06 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 (5.51 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.

INTERPRETED BY

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

HOSPITAL NAME

Everhart VC

Adrenal Glands

The left adrenal gland is enlarged (0.91 cm at cranial pole) (0.81 cm at caudal pole) (2.70 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

The right adrenal gland is normal size (0.51 cm at cranial pole) (0.49 cm at caudal pole) (1.90 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.

INVOICE

11605kk

Spleen

The spleen is severely enlarged with irregular peripheral contours. A coalescing, heterogeneous, cavitated, vascular mass-effect is observed throughout a large portion of the organ. In the remainder of the spleen, the parenchyma is severely mottled with a moth-eaten appearance. At the cranial pole, a 2.58 cm hypoechoic area/mass is observed. Splenic vasculature appears normal with no evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic 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 to mineralized 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 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 mass. In the visualized portion, no obvious pathology is seen.

Free Abdomen

A small amount of free fluid is observed. A 0.89 cm medial ileac lymph node is visualized.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic masses with regional peritonitis. Neoplasia (i.e., round cell tumor, hemangiosarcoma) is considered likely with a low possibility of benign pathology.

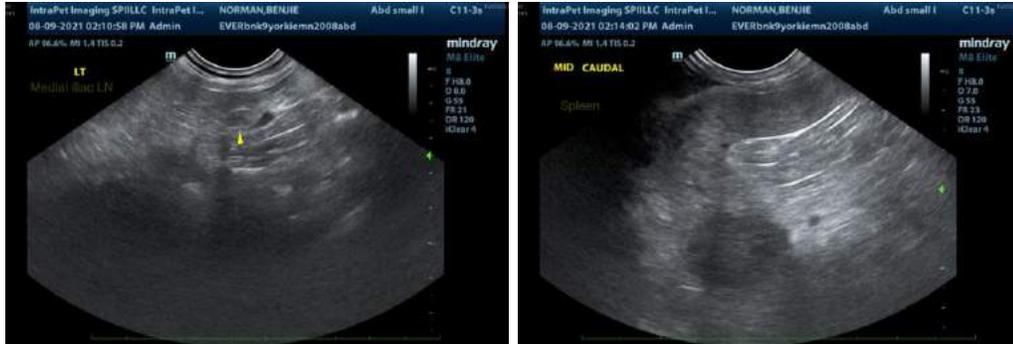
Secondary Findings:

- Mild left adrenomegaly.
- 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

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, a liver biopsy should also be obtained to assess for micro-metastatic disease.





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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