

**DATE PRESENTING CLINICAL SIGNS**

9/1/21 History: chronic hx of intermittent diarrhea with slight weight loss, owner concerned about neoplasia.

PATIENT

Walter York

Current Medications: Provable DC caps - 1 cap over food SID for 15 days, Metronidazole 500mg - 1 tab BID for 6 days (last day Sept 1st).

SPECIES

Canine

Lab Results: CBC is normal. Chemistry shows low blood glucose which may be artifactual. Specific gravity is 1.033. No proteinuria. Inactive sediment. 4DX is negative. Fecal evaluation for Ova and Giardia is negative.

Radiographs: Not provided by the veterinarian.

BREED

Weimaraner

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

SEX

Male Neutered

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/3/12

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 mostly 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.

WEIGHT

66 lbs.

The prostate is normal in size (1.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney is normal size (7.63 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 (6.85 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.

HOSPITAL NAME

Claws 'n Paws Animal
 Hospital

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.68 cm at caudal pole) (3.09 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

Dr. Singh

The right adrenal gland is normal size (1.01 cm at cranial pole) (0.75 cm at caudal pole) (3.64 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

11746kk

Spleen

A 3.77 x 3.11 cm heterogeneous, slightly vascular mass is observed approximately mid-spleen. The lesion causes capsular expansion. The remaining peripheral contours are normal and curvilinear. The remaining parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, gravity-dependent 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 minimally fluid-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

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Neoplasia (i.e., sarcoma), round cell tumor is considered likely with a lower possibility of benign pathology (i.e., myelolipomas).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider a fine needle aspirate of the splenic mass (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive or if an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology. Liver and gastrointestinal biopsies are also recommended at the time of surgery.
3. Also consider a malabsorption panel and resting cortisol level.





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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