

**DATE PRESENTING CLINICAL SIGNS**

9.21.2022

Dog was here for annual. hx of heart murmur. 2/6. appt at cvca for recheck next month. per o does not want to take long walks. can run around in backyard without problem. not coughing. does have reverse sneezing periodically. o gives Benadryl bloodwork for annual- revealed hct 30.8% an albumin 2.6, u/a free catch- sg 1040 with 10-15 wbc.

**PATIENT**

Cooper Comeaux

Current Medications: on Heartgard and frontline. on trazadone for vet visits.  
 Lab Results: hct 30.8%, albumin 2.6, globulins 4.2. u/a- free catch- mod bacteria, wbc 10-15.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Beagle Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The **urinary bladder** is moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen, along with a small amount of gravity dependent, mineralized sand. The region of the trigone is normal.

**AGE**

5/10/2010

The region of the **prostate** is not visualized due to its pelvic location.

**WEIGHT**

33.5 lbs

The **left kidney** is normal size (5.37 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. One to two, small cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

The **right kidney** is normal size (4.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

**HOSPITAL NAME**

PetVet of Clarksville

**Adrenal Glands**

The region of the **left adrenal gland** is evaluated. The gland itself is not definitively visualized due to the large splenic mass.

**REFERRING VET**

Dr. Martof

The **right adrenal gland** is normal size (0.60 cm at cranial pole) (0.55 cm at caudal pole) (1.84 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**

11665

**Spleen**

A >13cm hyperechoic, attenuating, space-occupying mass is arising from the parenchyma. In the remainder of the **spleen** the margins are curvilinear. The parenchyma is subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 to moderate amount of aggregated, echogenic, adhered debris/sludge 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. There is no evidence of an obstructive pattern.

#### ***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***

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

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

- Large splenic mass. Differentials include myelolipoma, sarcoma, other.

#### **Secondary Findings**

- 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.
- Bilateral degenerative renal changes with left dystrophic mineralization
- Urinary bladder sand

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess cardiopulmonary status. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology.

Given the urinalysis findings, a urine culture and sensitivity is recommended. Consider initiation of broad-spectrum antibiotics while awaiting culture results.



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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