

**DATE**

9/23/2021

PRESENTING CLINICAL SIGNS

History: Hx 4 wk of v+/-d+- diarrhea resolved but still intermittently vomiting, hyporexia for a month. 14 pounds weight loss over a couple months.

PATIENT

Skylo Sofokles

Current Medications: No current medications.

Lab Results: Lab: ALT 799, ALP 981, GGT 43; monocytosis 1.52, everything else wnl.

Radiographs: Radiographs- splenic nodule/mass on lateral, liver- abnormal margins, decreased serosal detail cranial abdomen- displacing stomach.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin and Trazadone administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

BREED

Weimaraner

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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 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.

AGE

7/16/23

The prostate is not definitively visualized due to its pelvic location.

WEIGHT

64.5 lbs.

The left kidney is normal size (7.86 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.91 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate 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)

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.48 cm at caudal pole) (1.85 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.

HOSPITAL NAME

Eastern AH

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.61 cm at caudal pole) (2.55 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. Haviland

Spleen**INVOICE**

12252

The spleen is subjectively enlarged with irregular peripheral contours. A >7 cm hypoechoic to heterogeneous mass effect is observed in the cranial to mid aspect. The remaining splenic parenchyma is homogeneous in appearance.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. Numerous ill-defined coalescing hypoechoic to heterogeneous nodules/masses are observed throughout the hepatic parenchyma. There is no visibly normal hepatic tissue. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

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

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 evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Diffuse hepatic and splenic masses. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is considered likely with a low possibility of a severe inflammatory process.

Secondary Findings:

- Bilateral nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the liver and spleen if clotting status is appropriate. 25-gauge needles should be used for aspiration.
- Given the diffuse pathology however, the prognosis is considered guarded.





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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