

**DATE**

9/23/21

**PRESENTING CLINICAL SIGNS**

History: CC - ADR, last week ate a skewer with meat on it, vomited meat but no skewer (no one saw her eat the skewer); since then, decreased appetite, V/D; seems weak. PE - BARH, mm pink, no petechia. Right nares-epistaxis; no hx of this at home; slight discomfort on abdominal palpation. No weight loss.

**PATIENT**

Stella Moomaw

Current Medications: Apoquel 16mg SID.

Lab Results: Pending.

Radiographs: Rads- chest appears clear. Abdomen- free fluid in abdomen; possible mass effect. In house quick US- suspect splenic mass.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**BREED**

Labrador retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The mucosal surface is slightly irregular. 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.

**SEX**

Female, spayed

**AGE**

6/9/2012

The left kidney is normal size (6.87 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**

80.9 lbs.

The right kidney is normal size (5.10 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A 1.70 cm irregular cortical cyst is observed at the caudomedial aspect. The cyst causes mild capsular expansion and slight disruption of the normal renal architecture. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.69 cm at caudal pole) (2.54 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**

Essex Middle River VH

The right adrenal gland is not definitively visualized due to the cranial abdominal pathology.

**REFERRING VET**

Dr. Hicks

**Spleen**

The spleen is subjectively enlarged with irregular peripheral contours. Multiple heterogeneous cavitated coalescing masses are observed throughout the organ, the largest measuring >7 cm. Splenic vasculature appears normal with no evidence of thrombosis.

**INVOICE**

12253

**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 moderate amount of aggregated echogenic to mineralized gravity-dependent 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. 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***

A large amount of echogenic free fluid is present within the abdomen. The mesentery in the mid-abdominal cavity is reactive. The abdominal lymph nodes are normal/not visible.

### ***Other***

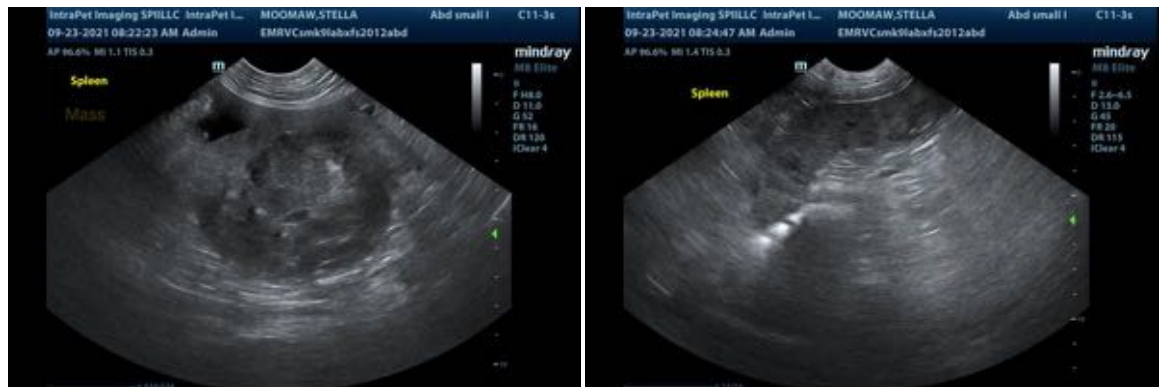
A brief echocardiogram reveals no evidence of pericardial effusion.

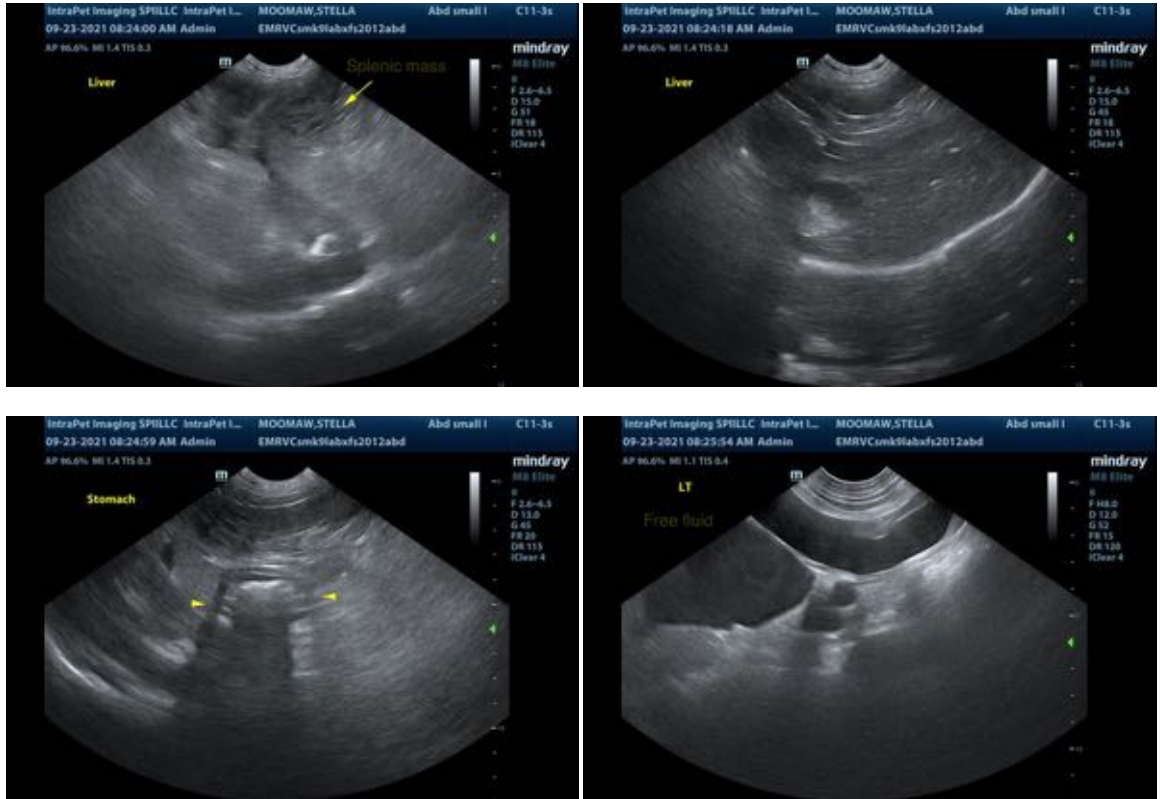
## **ULTRASONOGRAPHIC FINDINGS**

- Splenic masses. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected.
- Probable hemoabdomen.
- Right renal cyst, likely a benign, incidental finding. However, a metastatic lesion cannot be completely excluded.

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

- Consider a splenectomy with submission of the spleen for histopathology. A liver biopsy should be obtained at the time of surgery to assess for micrometastatic disease.
- Baseline labwork should be performed prior to anesthesia.





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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