

**DATE PRESENTING CLINICAL SIGNS**

9/30/21

**PATIENT**

Sawyer Sheeler-Duncan

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

Neutered Male

**AGE**

3/19/2009

**WEIGHT**

75 Pounds

**INTERPRETED BY**Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)**HOSPITAL NAME**

Fork VH

**REFERRING VET**

Dr. Doherty

**INVOICE**

13382

History: Dog clinically stable but a large mass had developed on the left lateral aspect of the torso immediately caudal to the ribs. The mass first noted in 10/2020 showed a slow but steady enlargement yet did not cause any problems or discomfort. The owners elected to monitor the mass as it had caused no problems and appeared benign. When the mass ultimately reached about 6.0 cm in length and the surfaced ulcerated causing the dog a constant level of discomfort, it was at this point the owner's requested excision. Pre-operative chest films were obtained and while no pulmonary metastatic lesions were found, the spleen appeared slightly irregular in shape. Another radiograph was obtained, and the spleen had an appearance of a mass attached to it. Surgery was performed despite the finding as the external mass was causing a high degree of discomfort for the dog. Following surgery, the dog recovered well and continues to show not clinical signs of problems. The owners were seeking some more definitive answer about the nature of the splenic mass and if other abdominal masses are present.

Current Medications: Not provided by the veterinarian.

Lab Results: Pre - operative blood panel - WNL (9/1/2021)

No biopsy of the external mass on the left lateral abdominal wall was submitted per owner's request.

Radiographs: No new radiographs.

Date of Previous IntraPet Ultrasound: 7-14-2018.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

\*\*\*Echocardiography was declined by the owner.

**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 2.0 cm, are normal.

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

The left kidney presented normal size (5.94 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.

The right kidney measures 6.70 cm in length. A 5.39 cm x 2.37 cm. An oval shaped, heterogeneous, vascular, slightly cavitated mass appears to be arising from a location near the renal pelvis. The mass causes partial disruption of the normal renal architecture. Irregular fluid pockets are observed adjacent to and at the tip of the mass. In the remainder of the kidney, the peripheral contours are slightly irregular. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of nephroliths or hydroureter. The renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.70 cm at caudal pole) (2.98 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.

The region of the right adrenal gland is evaluated, The gland is not seen due to the presence of the right renal mass.

### ***Spleen***

A 7.86 cm x 7.01 cm irregular isoechoic to slightly heterogeneous, cavitated, vascular mass is arising from the parenchyma. The mass causes capsular expansion. The remaining parenchyma is slightly mottled in appearance. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

The gastric lumen moderately distended with ingesta and gas. The gastric wall is normal in thickness with a normal layering pattern. 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 or overt infiltrative disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the splenic mass. In the visualized portions, no obvious pathology is seen.

### ***Free Abdomen***

The abdominal lymph nodes are normal/not visible. There is no obvious evidence of free fluid.

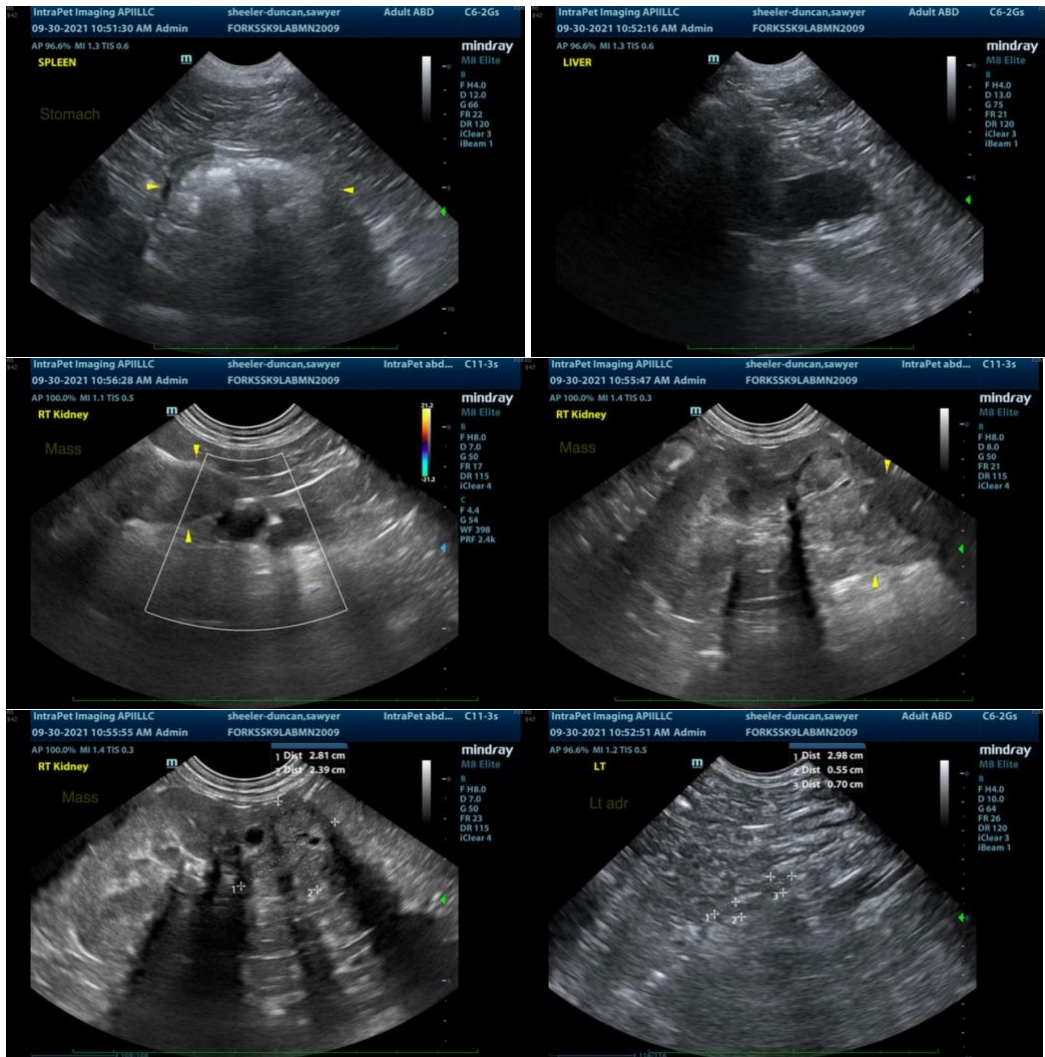
## **ULTRASONOGRAPHIC FINDINGS**

- Large vascular splenic mass -neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology
- Right renal mass (previously observed); the mass appears similar to the previous scan. This lesion is also concerning for neoplasia

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- An echocardiogram is also recommended to assess for evidence of pericardial effusion/right atrial/auricular mass which can sometimes be associated with splenic hemangiosarcoma.

- If and aggressive approach is desired, referral to a board certified veterinary surgeon can be considered to discuss splenectomy and right nephrectomy. An abdominal CT scan may be useful in presurgical planning. It should be noted, however, that the prognosis for this patient is 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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