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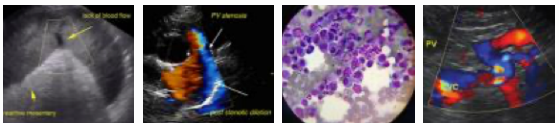

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**
Nike Hodgen

**SPECIES**
Canine

**BREED**
Newfoundland mix

**SEX**
Female, spayed

**AGE**
13 Yrs.

**WEIGHT**
68.2 lbs.

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

**IMAGING PERFORMED BY**
Sara Hansen

**HOSPITAL NAME**
West Hills AH

**REFERRING VET**
Dr. Remcho

**DATE**
2/8/22

**INVOICE**
12988

## PRESENTING CLINICAL SIGNS

History: Lethargy, Left forelimb lameness Worsening of overall pain - especially increased limping LF. Newly diagnosed normochromic normocytic anemia as well as lethargy noted. Creat 2.0, TP and other parameters wnl
Abnormal PE/Chem/CBC/UA Results: Current Medications Carprofen 100mg 1/2 tab PO q 12 hours amantadine 100mg PO q 24 hours Gabapentin 300mg PO q 12 hours - owner had at home Radiographic Findings Mid-ventral abdominal mass, consider neoplasia (e.g. splenic such as hemangiosarcoma/hemangioma, gastrointestinal tract such as adenocarcinoma). Splenic hematoma is less likely. Probable proximal left humeral aggressive osseous lesion (e.g. osteosarcoma, chondrosarcoma, fibrosarcoma, metastatic neoplasm) or trabecular remodeling secondary to (bilateral) chronic mild glenohumeral (shoulder) degenerative joint disease. Multifocal variably progressive degenerative joint disease (bilateral moderate stifle, bilateral minimal coxofemoral joint, left moderate carpometacarpal). L2-5 articular process degenerative joint disease. Left accessory enthesopathy (mild, similar) Normal thorax, no metastases. The humeral changes are subtle and warrant further imaging; consider collimated humeral radiographs (see specialist comments). Expert ultrasound or contrast CT (if available) can further evaluate (+/- guide sampling of) the abdomen and mass.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface in the region of the apex is slightly irregular. A small amount of aggregated echogenic debris is suspended within the lumen. 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.

The left kidney is normal size (7.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A 1.70 cm cortical cyst is observed at the cranial lateral aspect.

The right kidney is normal size (6.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small cortical cyst is observed at the caudolateral aspect.

### *Adrenal Glands*

The left adrenal gland is normal size (0.95 cm at cranial pole) (0.69 cm at caudal pole) (3.30 cm in length) with a normal shape and smooth peripheral contours. A 0.69 x 0.44 cm irregular hyperechoic nodule is observed at the caudal pole. The glandular echogenicity and detail at the cranial pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.11 cm at cranial pole) (0.62 cm at caudal pole) (2.44 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.

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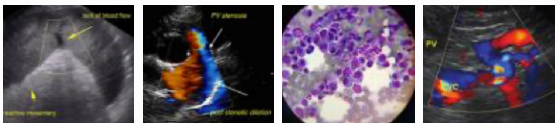

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### *Spleen*

A >6 cm isoechoic to heterogeneous vascular mass is arising from the parenchyma. The mass causes capsular expansion. In the remainder of the spleen, the peripheral margins are curvilinear. A thrombus is observed within the vasculature at the hilus.

### *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/not seen.

### *Gastrointestinal*

The gastric lumen is moderately distended with ingesta. The gastric wall is normal to borderline thickened (up to 0.58 cm) with retention of the 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 obvious evidence of free fluid. A 3.14 cm medial iliac lymph node is visualized. The node is normal in size with normal echogenicity. 1-2 mesenteric lymph nodes are visible.

### *Other*

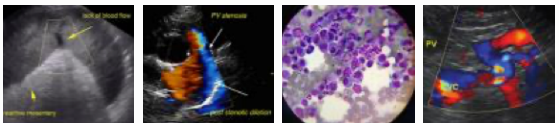
A brief echocardiogram reveals questionable trace pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a lower possibility of benign pathology. A splenic thrombus is also present.
- Trace ascites
- Questionable trace pericardial effusion.

**Secondary Findings:**





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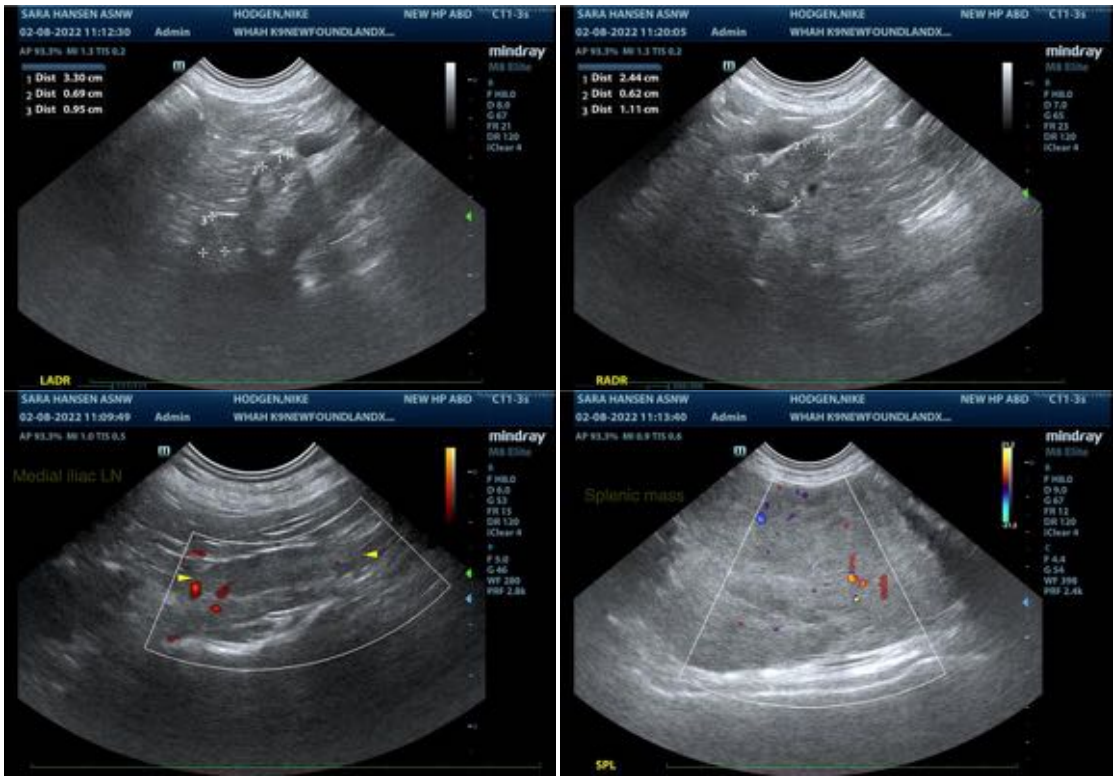
- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.
- Bilateral degenerative renal changes with trace pyelectasia.
- The urinary bladder wall changes could be consistent with cystitis or may be a normal variant for this patient.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The gastric wall thickening may be a normal variant for this patient or may represent an inflammatory process.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the spleen if clotting status is appropriate. A 25-gauge needle should be used.
- Also consider a full echocardiogram to further assess for pericardial effusion.



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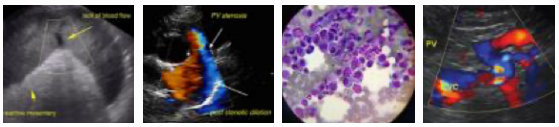

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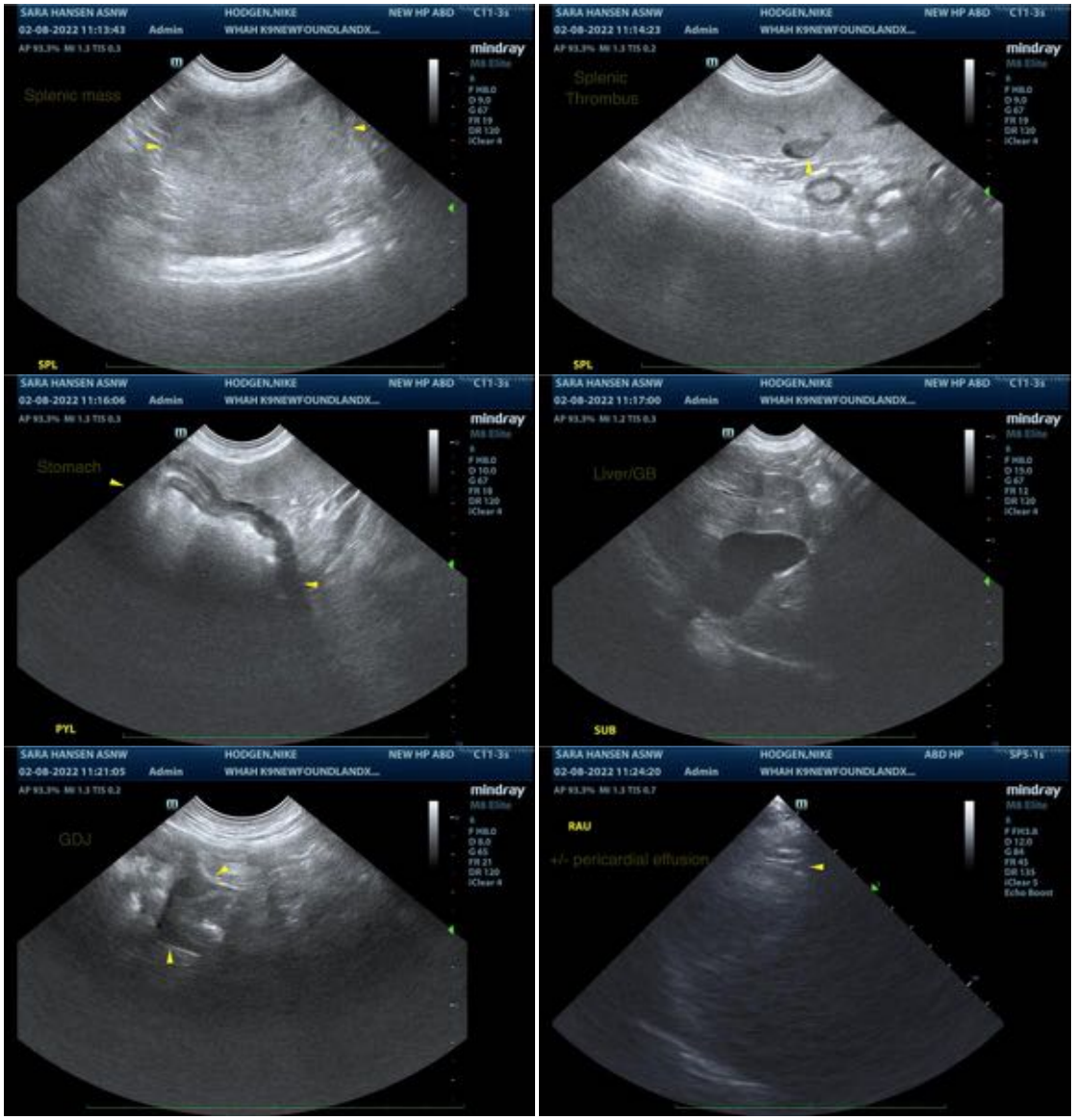


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

andrea.nicastro@sonopath.com

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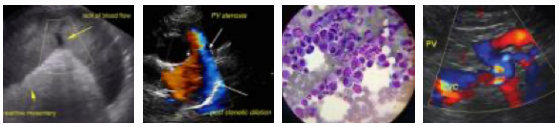

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