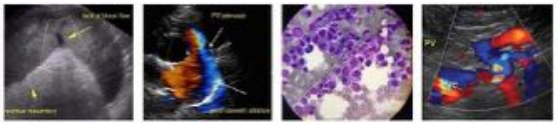


PATIENT

Bristol Griffith

SPECIES

Canine

BREED

Great Dane

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

64 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Brochu

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: large intra-abdominal mass occupying most of the mid to caudal abd, non-painful, firm, round
Abnormal PE/Chem/CBC/UA Results: rads: - Large spherical mass in the mid abdomen occupying most of the space, measuring 21.2cm x 18.4cm. - Urinary bladder, both kidneys visualized and non-remarkable - Spleen not distinctly identifiable - small intestine and colon displaced by intra-abdominal mass Assessment: Suspected splenic mass (R/O hemangioma, splenic hematoma, hemangiosarcoma, other)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is moderately thickened (up to 0.87 cm) with an irregular mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (7.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.48 cm at caudal pole) (3.31 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 right adrenal gland is normal size (1.86 cm at cranial pole) (0.64 cm at caudal pole) (2.96 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.

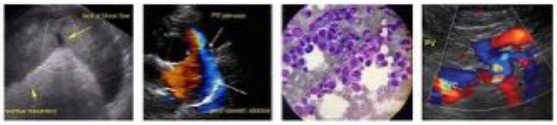
Spleen

In the majority of the spleen, the margins are curvilinear and the parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis. See also *Other*.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance with a subtle increase in portal markings. No distinct focal lesions are observed. Vascular appears normal volume with no evidence of thrombosis. 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



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The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In the visualized small intestinal segments, the small intestinal wall is normal in thickness 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

A portion of the pancreas is obscured by the large mid-abdominal mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

A >13 cm round heterogeneous slightly cavitated mass is present in the mid-abdominal region. The mass causes displacement of internal organs, obscuring visualization in some regions.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large mid-abdominal mass, the origin of which is unclear. It appears to be arising from the splenic parenchyma. However, a different origin (i.e., mesentery, lymph node, other) cannot be excluded.
- The trace ascites is likely secondary to the presence of the mass.

Secondary Findings:

- Bilateral, degenerative renal changes.
- The urinary bladder wall changes are suggestive of cystitis. Correlation with the patient's clinical history is recommended.
- The hepatic parenchymal changes are non-specific and may be secondary to benign age-related change (i.e., remodeling, nodular hyperplasia). However, inflammatory disease, metastatic disease or other hepatopathies cannot be excluded. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory with mass removal and submission for histopathology. If surgery is pursued, a liver biopsy should also be obtained to assess for micro-metastatic disease. An abdominal CT scan may be useful in pre-surgical planning.

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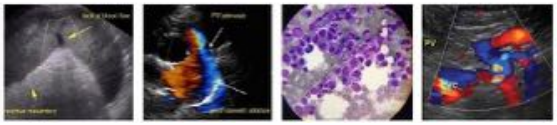

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IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

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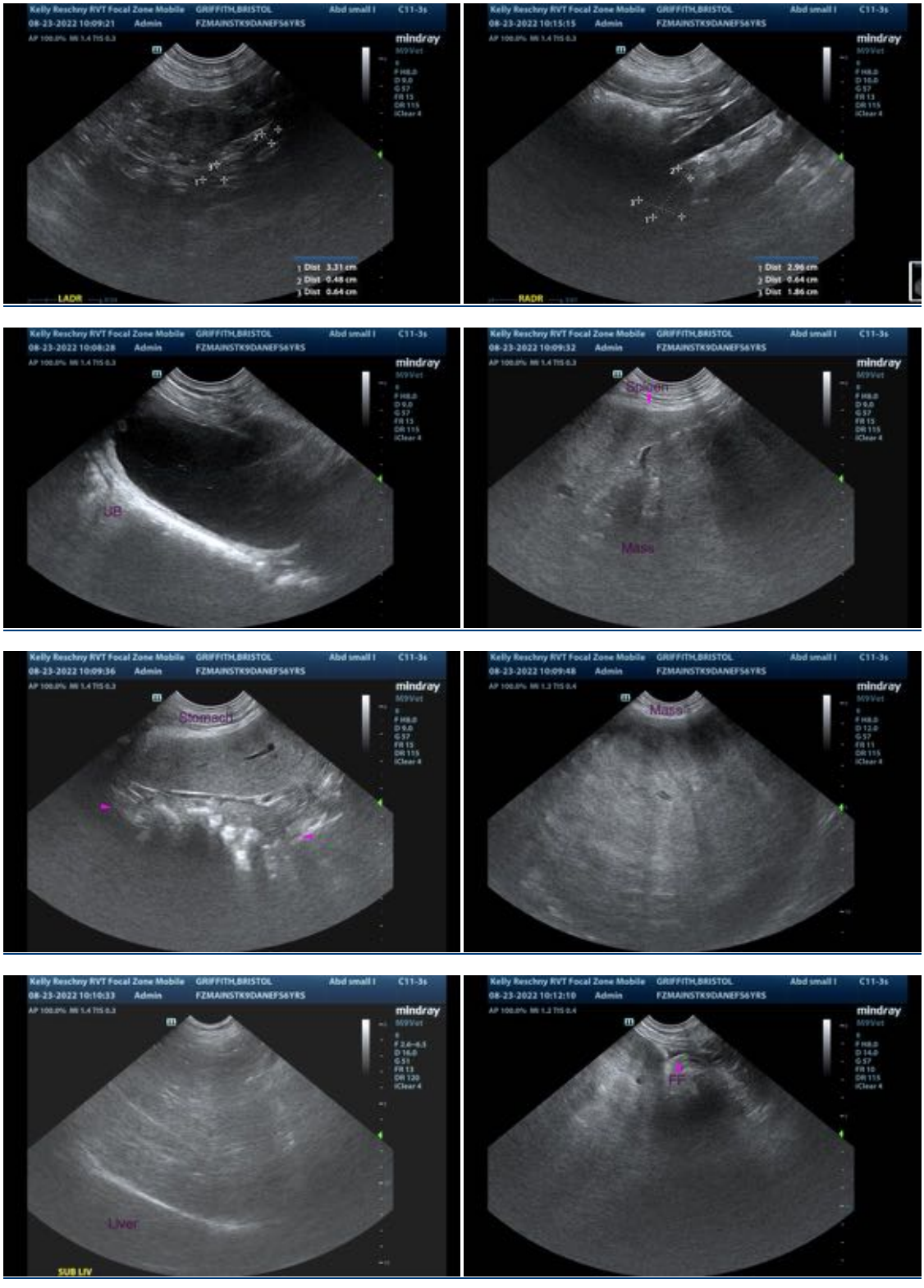

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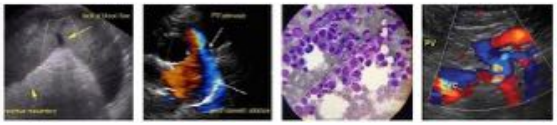

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

DATE

8/23/22