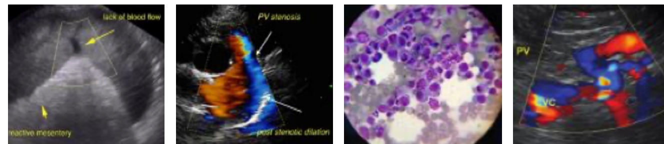
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Murray Hearts Rescue

SPECIES

Canine

BREED

SEX

Male, neutered

AGE

17 Yrs.

WEIGHT

31.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

INVOICE

13034

DATE

PRESENTING CLINICAL SIGNS

History: Acute lethargy yesterday morning, IH BW revealed anemia, abd rads concern over possible cranial mass. No current meds.
Abnormal PE/Chem/CBC/UA Results: HCT 30.2%, Retics 102.2, WBC 16.9, PLT 735, ALKP 267

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. A small to moderate amount of echogenic debris is observed 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 prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.26 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.40 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

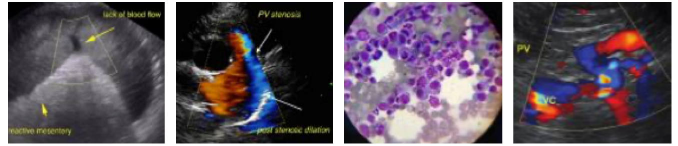
The left adrenal gland is normal size (0.69 cm at cranial pole) (0.56 cm at caudal pole) (2.12 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.00 cm at cranial pole) (0.70 cm at caudal pole) (2.23 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

The spleen is enlarged with irregular peripheral contours. A >9 cm irregular, heterogeneous, vascular cavitated mass is arising from the parenchyma. Surrounding mesentery is hyperechoic. There is minimal normal appearing splenic parenchyma.

Liver



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The liver is subjectively enlarged with irregular peripheral contours and swelling of the right lateral lobe. The parenchyma is largely hypoechoic relative to the spleen and diffusely mottled in appearance with numerous small ill-defined hypoechoic nodules. A few ill-defined hyperechoic areas are also seen. In the region of the right lateral lobe, a >7 cm ill-defined heterogeneous swelling/mass effect is observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic debris/sludge is observed within the lumen, some of which is partially dependent and some of which is adhered to the luminal wall. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 pancreas is partially obscured by the large splenic mass and hepatic pathology. In the visualized portion of the right limb, the pancreas is hypoechoic with normal curvilinear peripheral contours. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of free fluid is observed. The left medial iliac lymph node is visible and measures 1.12 cm in length.

Other

A 1.06 x 0.56 cm irregular hypoechoic to cystic structure/nodule is observed just caudal to the left renal artery.

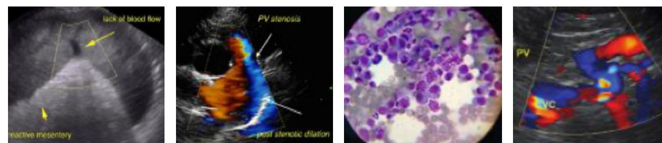
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology. Regional peritonitis is present.
- The diffuse hepatic parenchymal changes could be consistent with metastatic disease or benign age-related change. The mass effect in the right lateral lobe is concerning for a neoplastic process. However, regenerative nodular hyperplasia cannot be completely excluded.

Secondary Findings:



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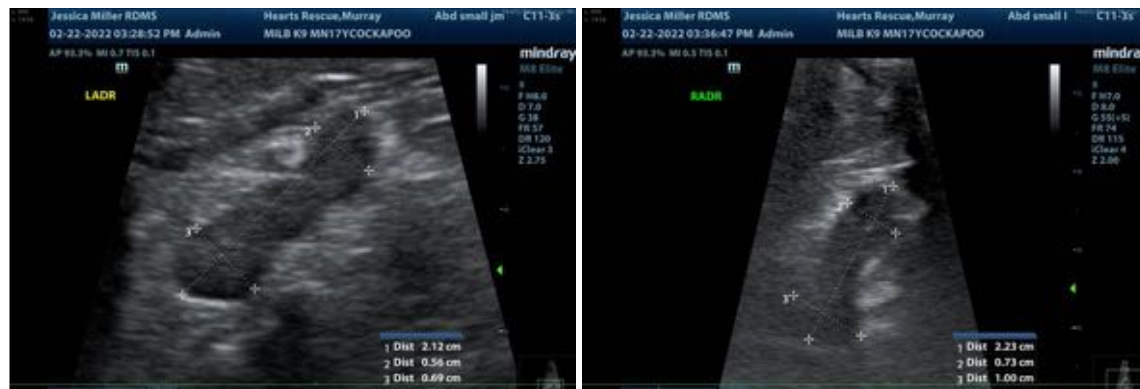
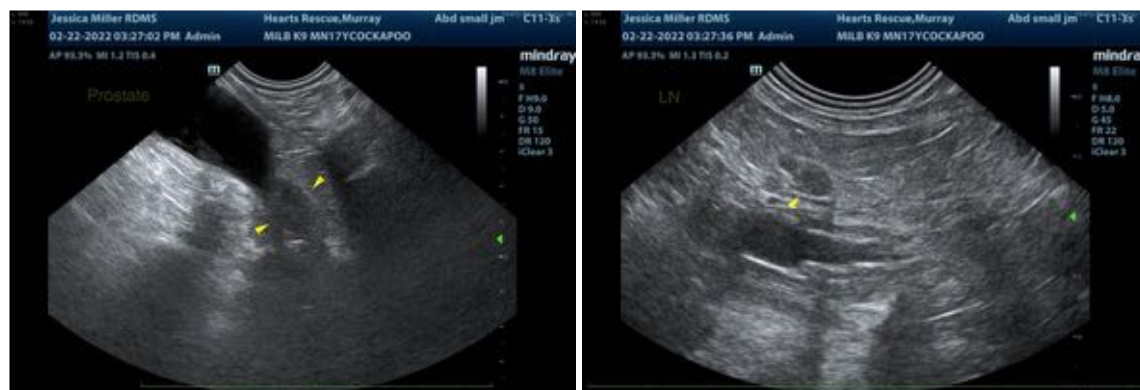
- Urinary bladder debris.
- Mild degenerative renal changes.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The visible medial iliac lymph node is likely reactive.
- The cystic nodule caudal to the left renal artery may represent a cystic lymph node, cyst within the mesentery, metastatic lesion, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss splenectomy and liver biopsies. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, the client should be warned of the potential for metastatic disease in the abdomen, particularly the liver.





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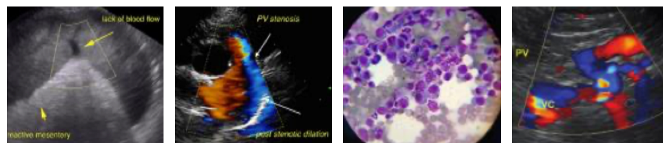

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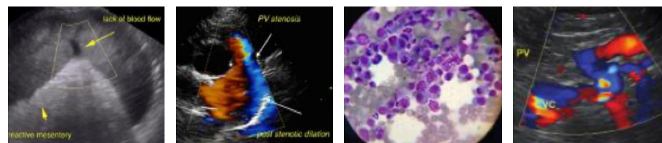

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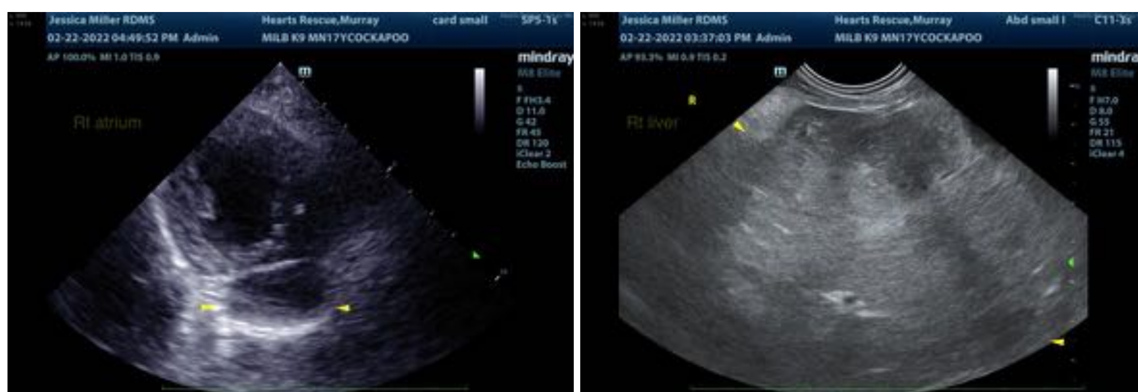

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com