



**PATIENT**

Tyson Chadovoine

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Intact male

**AGE**

7 years

**WEIGHT**

23.8 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Cassels Conway

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Dr. Cassels Conway

**INVOICE**

94543

**DATE**

12/13/21

**PRESENTING CLINICAL SIGNS**

History: Presented 12/10 for lethargy and vomiting for 3 days. Large abdominal mass palpated in mid-ventral abdomen. Significant azotemia noted in labwork. Large soft tissue mass seen on abdominal rads causing pyloric outflow obstruction. Treated outpatient with SQ fluids, zofran, cerenia, gabapentin on 12/20 and 12/11. Over weekend P eating well, brighter and no vomiting. Repeat labwork pending. Abnormal PE/Chem/CBC/UA Results: 12/10 CBC: Neutrophilia 31400, Basophilia 250, PLT 115 PCV 33, TP 10.8 Chem: Creat 3.1, BUN 57, Phos 8.9, TP 9.9, Glob 7.4, ALP 317, Na 161, K 5.9, Cl 107

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

**Description** – Prostate is mildly symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

Left kidney is normal in size (5.71 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.76 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (1.51 x 0.58 cm at cranial pole and 0.6 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.2 cm long x 0.5 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

A 6-8 cm round, hypoechoic/heterogenous mass was noted disrupting the capsule/normal architecture at the head of the spleen. The remaining the parenchyma was normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.



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**Gastrointestinal**

Tyson Chadovaine

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

**SPECIES**

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Canine

Colon is normal in wall thickness (< 0.2 cm) and layering.

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**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation. Mild acute pancreatitis cannot be ruled out; however, the changes in the area of the left lobe of the pancreas are believed to be caused more by the splenic mass and lymphadenopathy in the area versus pancreatitis. See other.

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**Other**

In the mid left abdomen medial to the spleen and cranial to the spleen there are round, irregular, hypoechoic foci. This is consistent with enlarged, hypoechoic lymph nodes. Hyper reactive mesentery was noted around the lymph node. Nodular pancreas and acute pancreatitis cannot be ruled out, but is considered much less likely.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

Heterogenous, capsule disrupting splenic mass. Ultrasound appearance alone cannot differentiate benign versus malignant splenic disease. This mass is concerning for infiltrative neoplasia such as round cell neoplasia especially given the concurrent lymphadenopathy in the area versus sarcoma. Benign lesion such as extramedullary hematopoiesis or nodular hyperplasia are considered possible, but less likely given the concurrent lymphadenopathy.

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**Secondary Findings**

Heterogenous Benign Prostatic Hyperplasia. Prostatic findings are most consistent with Benign Prostatic Hyperplasia and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend FNA of the splenic mass if the patient's coagulation status is appropriate as well as FNA of the enlarged lymph nodes surrounding the spleen. Other recommendations include thoracic radiographs to further assess cardiopulmonary status and look for metastatic disease. If not already performed, given the reported azotemia, a urinalysis is recommended followed by monitoring of the azotemia after rehydration to further assess the patient's kidney status. The splenic mass and lymphadenopathy are likely contributing to the patient's clinical signs. However, there is a chance that the mass is an incidental finding and the clinical signs are secondary to renal disease hence the recommendations to further assess the reported azotemia.

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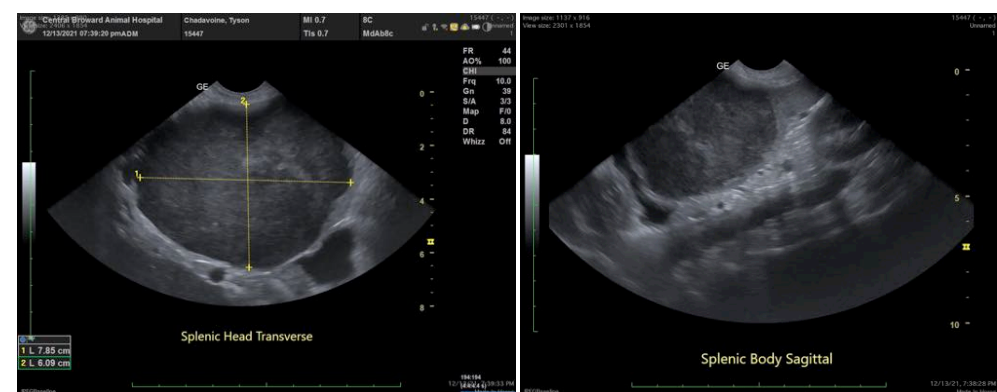
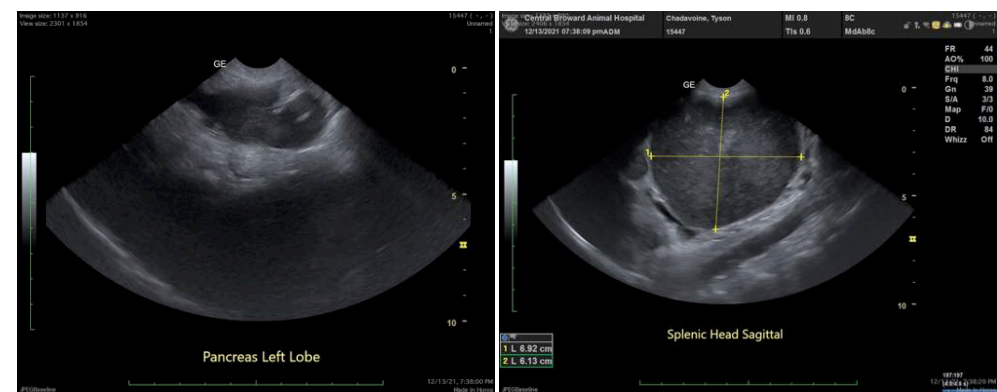
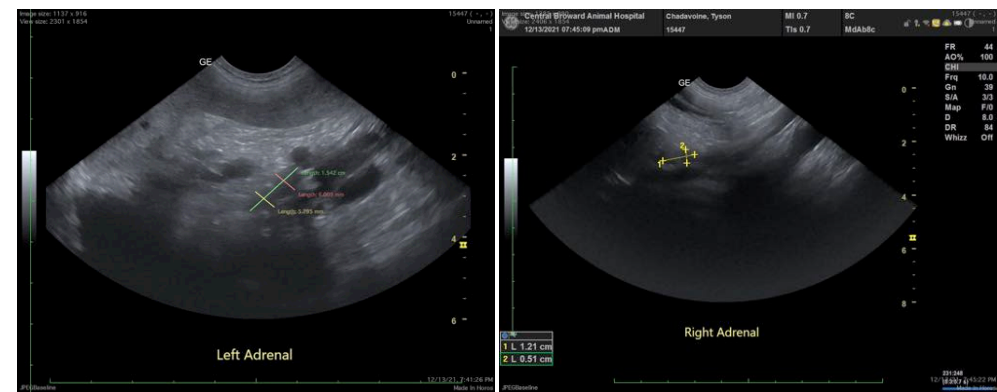
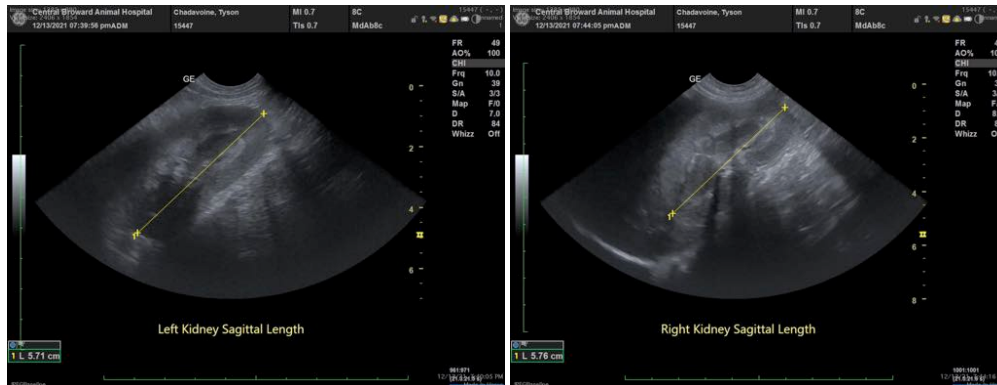
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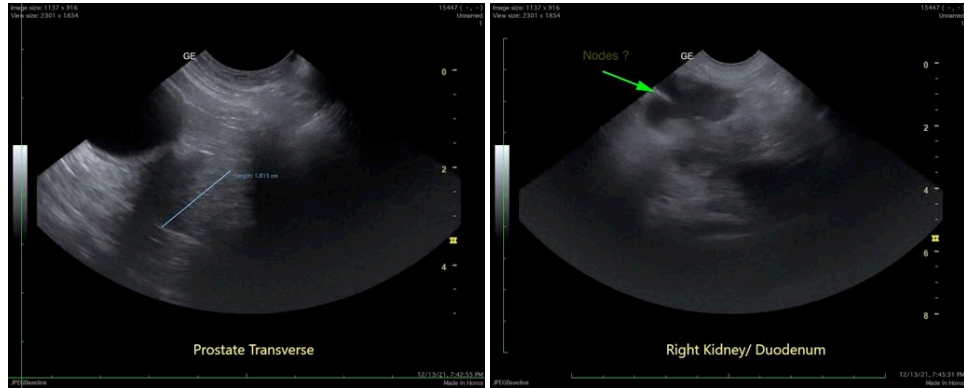
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

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