

**DATE**

2/2/22

PRESENTING CLINICAL SIGNS

History: 1 month history of cough; treated with SimpliceF and improved. Rads declined on initial presentation (1/4/22). Represented for recurrent cough (1/31/22), anorexia/diarrhea x 2 days. Chest rads clear. Large/round splenic mass. No free fluid.

PATIENT

Buck Snyder

Current Medications: Codeine, Cerenia, Proviabie.

Lab Results: Path review CBC still pending; non-regen anemia (Hct 26% with 3 nRBC/100 WBC). Left shift (2.9k neuts, 1.06k bands, 0.053k metamyleocytes). Chem: gluc 56 (will confirm at time of AUS), Alb 1.7, glob 5.4. Normal liver enzymes.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT REQUESTED.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Beagle

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.

SEX

Neutered male

The prostate is normal for a neutered dog.

AGE

7/23/13

Left kidney is normal in size (5.37 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

25 lbs

Right kidney is normal in size (5.65 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (1.8 cm long x 0.51 cm at cranial pole and 0.54 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.18 cm long x 0.46 at cranial pole and 0.47 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAME

Paradise AH

Spleen

There is a large 9.0 x 11.0 cm heterogenous/vascular, primarily hyperechoic mass off the head of the spleen that is vascular and contains cavitations.

REFERRING VET

Dr. Riehl

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. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE

95738

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.

There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestines is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement. No free fluid was noted.

Heart

Rapid view of the heart revealed no evidence of pericardial effusion or heart base mass.

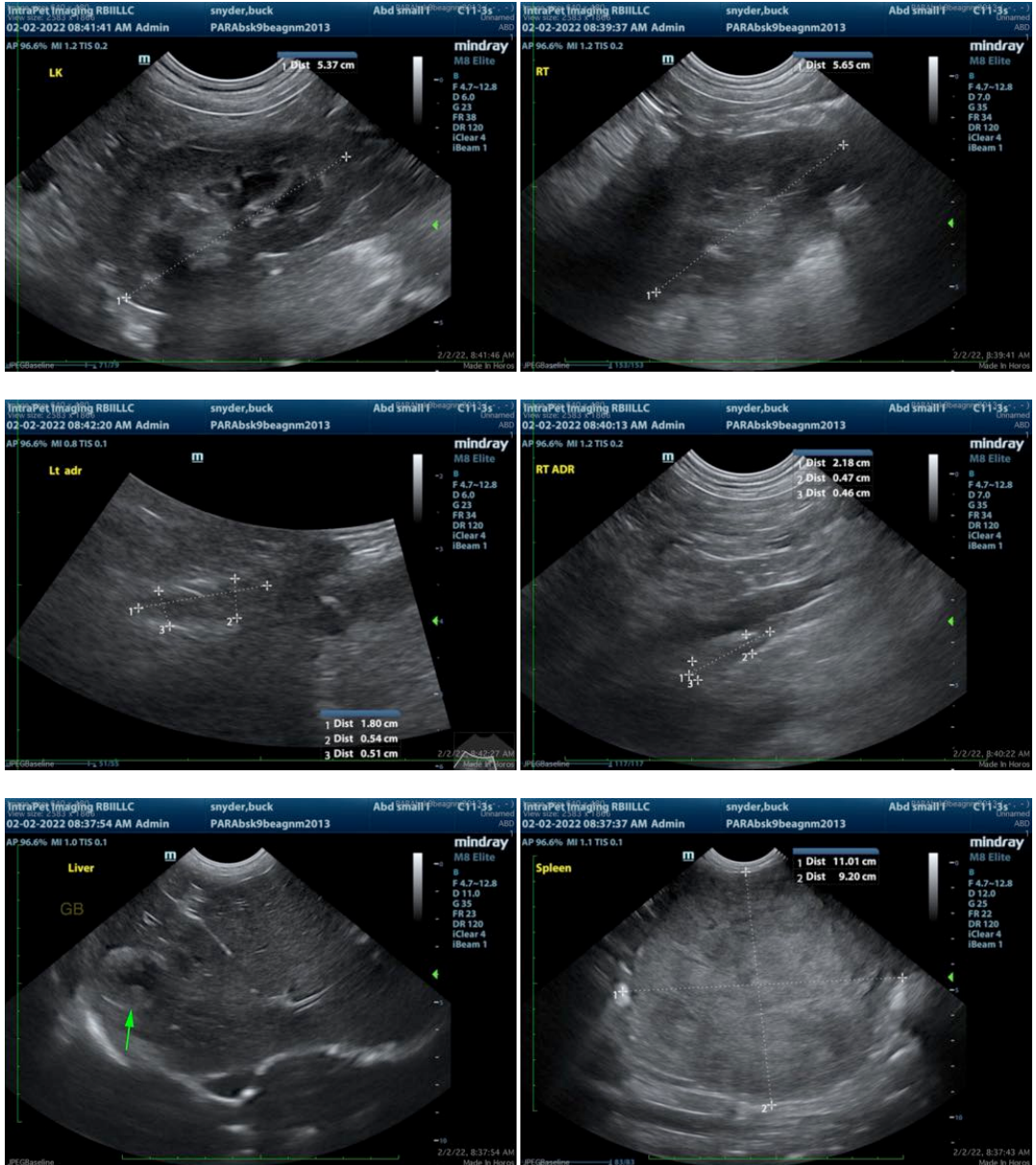
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, heterogenous cavitated splenic mass. Most concerning for infiltrative neoplasia such as hemangiosarcoma. Benign lesions can mimic even aggressive looking neoplasia and cannot be ruled out, but are considered less likely.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a FNA of the splenic mass could be considered if the patient's coagulation status is appropriate. However, given the concurrent anemia some hemorrhage into the mass is considered probable and a splenectomy is the ultimate recommendation.



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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