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DATE PRESENTING CLINICAL SIGNS

2/23/23 Presented for dental, on pre-anesthetic exam abnormality palpable mid-abdomen, brief u/s showed mass on spleen; hx of grade 3 mammary carcinoma May 2019

PATIENT

Bella Stran
Current Medications: None listed.
Lab Results: NSF on bloodwork Jan 2023.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Spayed Female

AGE

12/2/06

WEIGHT

36.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Hess

INVOICE

45473

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.56 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.43 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Mild pyelectasia noted at 0.39 cm in the transverse view. There is no evidence of mineral or infarcts observed.

Adrenal Glands

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland measures 2.74 cm long x 0.66 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measures 2.17 cm long x 0.91 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). At the head of the spleen, there is a 2.0 cm x 3.0 cm non-capsule disrupting, mildly heterogeneous, primarily hypoechoic nodule/mass. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The reactive mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- **Heterogeneous, primarily hypoechoic splenic nodule/mass** – Trends in appearance toward a benign lesion such as a cyst or hematoma, extramedullary hematopoiesis, etc. However, infiltrative neoplasia can mimic benign lesions and cannot be ruled out, especially given this patient's history.

SECONDARY FINDINGS

- **Mild left kidney pyelectasia** – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Age related adrenal gland changes
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

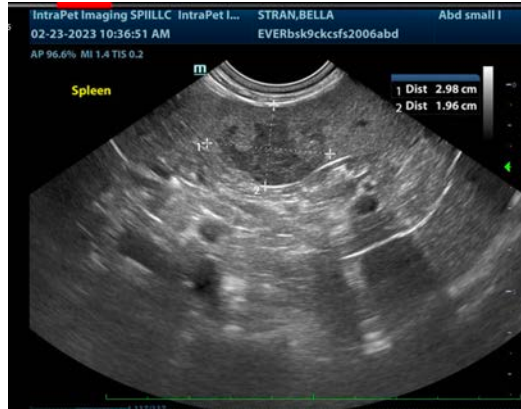
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Incidentally, given the mild pyelectasia, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Options for the splenic nodule from least aggressive to most aggressive are either routine monitoring beginning with a recheck ultrasound in 4-6 weeks to help determine progression versus lack thereof, versus a fine needle aspirate of the nodule if patient's coagulation status is appropriate, all the way up to (and the most aggressive approach) an exploratory laparotomy for planned splenectomy and histopath.





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.

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