

**DATE PRESENTING CLINICAL SIGNS**

2/25/22 Lethargy, possible off-balance, pale mm- will pink up 2 sec. Slower to eat.

PATIENT Current Medications: DES 1x/week.

Porsche Ander

Lab Results: Bloodwork pending- possible jaundice.

Radiographs: Suspect splenic mass. Chest looks ok.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Required for adrenals due to patient anxiety and tense abdomen. Dr. declined at this time. If additional imaging is needed sedation would be required.

Stat Report: Requested.

BREED

Staffordshire

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.

SEX

Spayed Female

The right kidney is normal in size (7.2 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.

AGE

5/22/12

The left kidney is normal in size (6.57 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.

WEIGHT

66 Pounds

Adrenal Glands

The adrenal glands are unable to be well visualized in this patient without further sedation.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Spleen**

The spleen is subjectively large in size with a very scalloped, irregular peripheral contour, created by the presence of multifocal mixed heterogeneous masses disrupting the splenic capsule.

IMAGING PERFORMED BYStephanie Pearce
RDCS, RVT**Liver**

The liver is subjectively enlarged with rounded borders. Parenchyma is homogeneous and of normal echotexture and echogenicity, except for the presence of multifocal well-defined, hypo- to anechoic nodules of varying sizes. Visible vasculature appears normal.

HOSPITAL NAME

Honeygo AH

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.

REFERRING VET

Dr. Wright

Gastrointestinal

The stomach is unable to be fully visualized in these images due to cranial abdominal pathology and gas within the stomach.

INVOICE

35883

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 small intestine is displaced caudally.

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

No appreciable lymphadenopathy is noted in these images. There is scant anechoic free fluid around the spleen. No pericardial effusion or masses are observed in these images.

PRIMARY FINDINGS

- Multiple splenic masses – Most concerning for infiltrative neoplasia such as sarcoma or possibly less likely infiltrative round cell neoplasia with scant free fluid around the splenic masses.
- Nodular (swiss cheese appearing) liver – Top differential includes infiltrative neoplasia such as metastatic sarcoma versus infiltrative round cell neoplasia.

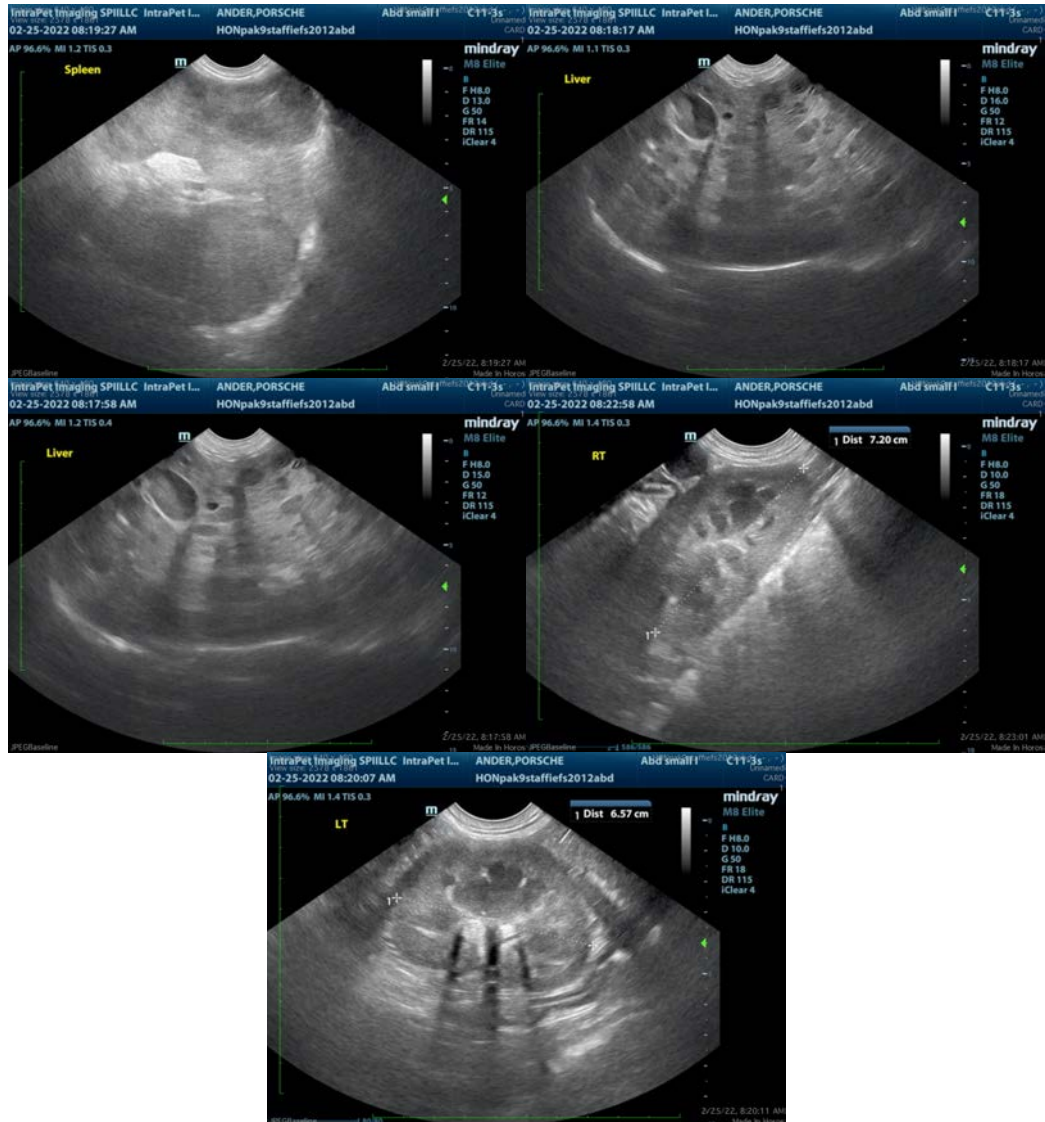
SECONDARY FINDINGS

- 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

Given the diffuse disease that cannot be fully removed surgically, recommendations include a fine needle aspirate of the liver +/- the spleen if patient's coagulation status is appropriate to look for possible infiltrative round cell neoplasia, which may be able to be managed medically. If an answer is not obtained cytologically, surgery could be considered for biopsies and a splenectomy. However, full visible disease is not able to be completely removed from the liver.





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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