

**DATE PRESENTING CLINICAL SIGNS**

2/9/23 R inguinal mass- dx as hemangiosarcoma. Approx 6x8cm, well-circumscribed, non-painful firm mass.

**PATIENT**

Obie Stanfield

Current Medications: Carprofen for DJD.  
 Lab Results: 2/1/21 CBC & Chem WNL.  
 Radiographs: 2/8/23 chest rads WNL.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Torbugesic IV.  
 Stat Report: Not requested.  
 Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

2/3/12

**WEIGHT**

72 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**HOSPITAL NAME**

Essex Middle River VC

**REFERRING VET**

Dr. Zulty

**INVOICE**

44991

**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 area of the prostate is examined without evident prostatic pathology.

The right kidney is normal in size (6.69 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 (7.05 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.

**Adrenal Glands**

The right adrenal gland is normal in size (2.87 cm long x 0.63 cm at the cranial pole and 0.64 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.76 cm long x 0.61 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**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). There is a 2.6 cm round, homogeneous, isoechoic area that results in a mild capsular bulge mid spleen, which may be a normal variant due to a splenic fold. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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.

There is no apparent lymphadenopathy noted in these images.

In the right inguinal area, there is an approximately 9.0 cm vascular, heterogeneous, largely cystic mass, consistent with the right inguinal hemangiosarcoma previously diagnosed.

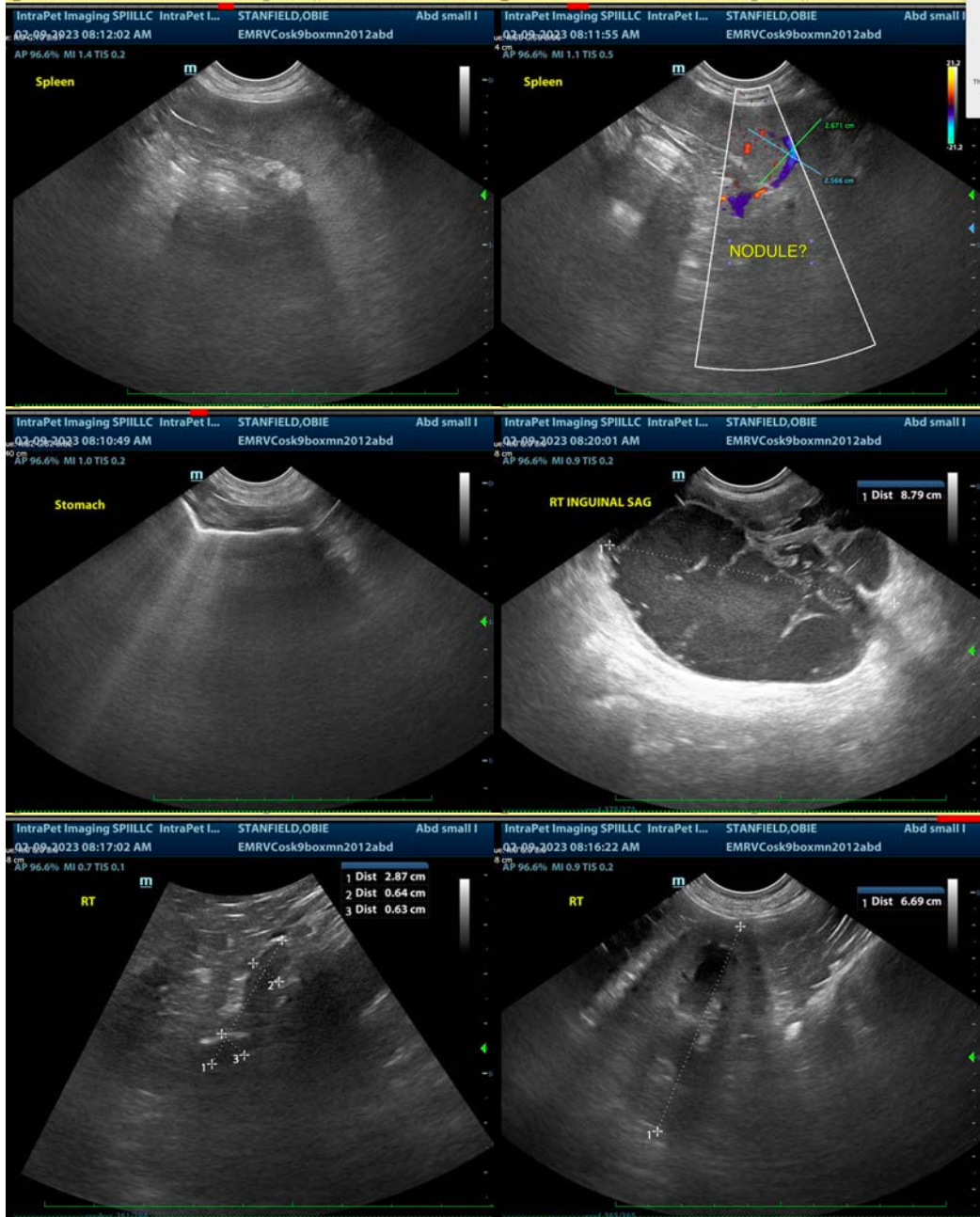
## **ULTRASONOGRAPHIC FINDINGS**

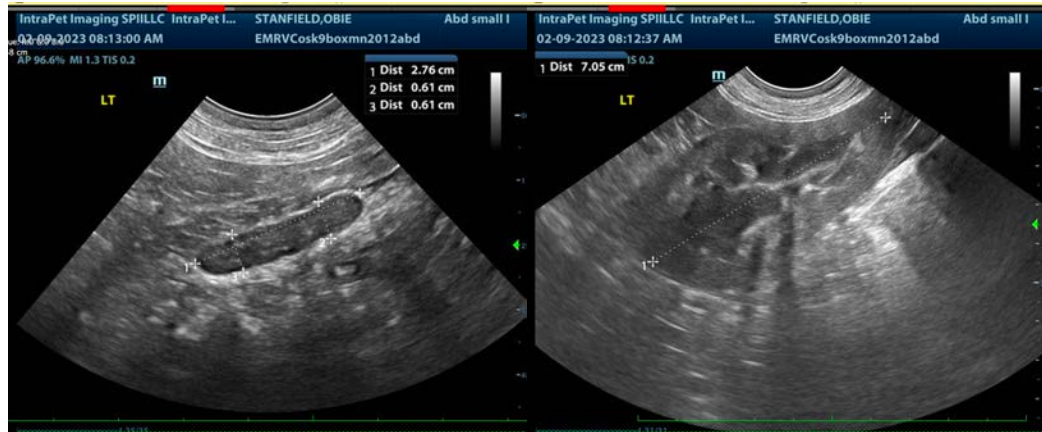
- Right inguinal mass – reportedly diagnosed as a hemangiosarcoma.
- Subtle isoechoic splenic nodule/bulge – This trends in appearance towards benign and likely represents a normal splenic fold. However, given this patient’s history of hemangiosarcoma, metastatic disease should be ruled out.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine needle aspirate of the spleen is recommended if patient’s coagulation status is appropriate, followed by surgical excision of the inguinal mass as planned.







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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com