

**DATE PRESENTING CLINICAL SIGNS**

3/2/22

**PATIENT**

Tazzi Kramer

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

69.2 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**INVOICE**

35851

History: Date: 03-01-2022 Notes: Beginning approx. a week ago owner started noting decreased appetite. Very slow to eat, owner could not find normal diet - Pedigree healthy weight, purchased Pedigree for large breed. Owner had been wetting down food to see if would help appetite. Takes hours for her to eat. Not drinking. Yesterday vomited 2x bile tinged fluid. Last week did vomit (while still on healthy weight food). Now is taking hours to eat. Not herself. History of eating beer cans, none recently ingested. Has been positive for Lyme disease in past, was treated and re-tested by rDVM per owner. In past 4-6 months has 2 cutaneous masses removed - were sent out for pathology, owner uncertain of results.

Assessment:  
Vomiting, decreased appetite.

Current Medications: Maropitant Citrate (Cerenia) 10mg/mL Solution Injection, Metoclopramide 5mg/mL Injection, Ampicillin 125mg/vial Injection, Pantoprazole (Protonix) 40mg/vial Injection, Buprenorphine 0.6mg/mL

Lab Results: Attached.

Radiographs: soft tissue mass effect noted mid-abdomen

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: IV midazolam and torbutrol.  
Stat Report: Not requested.

**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 (7.02 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 (7.1 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 (2.59 cm long x 0.68 cm at the cranial pole and 0.71 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 (2.58 cm long x 0.78 cm at the cranial pole and 0.91 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### ***Spleen***

The spleen is disrupted by a 10 cm mixed, primarily hypoechoic, cavitated mass.

### ***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. Multifocal hypo- to anechoic nodules of varying sizes are noted. 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 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 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 peritoneal effusion. There is no apparent lymphadenopathy.

No pericardial effusion noted in these images.

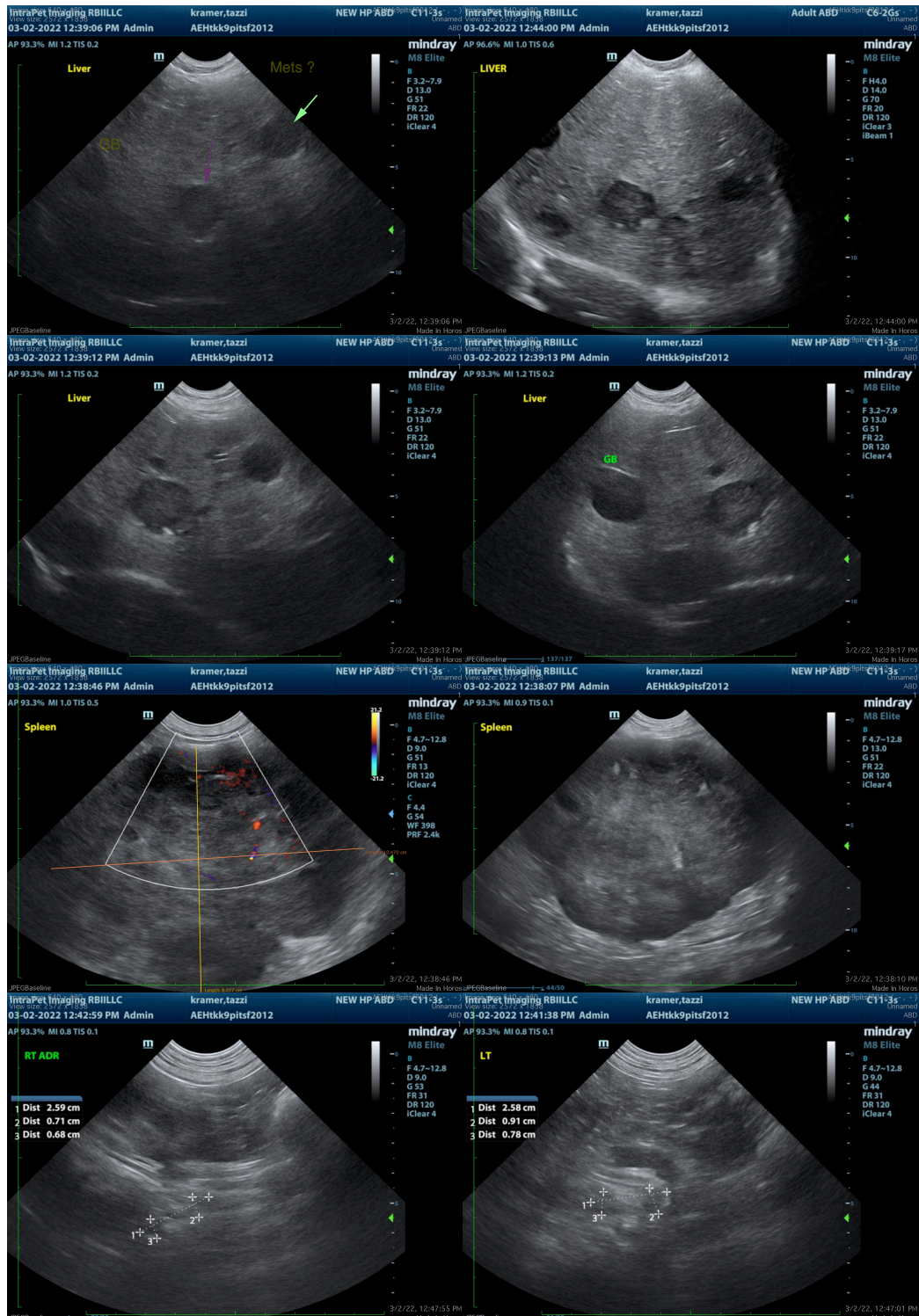
## **ULTRASONOGRAPHIC FINDINGS**

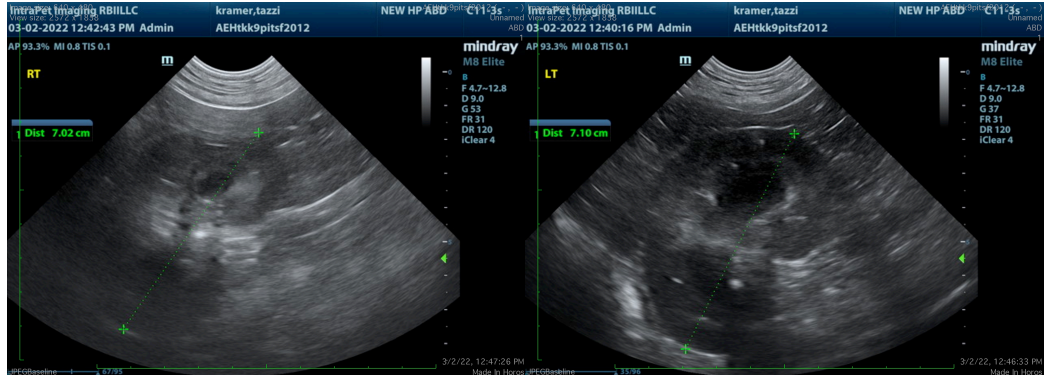
- Large, mixed, capsule disrupting splenic mass – Most concerning for infiltrative neoplasia such as sarcoma or less likely infiltrative round cell neoplasia.
- Hepatic nodules – Most concerning for metastatic disease. Benign hepatic nodules are possible, but considered highly unlikely.

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

Recommendations include 3-view thoracic radiographs to further assess possible metastatic disease if not recently evaluated. A fine needle aspirate of the spleen and/or liver nodules could be considered if patient's coagulation status is appropriate, understanding there is a risk of hemorrhage associated with cavitated splenic lesions, to definitively rule out round cell neoplasia. A splenectomy for excisional biopsy could also be considered to minimize the risk of a future hemoabdomen. However, given the suspicion for hepatic metastatic disease, removal of gross disease is considered unlikely. Consultation with an oncologist could be

considered to discuss chemotherapeutic options, given the likelihood that surgery is unlikely able to remove all of the gross disease present.





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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