



PATIENT

Nelson Arena-Noel

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Canine

AGE

8 Years

WEIGHT

41 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Evan Bell

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. David Sparks

INVOICE

46167

DATE

3/24/23

PRESENTING CLINICAL SIGNS

Nelson presented on Mar. 7, 2023 for a 1 week history of hyporexia and lethargy. By March 8, 2023 he was anorexic and has only been eating with mirtazapine on board and human food being offered. We initially tried a course of GI meds with new food and ran BW (results below). Today, Mar 24, an U/S was performed along with 3 view abdomen and chest rads. Evidence of splenic masses on U/S and paired with critical HCT P was sent for transfusion and emergency stabilization pending explore for splenectomy.

Abnormal PE/Chem/CBC/UA Results: Mar. 8 CBC - marked, non-regenerative anemia (HCT 21%), normal leukogram. Chemistry - marked hyperglobulinemia and mild hypoalbuminemia, mild hyperbilirubinemia 4Dx - negative T4 - normal Protein electrophoresis reveals polygammopathy Fecal - negative Mar 24 Xrays- mass effect in cranial abdomen; normal thorax AUS

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 (7.5 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 (7.6 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 adrenal glands are unable to be well visualized in these images.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. Multifocal irregular hypo- to anechoic partially cystic nodules/masses are noted throughout the parenchyma, the largest of which measures 3.5 cm x 6.0 cm with a general microcystic appearance. No doppler videos of the spleen are available.

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 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.



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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.

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

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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.

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Free Abdomen

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

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There is no apparent lymphadenopathy noted in these images.

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There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- **Hypersplenism** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Hypo to anechoic splenic nodules** – likely represent benign lesions such as cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

IMAGING PERFORMED BY

Evan Bell

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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While (as described above) the lesions in this patient's spleen can absolutely be benign. Given the lack of other visible pathology in these images at this time to help explain the laboratory changes, further evaluation of the spleen is the next recommended step. Recommendations include either a fine needle aspirate of the spleen if patient's coagulation status is appropriate, or, given the cavitated/cystic appearance of the nodules and the risk of hemorrhage with aspirating those lesions, alternatively an exploratory laparotomy for planned splenectomy could be pursued.

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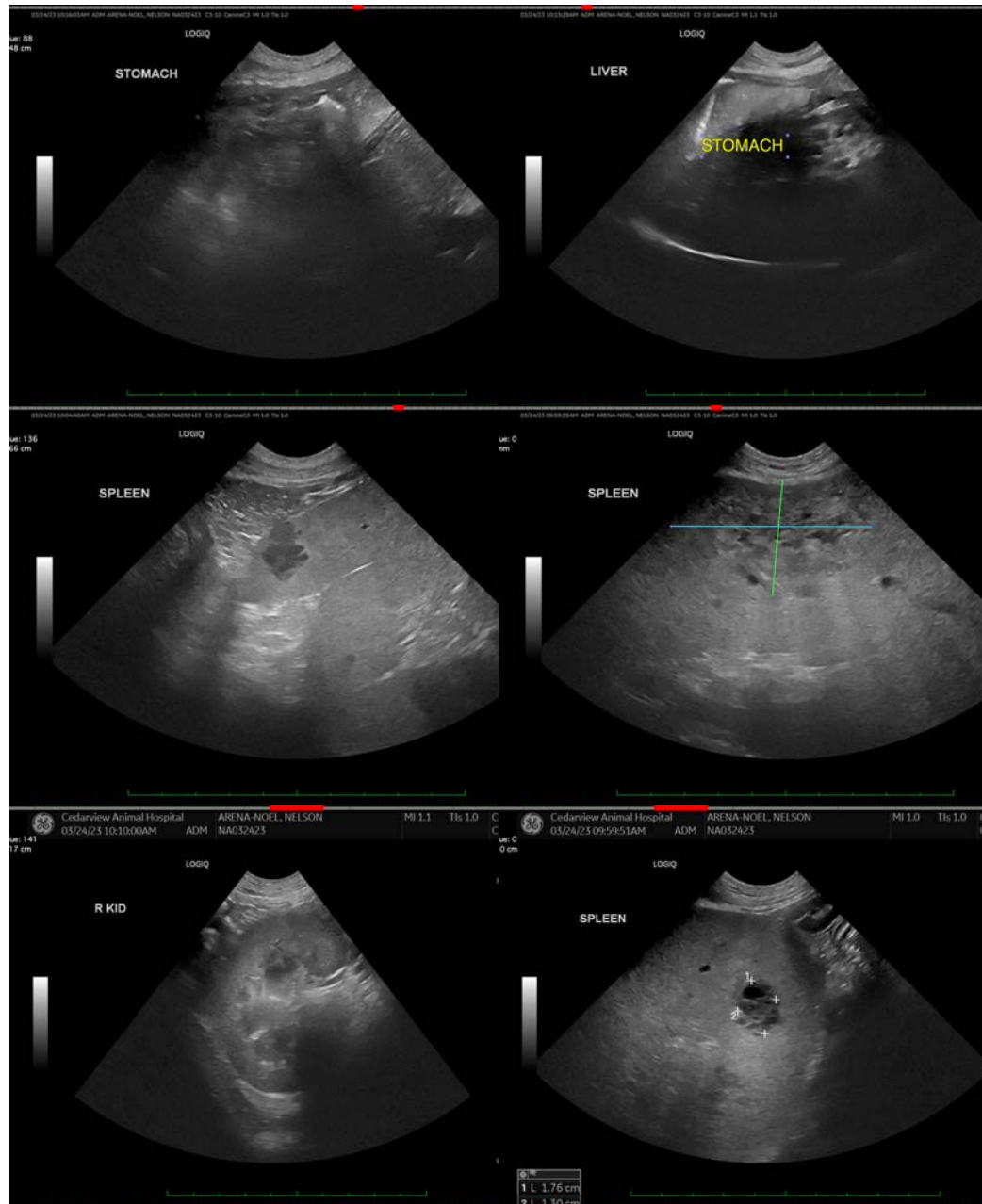
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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