



**PATIENT**

Eli Patrick

**SPECIES**

Canine

**BREED**

Beagle X

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

31.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

38689

**DATE**

6/15/22

**PRESENTING CLINICAL SIGNS**

Lethargic, not eating well, non-regenerative anemia, thrombocytopenia, hx of MCT (low grade) removal. Abnormal PE/Chem/CBC/UA Results: ALKP 408, PCT 0.05%, MPV 14.3, PLT 36, EOS 0.01, NEU 17.96, WBC 20.92, RETIC-H 17.2, MCV 51.5, HGB 11.2, HCT 30.2, RBC 5.25,

**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.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (5.34 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 (5.22 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**

Both adrenal glands are largely normal in shape, size and position. The left adrenal gland measures 2.5 cm long x 0.65 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measures 2.79 cm long x 0.90 cm at the cranial pole and 0.57 cm at the caudal pole. The parenchyma is mildly heterogeneous in both adrenal glands, characterized by hyperechoic nodules. However, there is no evidence of capsular swelling, or distention, or escape, and vasculature appears normal.

**Spleen**

The spleen contains multiple 3-4 cm mixed heterogeneous masses, some hypoechoic, some cavitated, and several resulting in capsular disruption.

**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. A 1.5 cm hypoechoic nodule is noted in the deep left liver. 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.



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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.

**Pancreas**

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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 a moderate amount of free fluid noted. No lymphadenopathy.

**PRIMARY FINDINGS**

**SEX**

Neutered Male

- Multiple cavitated splenic masses – concerning for infiltrative neoplasia with both sarcoma and round cell neoplasia being considered differentials. Benign nodules are possible, but considered much less likely.

**AGE**

13 Years

- Hypoechoic liver nodule – differentials include benign nodular hyperplasia unrelated to the splenic mass, as well as metastatic disease, which unfortunately is difficult to differentiate ultrasonographically. This nodule does not disrupt normal curvilinear pattern, which is more consistent with a benign lesion. However, it does have a slightly hyperechoic center, consistent with a target lesions, which can be seen with metastatic disease.

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31.2 Pounds

- Free fluid – consistent with the reported hemoabdomen.

**SECONDARY FINDINGS**

- Mildly heterogeneous adrenal glands characterized by hyperechoic nodules – top differential is normal aging change versus benign hyperplasia, myelolipoma, etc.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include 3-view thoracic radiographs for further evaluation of metastatic disease, if not already evaluated, followed by splenectomy with histopath for definitive histologic diagnosis. A biopsy of the liver nodule is recommend at the time of surgery.

**IMAGING PERFORMED BY**

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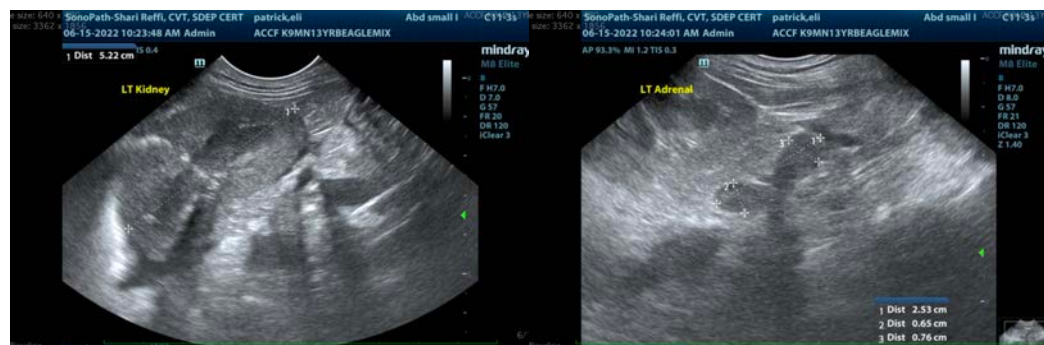
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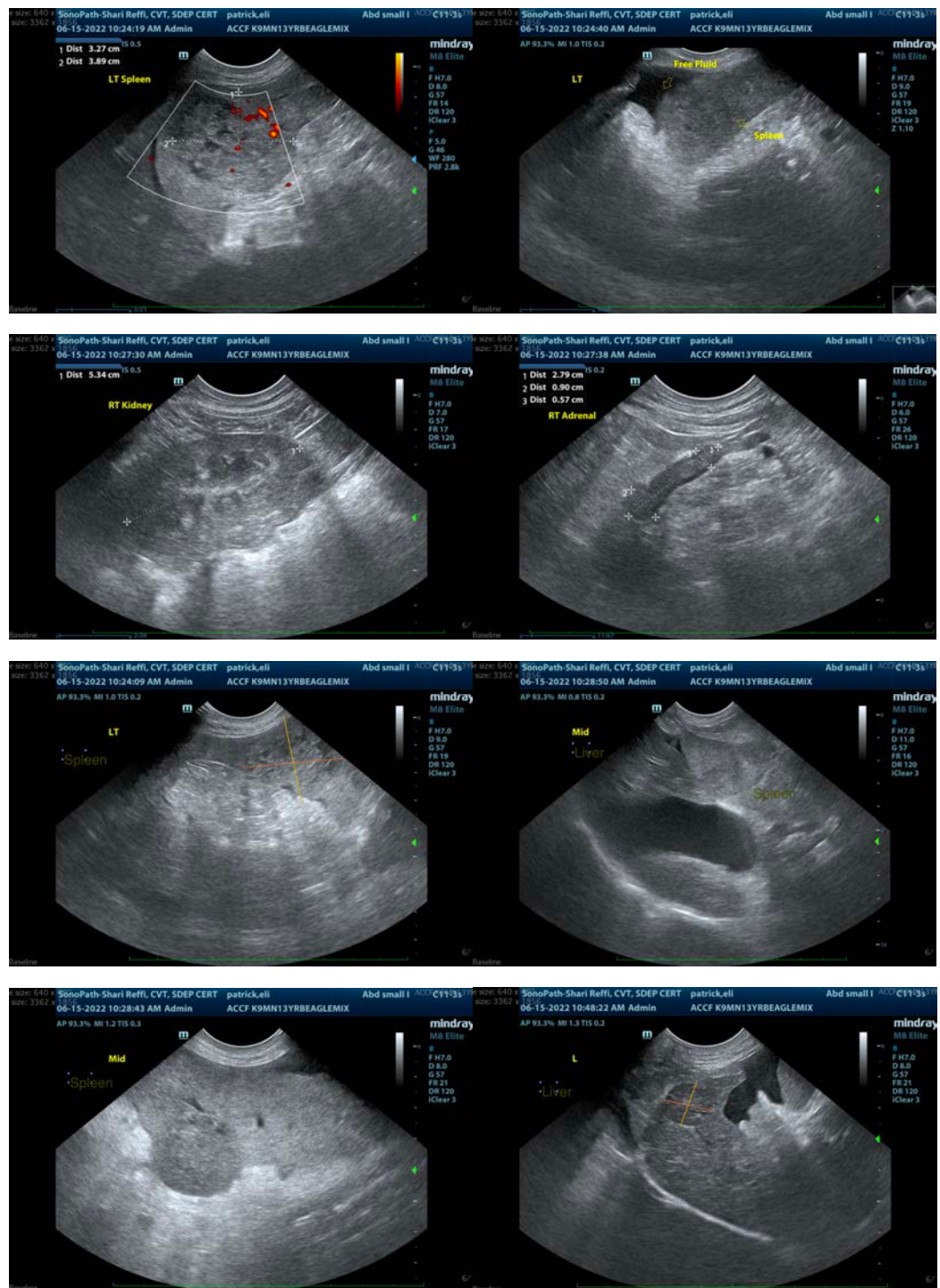
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

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