

**DATE PRESENTING CLINICAL SIGNS**

6/30/22

Jack presented to EVH for 2 day history of ADR, 2 episodes of vomiting, diarrhea, and chronic weight loss. He also has a history of eating many things outside. He was quiet, alert, and responsive in hospital and his physical exam revealed no additional abnormalities.

PATIENT

Jack Dignan

Current Medications: Cerenia 2 mg/kg PO SID, Metronidazole 10 mg/kg PO BID, Provable forte
Lab Results: ALT 223 (10-125).

SPECIES

Canine

Radiographs: No obstructions/foreign material noted. Area of decreased serosal detail in the craniodorsal abdomen with possible ventral deviation of the colon. Area was further investigated with brief ultrasound which showed a suspected cavitated splenic mass. Chest radiographs were negative for metastatic lesions.
Date of Previous IntraPet Ultrasound: No previous.

BREED

Pit Bull X

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

7/3/12

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

WEIGHT

54.2 Pounds

The right kidney is normal in size (6.73 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The left kidney is normal in size (6.93 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Adrenal Glands

The adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland is 3.36 cm long x 0.91 cm at the cranial pole and 1.34 cm at the caudal pole. The right adrenal gland is 3.26 cm long x 1.09 cm at the cranial pole and 0.91 cm at the caudal pole. A small non-capsular expanding hyperechoic nodule is noted in the caudal pole of the left adrenal gland.

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Kerr

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). A 4.0 cm mixed cavitated vascular mass is noted off of the head of the spleen, disrupting the capsule. Splenic vasculature appears normal.

INVOICE

39156

Liver

The liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

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.

PRIMARY FINDINGS

- Cavitated vascular splenic mass – concerning for infiltrative neoplasia such as hemangiosarcoma. However, a benign lesion such as hematoma can mimic a malignant lesion and cannot be ruled out.
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- 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.

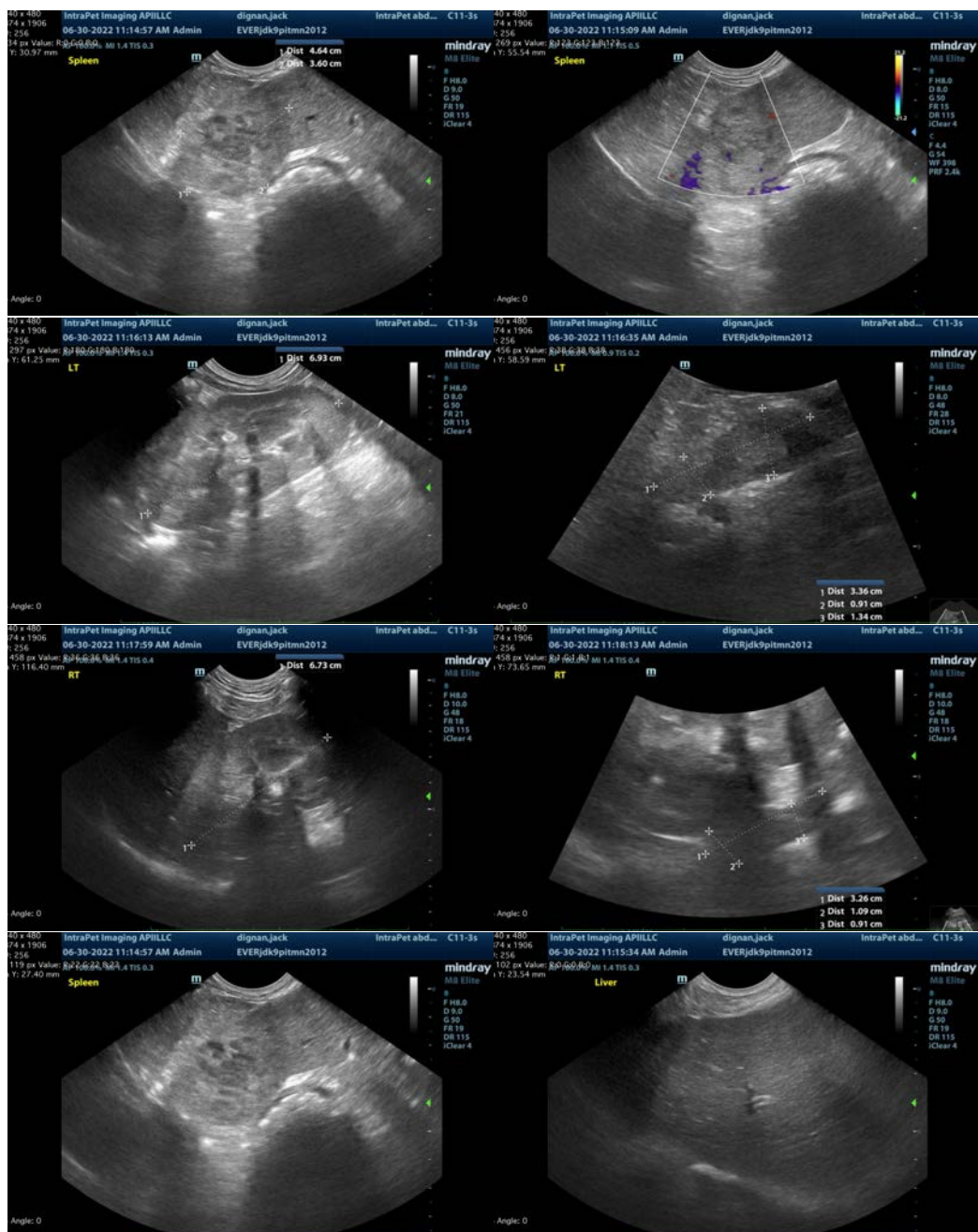
SECONDARY FINDINGS

- Non-obstructive dystrophic mineralization bilaterally in the kidneys
- Age related adrenal changes with a small non-capsule distorting nodule in the left adrenal gland – most consistent with an incidental nodule and requiring only monitoring. A myelolipoma, adrenal hyperplasia, cortical adenoma, or even emerging adenocarcinoma or pheochromocytoma, metastatic lesion, etc., cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Exploratory laparotomy is recommended for splenectomy, given the risk of hemorrhage from even benign splenic masses.

- Given the reported ALT and mild liver changes, pre-surgical recommendations include testing for Leptospirosis (if not recently done) as well as a fine needle aspirate of the liver to rule out not highly suspected, but possible infiltrative round cell neoplasia prior to surgery. If a liver aspirate is not conclusive, and the ALT remains increased and/or progresses, a liver biopsy could be pursued at the time of splenectomy.
- Recommendations include monitoring of the adrenal nodule with a follow up ultrasound in 6-8 weeks and/or adrenal cortical testing sooner if clinical signs of adrenal disease are present. In the meantime, blood pressure is recommended if not recently evaluated.





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