

**DATE PRESENTING CLINICAL SIGNS**

7/13/22 Lethargic, not eating dry dog food. PE: Obese, moist dermatitis on 25% of body.

PATIENT Current Medications: None.

Grady McCusker

Lab Results: Mildly anemic - HCT - 36 (low end normal is 38)

mild hypoalbuminemia, Low end T4 - TSH pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES Stat Report: Not requested.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Golden Retriever

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.

SEX

Neutered Male

The area of the prostate is examined without evident pathology.

AGE

5/14/10

The right kidney is normal in size (8.9 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.

WEIGHT

125 Pounds

The left kidney is normal in size (8.3 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**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 measures 4.0 cm long x 1.3 cm at the cranial pole and 1.15 cm at the caudal pole. The right adrenal gland measures 2.97 cm x 0.95 cm at the cranial pole and 0.78 cm at the caudal pole.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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 2.5 cm x 3.0 cm hypo- to anechoic mass is disrupting the capsule near the tail of the spleen. The mass appears vascular. Splenic vasculature appears normal.

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

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.

INVOICE

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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. There is mildly hyperechoic enhanced tissue around the pylorus and caudal to the stomach.

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 enhanced tissue in the area of the body of the pancreas, around the stomach.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Vascular hypo- to anechoic splenic mass – concerning for infiltrative neoplasia such as sarcoma versus infiltrative round cell neoplasia versus other. However, a benign lesion such as a cyst or hematoma, nodular hyperplasia, or extramedullary hematopoiesis can mimic cancer and cannot be ruled out.
- Mildly enhanced hyperechoic tissue in the cranial abdomen around the pylorus and body of the pancreas – rule outs include mild acute gastritis or pancreatitis.

SECONDARY FINDINGS

- Age related adrenal changes

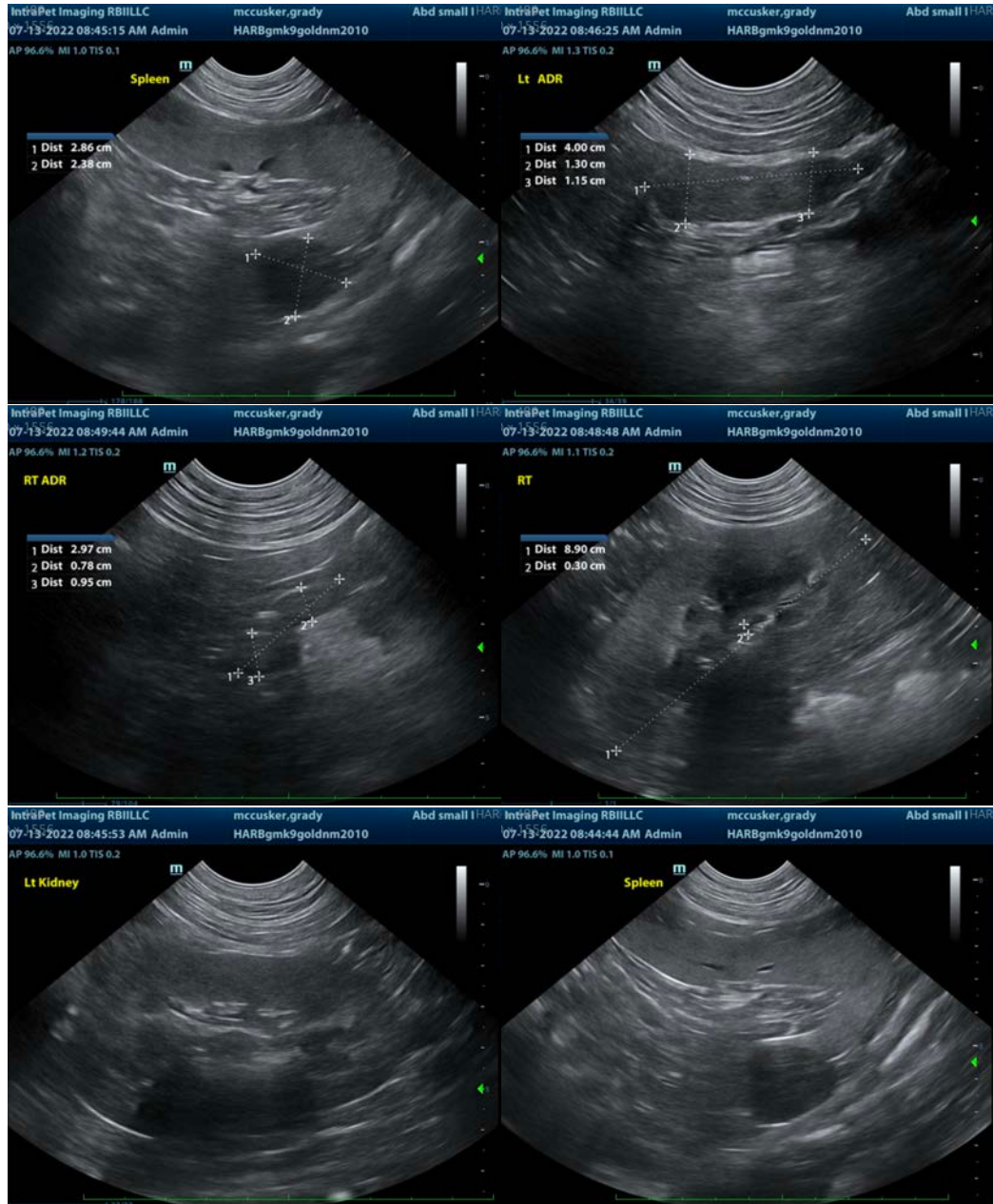
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

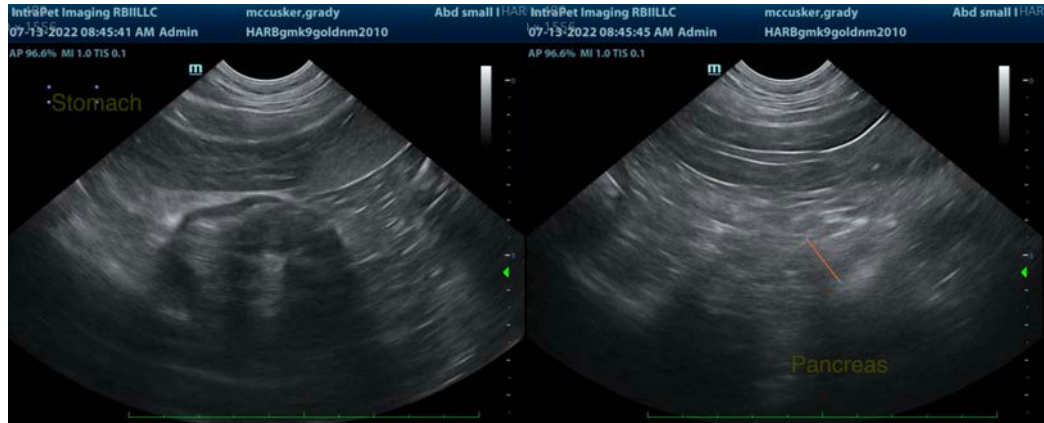
Given this patient's mild anemia and evidence of possible hemorrhage, given the concurrently low albumin, there is some concern for possible hemorrhage into the small splenic mass. Therefore, recommendations include:

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Exploratory laparotomy for splenectomy could be considered, despite histologic diagnosis of the splenic mass, given the concern for hemorrhage/rupture, if not now, then in the future.
- Given the evidence of mild cranial abdominal inflammation, a quantitative PLI is recommended followed by supportive medical management of mild gastritis/pancreatitis with antiemetics (if necessary) and gastroprotectants, including Sucralfate in case the evidence of hemorrhage could be microulceration and a slow chronic GI bleed. Pain management is recommended if indicated based

on physical exam of the cranial abdomen.

- Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.





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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