**DATE**

8-9-2023

PATIENT

Brutus Etzler

SPECIES

Canine

BREEDAmerican
Staffordshire
Terrier**SEX**

Neutered Male

AGE

6/2/2014

WEIGHT

87 lbs

**INTERPRETED
BY**Beth Johnson,
DVM DACVIM**HOSPITAL
NAME**Mt. Airy
Veterinary
Associates**REFERRING VET**

Dr. Cormier

INVOICE

10398

PRESENTING CLINICAL SIGNS

Brutus presented for hind limb weakness. On physical exam his gums were slightly pale, his abdomen was mildly distended and tense, and he had difficulty rising. Loss of serosal detail was noted on abdominal x-rays (see below), frank blood was aspirated from abdomen.

Current Medications: Yunnan baiyao - 2 capsules PO BID, Gabapentin 300mg BID

Radiographs: See attached report.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Rachel Brillhart, RDMS.

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 prostate is normal for a neutered dog.

The right kidney is normal in size (7.64 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 (6.82 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 (cranial 0.88 cm, caudal 0.82 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (cranial 0.91 cm, caudal 0.8 cm) shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large in size with a swollen and undulating capsular contour as a result of multifocal mixed primarily hypo to partially anechoic nodules as well as a larger 5 cm to 5.5 cm in diameter mass off the tail of the spleen. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

The liver is subjectively enlarged in size with normal smooth curvilinear peripheral contour. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes with some larger mixed partially cystic/caveated nodule/masses. 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 very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 or foreign material.

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

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.

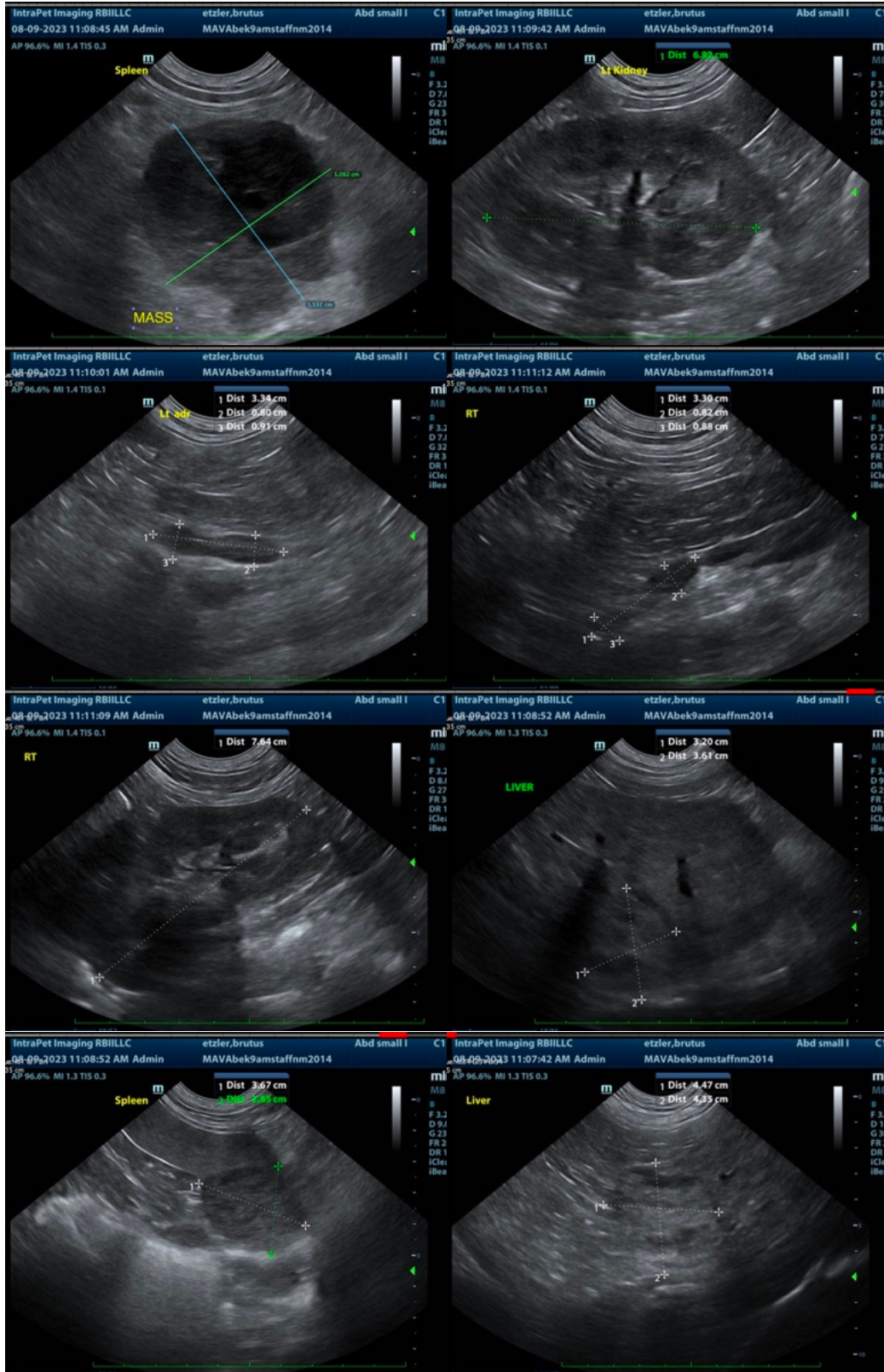
ULTRASONOGRAPHIC FINDINGS

- The nodular liver is concerning for infiltrative disease such as potentially round cell neoplasia. Especially given this patient's history i.e., mast cell tumor or potentially metastatic neoplasia i.e., sarcoma vs. other. Benign hematomas, extramedullary hematopoiesis, nodular hyperplasia, etc. are possible but considered much less likely.
- Similarly, the cystic partially cavaeated multifocal splenic nodule/masses are most concerning for infiltrative neoplasia such as mast cell tumor vs. sarcoma vs. other. Again, benign lesions are possible but considered much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated 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. Given this patient's history of mast cell tumor fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate.

Alternatively, however, given the clinical suspicion that the masses are bleeding into themselves an exploratory laparotomy for planned splenectomy, +/- liver biopsy could be considered.



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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