



**DATE PRESENTING CLINICAL SIGNS**

9/7/22 Episode of shaking and hiding under the table. Rads show huge abdominal mass, suspect spleen but want to confirm and check for mets before surgery.

**PATIENT**

Bruiser Harrington Current Medications: Cerenia 80mg SID, Gabapentin 300mg BID.  
Lab Results: See attached.  
Radiographs: See attached.

**SPECIES**

Canine Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Dexdomitor/Torbugesic IV.  
Stat Report: Not requested.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Mixed

**SEX**

Neutered Male

**AGE**

1/10/16

**WEIGHT**

110 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Stephanie Warga  
RDCS, RVT

**HOSPITAL NAME**

Airpark AH

**REFERRING VET**

Dr. Owens

**INVOICE**

41110

**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 area of the prostate is examined without evident pathology.

The right kidney is normal in size (7.11 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 (7.76 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 (2.68 cm long x 1.8 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. A hyperechoic nodule is noted in the cranial pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.4 cm long x 0.77 cm at the cranial pole and 0.75 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen contains a large, approximately 20 cm x 13 cm, heterogeneous, cavitated mass that appears to arise from the head of the spleen.

**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. *\*\*Origination of the previously described mass from the liver versus spleen cannot be definitively ruled out, but does not appear to be the case.*

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, 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

No evidence of pericardial effusion or heart base tumors in these images.

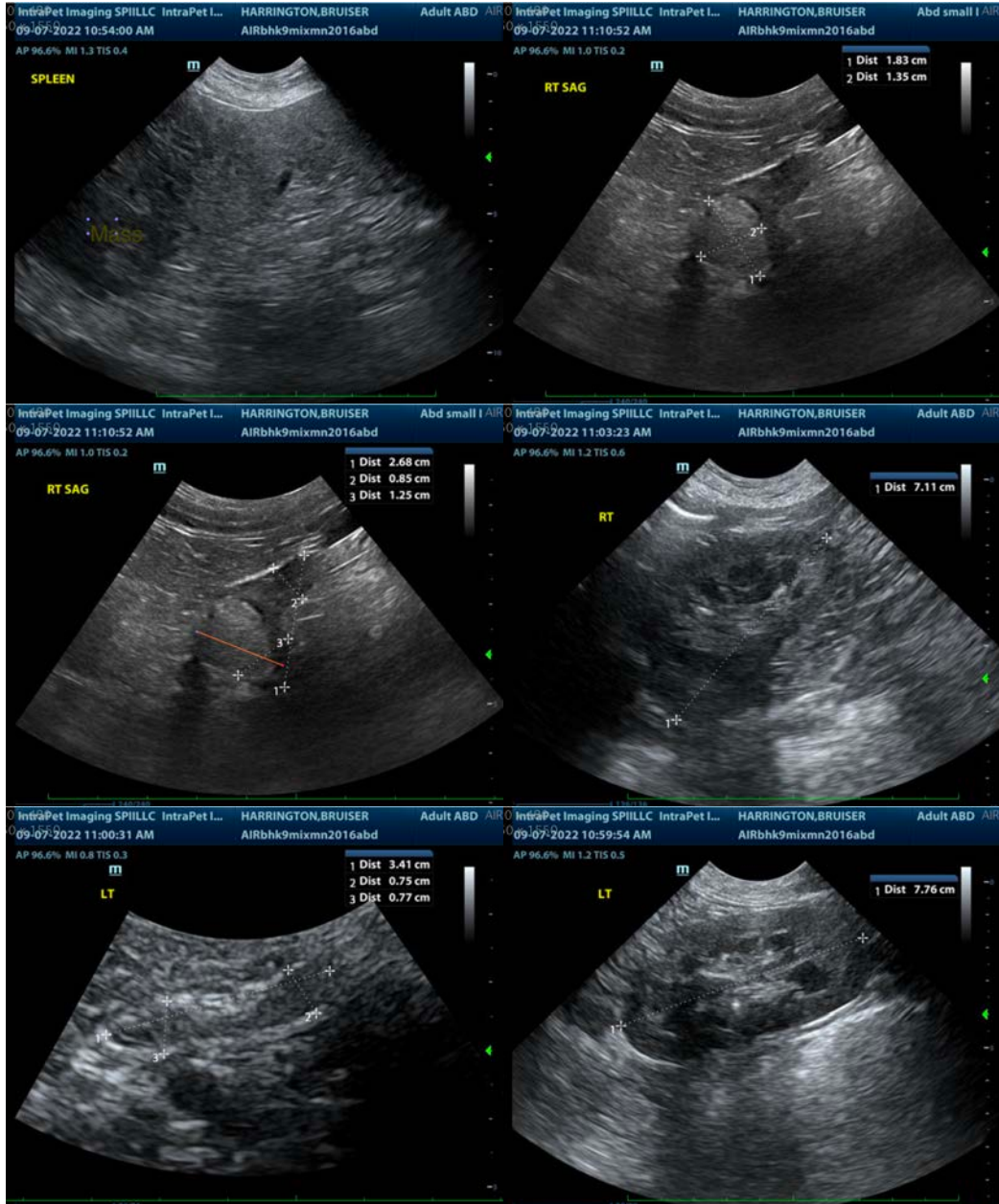
## **ULTRASONOGRAPHIC FINDINGS**

- Large, heterogeneous, cavitated mass in the cranial abdomen that appears to originate from the head of the spleen. Origination from the liver appears much less likely but cannot be definitively ruled out.
- **Hyperechoic adrenal nodule (cranial pole right adrenal gland)** – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

The appearance of the splenic mass aggressive and cavitated and concerning for infiltrative neoplasia such as hemangiosarcoma. However, benign lesions can mimic malignant splenic tumors and cannot be ruled out without tissue sampling. Therefore, an exploratory laparotomy with planned splenectomy 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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