

**DATE PRESENTING CLINICAL SIGNS**

9/8/22

Hx of acute onset anorexia, which progressed to irregular appetite with supportive care of cerenia/entyce, waxing/waning gas per O. Radiographs concerning for possible mid abdominal mass effect displacing small intestines caudally. O just noted small nodule on left lower mandible displacing left I3 dorsally.

**PATIENT**

Leroy White

**SPECIES**

Canine

Current Medications: Entyce, Cerenia.

Lab Results: See attached.

Radiographs: concern for possible mid abdominal mass effect - due

**BREED**

Basset Hound

to caudally displaced small intestines

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Neutered Male

**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.

**AGE**

8/8/12

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

**WEIGHT**

52.6 Pounds

The right kidney is small (3.96 cm), irregular, and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

The left kidney is normal in size (7.01 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.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Adrenal Glands**

The right adrenal gland is normal in size (3.1 cm long x 0.78 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Bayside AMC

The left adrenal gland is normal in size (2.6 cm long x 0.62 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Buchanan

**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**INVOICE**

41180

**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.

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

### ***Free Abdomen***

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

There is no apparent lymphadenopathy noted in these images.

Ringdowns are noted at the level of the diaphragm.

## **ULTRASONOGRAPHIC FINDINGS**

- **Coarse splenomegaly** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Chronic Kidney Disease of the right kidney** – This appearance of the right kidney is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Chronic active pancreatitis suspected
- Ringdowns at the level of the diaphragm, suggestive of concurrent pulmonary pathology

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

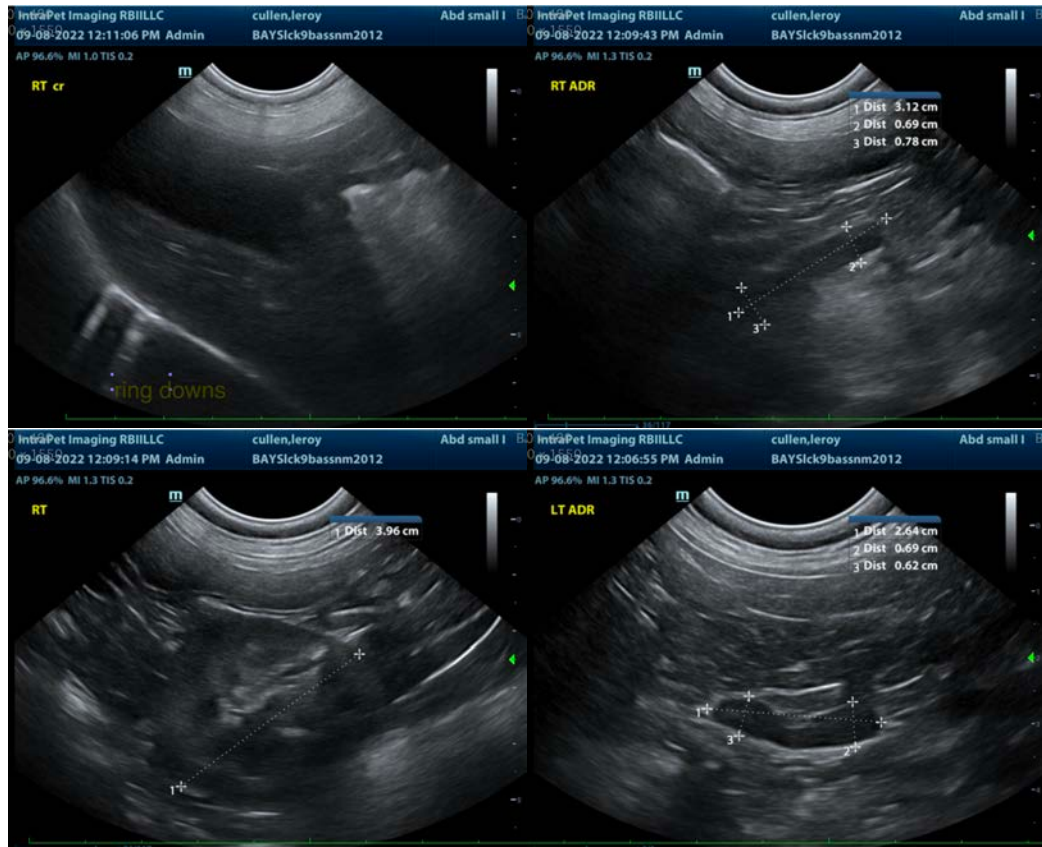
Given the presence of ringdowns, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

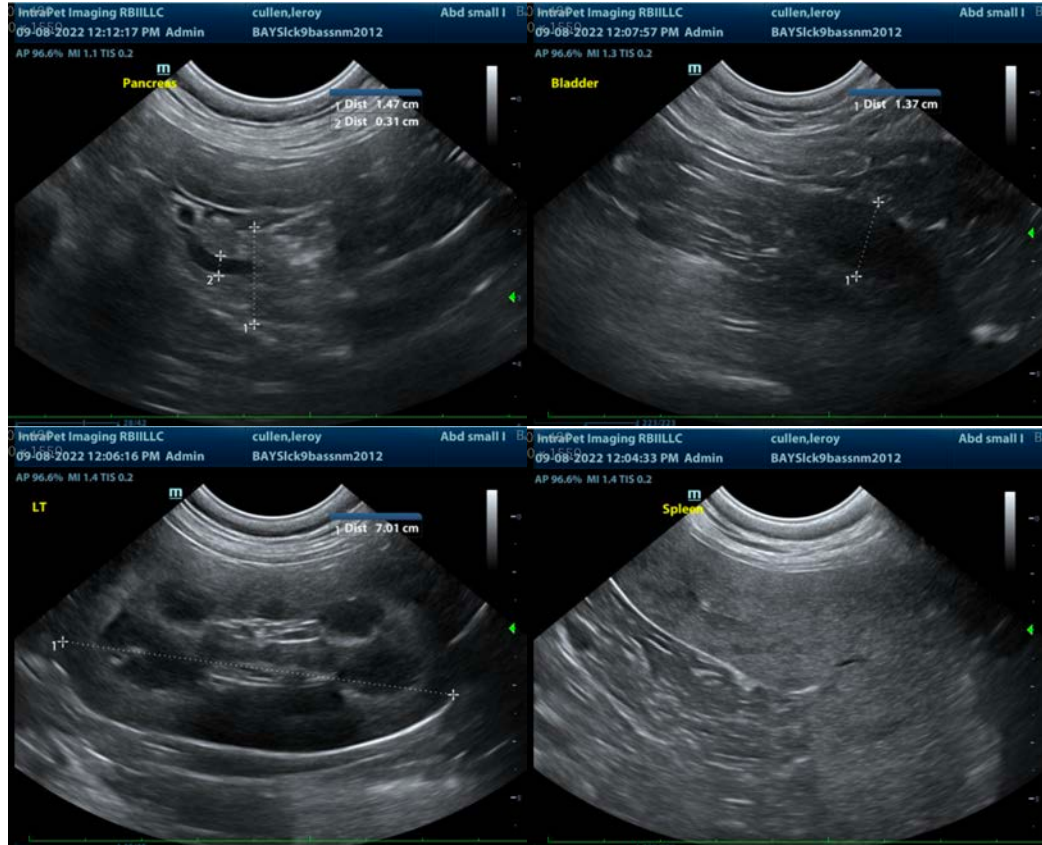
The splenomegaly is likely what was palpated as a possible abdominal mass. The splenic changes trend towards the benign and may or may not be related to this patient's presenting complaint of decreased appetite. However, a fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate.

Given the decreased appetite and pancreatic changes, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

If not recently evaluated, given the kidney change, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Finally, it could be that all the pathologies noted above are incidental findings, and this patient's decreased appetite could be secondary to the reported dental disease. Therefore, if met check, etc. do not change the perceived safety of anesthesia, the next appropriate step may be addressing this patient's dental disease.





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