



DATE PRESENTING CLINICAL SIGNS

1/30/23

Patient was presented for lethargy and inappetence for ~ 2 days. On PE Simon is BAR and vital parameters are all WNL. His gums are pale pink. Abdomen is tense but non-painful
Current Medications: None.

PATIENT

Simon Goody

Lab Results: HCT: 21%.
Radiographs: large round soft tissue opacity associated with the spleen
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.75 cm. The left kidney measured 7.51 cm.

AGE

5/16/11

WEIGHT

115 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.7 x 0.75 cm at the caudal pole and 0.55 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed an expansive, undifferentiated 11 cm mass with enhanced surrounding mesentery. The remainder of the spleen was heterogenous, yet unremarkable. Slight areas of free fluid were noted adjacent to the splenic mass.

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Smith

Liver

The **liver** in this patient revealed significant disrupted contour and increased portal markings. Minor, heterogenous, hypoechoic nodular changes were noted and were non-disruptive in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

INVOICE

42423

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The iliac lymph nodes were slightly enlarged. The length to width ratio was maintained measuring 2.0 x 1.0 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. A slight amount of pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Splenic mass with evidence of early rupture.

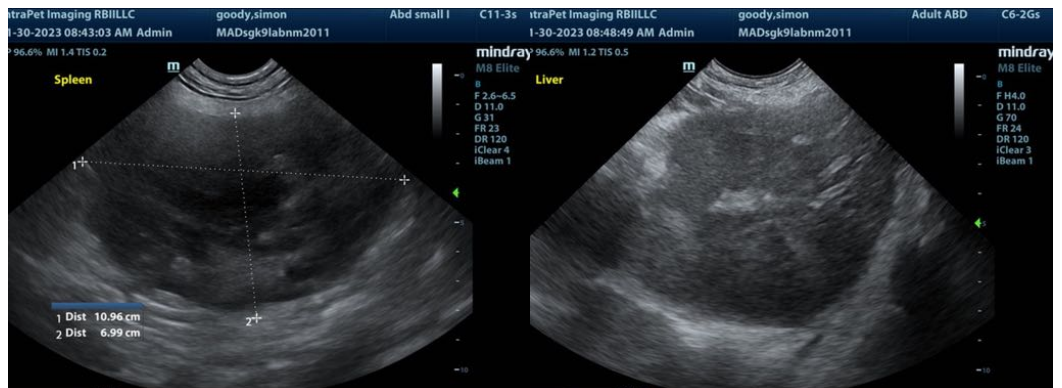
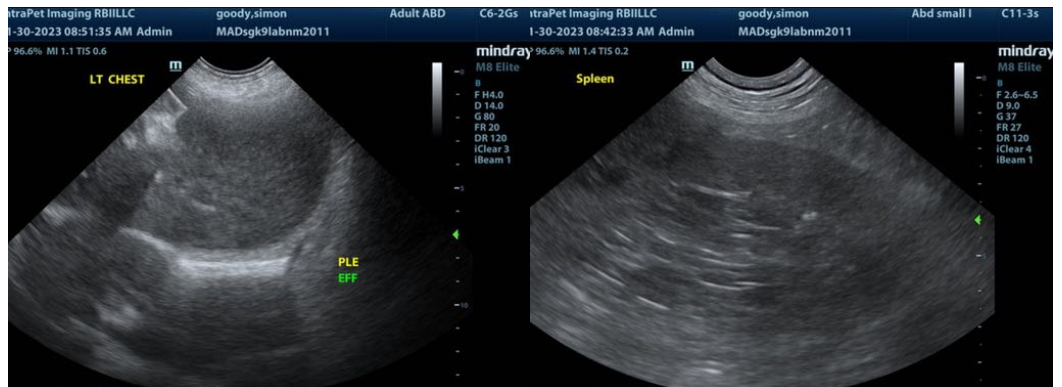
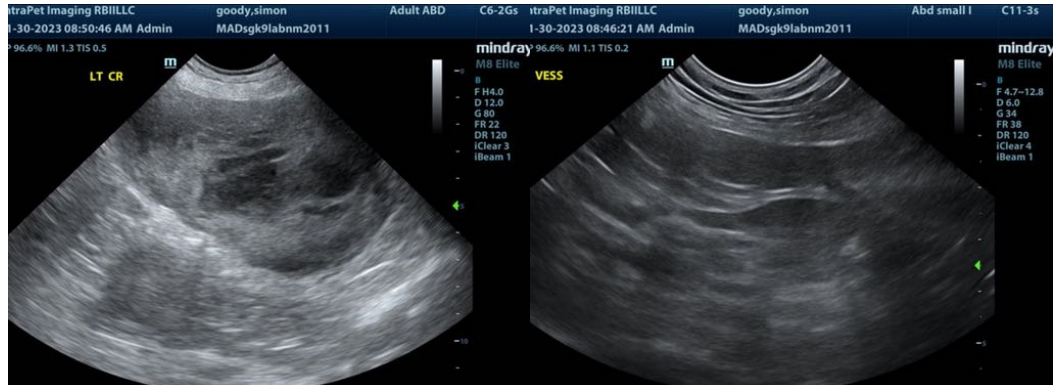
Hepatic remodeling.

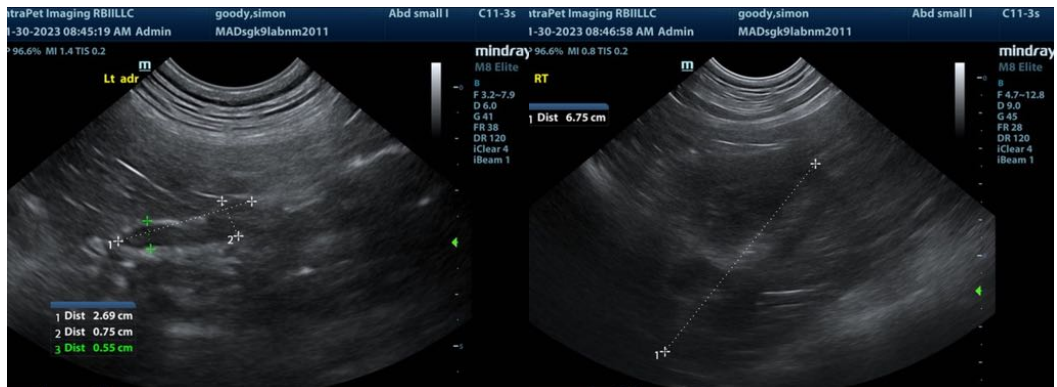
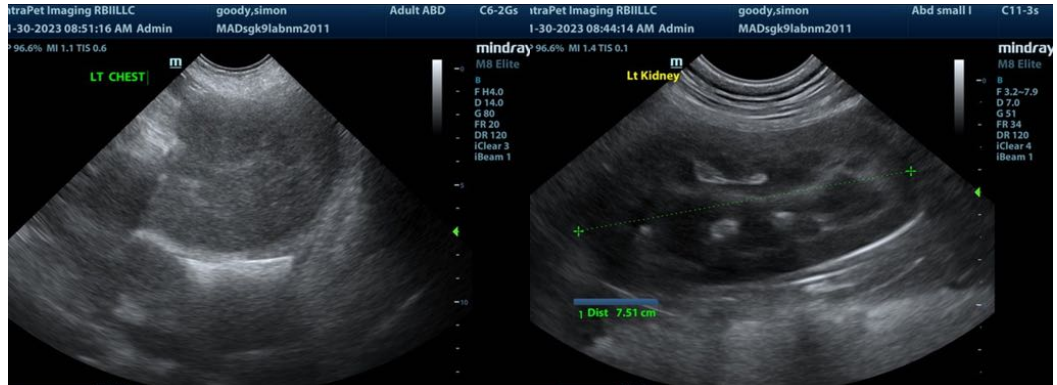
Slight pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pleural effusion I am concerned for early metastatic disease to the chest. Chest CT would be ideal +/- abdominal CT prior to surgical intervention. If splenectomy is to be performed then adjunctive chemotherapy should be expected. There is a strong potential for hemangiosarcoma or other types of sarcoma. If surgery is to be performed then splenectomy and liver biopsy is recommended. However, the slight pleural effusion is suggestive for potential thoracic spread. The prognosis is very guarded to poor depending on surgical and histopathological results. Screening FNA of the parenchymal portion of the splenic mass and liver can be considered. The pleural effusion is likely too little to sample at this point, but may change in the coming days.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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