

**DATE**

1/7/22

PRESENTING CLINICAL SIGNS

History: Hx: P has been limping with LHL, swelling on side. No PU/PD. No v/d/c/g/s. Eating/Drinking well. LHL Lameness - r/o 2ndry to L Paralumbar swelling (Mass vs. muscular compensation), Hip dysplasia, other.

PATIENT

Sophie Butler

Radiographs: Rad (2 view): Minimal hip dysplasia. LS spondylosis, mild No significant DJD from what can see of stifles (though limited). ? Paralumbar soft tissue distention via fascial plane protrusion.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By:

SPECIES

Canine

BREED

Mixed Breed

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 were noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

11/20/11

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.18 cm. The right kidney measured 6.73 cm.

WEIGHT

86 Lbs.

Adrenal Glands

The **left adrenal gland** was enlarged. A hyperechoic lipogranulomatous nodule was noted at the cranial pole. The left adrenal gland measured 3.89 cm x 1.3 cm at the caudal pole and 1.34 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **right adrenal gland** revealed a hyperechoic nodule (1.48 cm x 1.06 cm). Generalized right adrenal enlargement noted. The right adrenal gland measured 2.91 cm x 0.98 cm at the caudal pole and 0.9 cm at the cranial pole.

HOSPITAL NAME

Homeward Bound VS

Spleen

The **spleen** revealed a focal hypoechoic (1.66 cm) nodule in the mid cranial body. A separate parenchymal mass was noted, measuring 4.97 cm x 3.9 cm at the caudal pole.

REFERRING VET

Dr. Vance

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy. This is a moderate change.

INVOICE

13326

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

A mesenteric **lymph node** measured 2.14 cm x 0.43 cm.

Other

The **left flank** revealed a mixed hypoechoic region of approximately 4 cm x 3 cm with undifferentiated proliferative tissue along the facial planes, suggestive for a neoplastic process or possibility of cellulitis. Treatment based on cytology results.

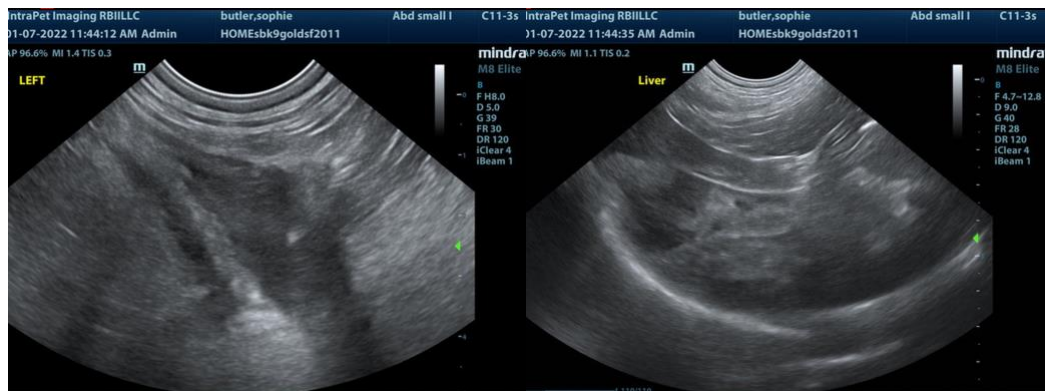
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

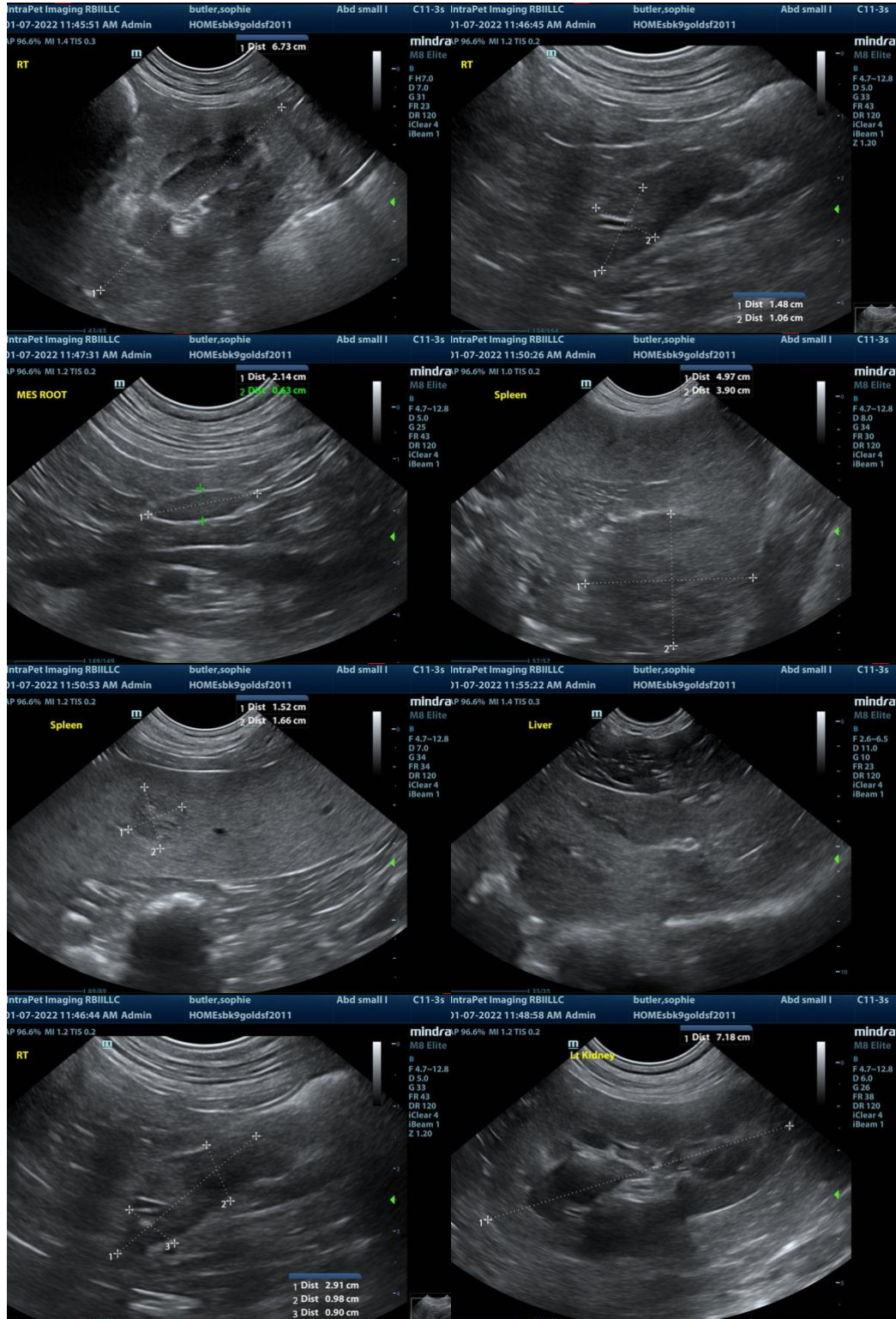
ULTRASONOGRAPHIC FINDINGS

- Splenic nodule and mass
- Bilateral adrenal enlargement
- Moderate hepatic remodeling
- Hypoechoic left flank

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect splenic hemangiosarcoma. Potential for hyperplasia. Depending upon the flank region aspirates, splenectomy and liver inspection and biopsy warranted. Bilateral adrenal enlargement is likely hyperplasia and lipogranulomas/adenomas. If the patient appears cushingoid, then work up for PDH indicated after the splenic and flank pathology have been addressed. The pathology along the flank did not appear overtly resectable, as the margins were ill-defined. It did not create an overt mass presentation. Guarded prognosis.







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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