

PATIENT

Samantha Pettineo

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

2011

WEIGHT

51.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AH

REFERRING VET

Dr. Mosaad

INVOICE

42592

DATE

1/9/23

RESENTING CLINICAL SIGNS

History: Liver and Spleen enlarged on radiographs. Distended abdomen. Echo pending - enlarged heart. ALKP 2646, BUN 51, neutrophilia. Chest radiographs are unremarkable with hepatomegaly noted on abdominal radiographs.

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.

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 7.17 cm. The left kidney measured 6.34 cm.

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 right adrenal gland measured 2.68 x 0.94 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland measured 2.31 x 0.68 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

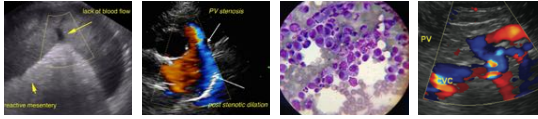
The **spleen** revealed an expansive, mixed echogenic and cystic mass in the mid body measuring 5.16 cm and was mildly vascular.

Liver

The **liver** revealed mild, irregular enlargement with multi-focal, hyperechoic nodular changes that were ill-defined. The largest nodule measured 2.57 cm. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. The cystic duct and neck of the gallbladder was dilated with inspissated debris.

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.



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Pancreas

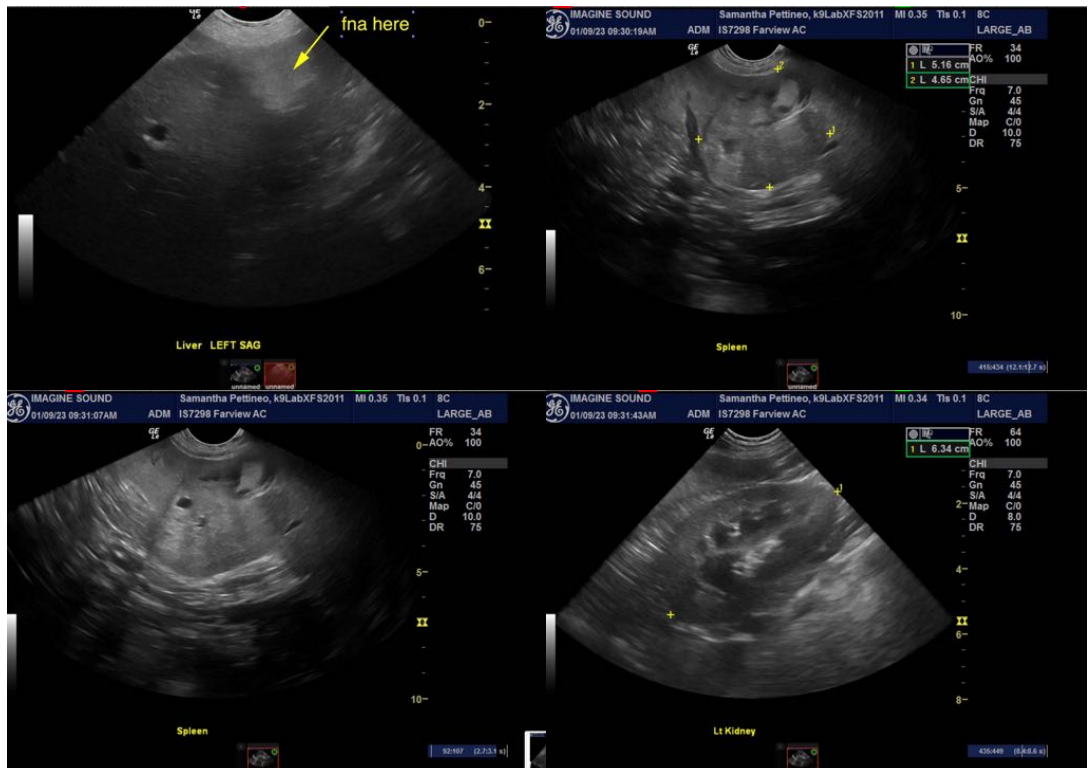
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Splenic mass.
Hepatomegaly with nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the spleen and liver is recommended for staging purposes or direct exploratory surgery/splenectomy with liver inspection and biopsy. The hepatic changes are most consistent with pronounced hyperplasia or possible low grade carcinoma. The splenic mass is consistent with hemangiosarcoma, hematoma, granulomatous change or possibility of round cell neoplasia. An echocardiogram is warranted to screen for metastasis to the right auricle and pericardium.





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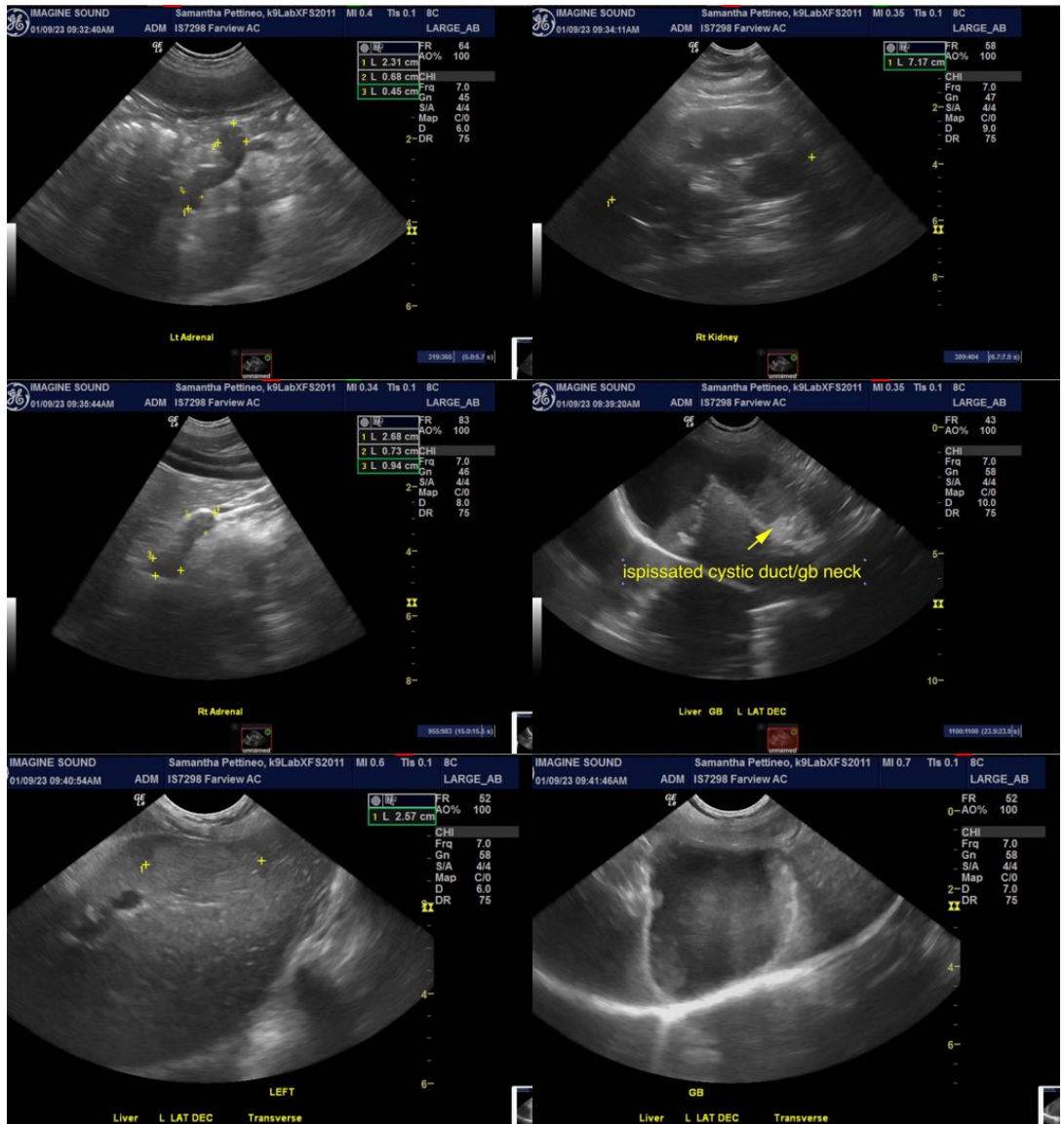
Dr. Mosaad

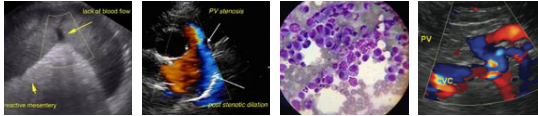
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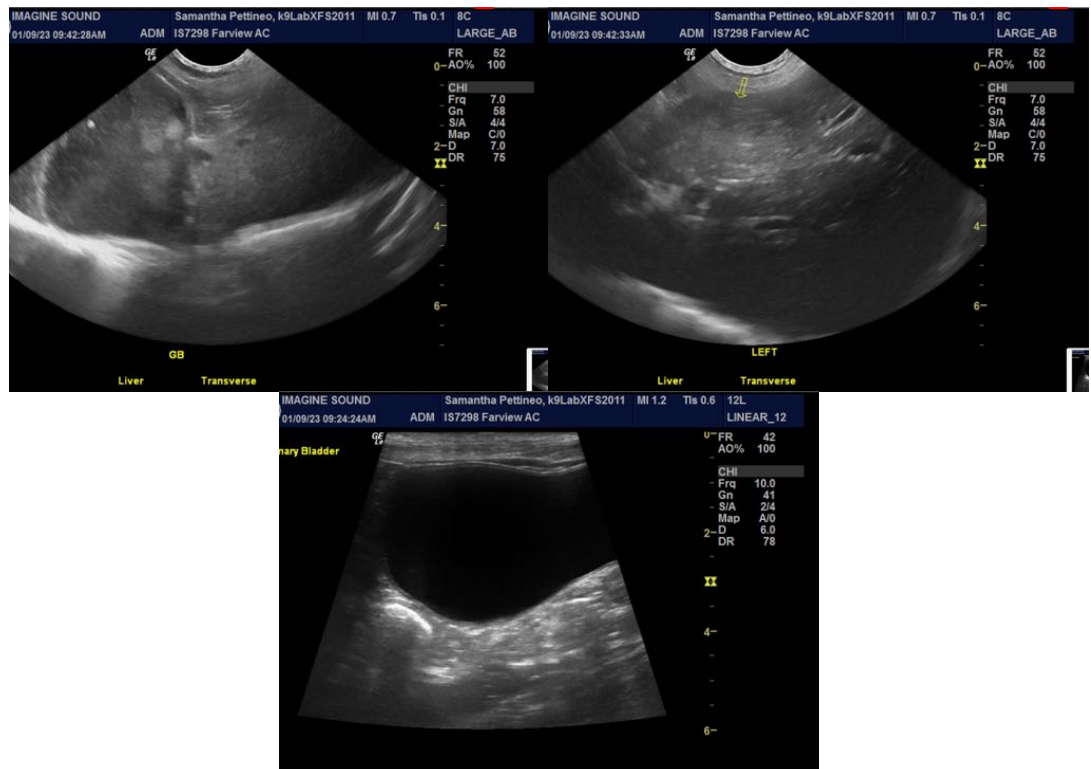
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com