

**DATE PRESENTING CLINICAL SIGNS**

10/25/22

Presented for decreased appetite, lethargy and not able to walk. Anemia and splenic mass.  
Current Medications: 10/24 Gabapentin 200 mg BID  
Lab Results: CBC- RBC 4.05, Hct 23.7, Hgb 8.4. Chem- BUN 31, Na 143, ALT 178, ALKP 1862  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: STAT requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**PATIENT**

Trinity Kreutzer

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed female

**AGE**

1/20/10

**WEIGHT**

49 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Hickory VH

**REFERRING VET**

Dr. Lyle

**INVOICE**

42096

**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 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 6.64 cm. The right kidney measured 6.27 cm.

**Adrenal Glands**

The left adrenal gland revealed a hyperechoic 1.5 x 1.04 cm nodule at the caudal pole and a hyperechoic 0.76 x 0.69 cm hyperechoic nodule at the cranial pole. The left adrenal gland measured 3.15 x 1.32 cm at the caudal pole and 0.92 cm at the cranial pole. The right adrenal gland was at the upper limits of normal and measured 2.88 x 0.87 cm at the caudal pole and 0.53 cm at the cranial pole.

**Spleen**

The **spleen** revealed multi-focal, hypoechoic, coalescing nodular changes. The coalescing nodules expanded into a parenchymal mass measuring 11.5 x 5.5 cm. Other nodular changes were noted in the spleen. This is strongly suggestive of a neoplastic process.

**Liver**

The **liver** revealed an expansive, 9.6 cm hepatoma type mass. The mass was deriving from the caudal aspect of the left liver. The mass was attached to the remainder of the liver by an isthmus by approximately 2.0 cm and was pedunculated. The mass is likely unrelated to the spleen. A large vessel was noted in the middle of the bridge between the liver mass and remaining unremarkable liver. Some heterogenous changes were noted in the liver, but these are expected for this age patient. The gallbladder presented acceptably thin walls with primarily anechoic content.

**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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### **Heart**

Rapid view of the heart revealed no evidence of pathology.

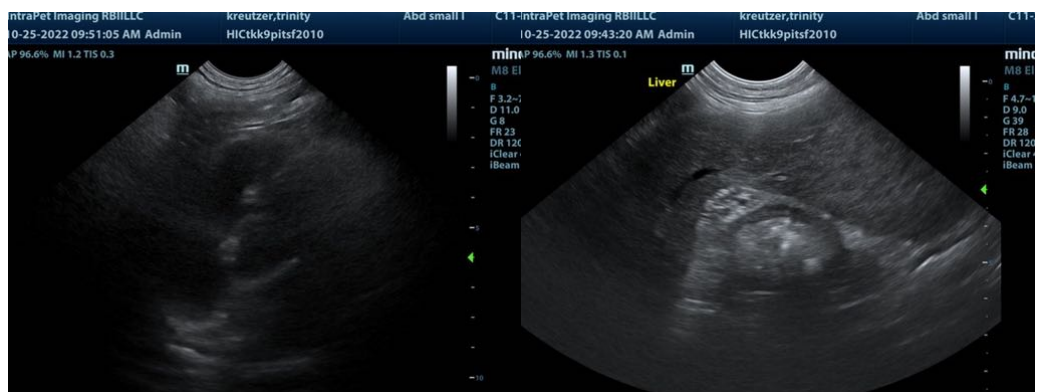
### **ULTRASONOGRAPHIC FINDINGS**

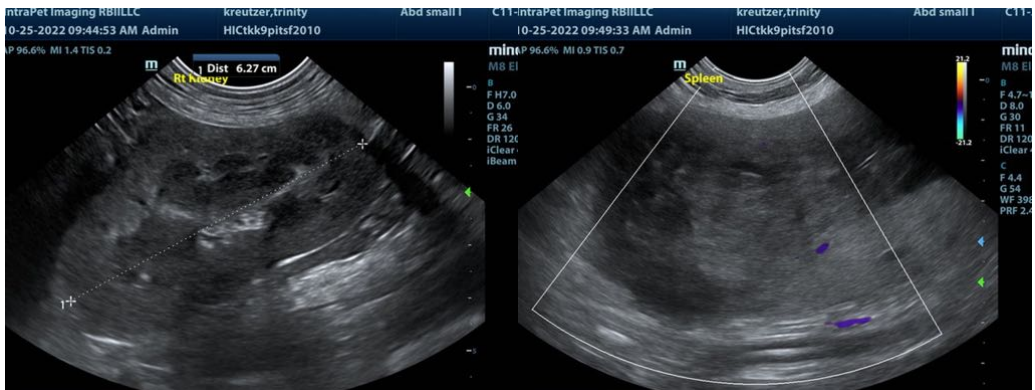
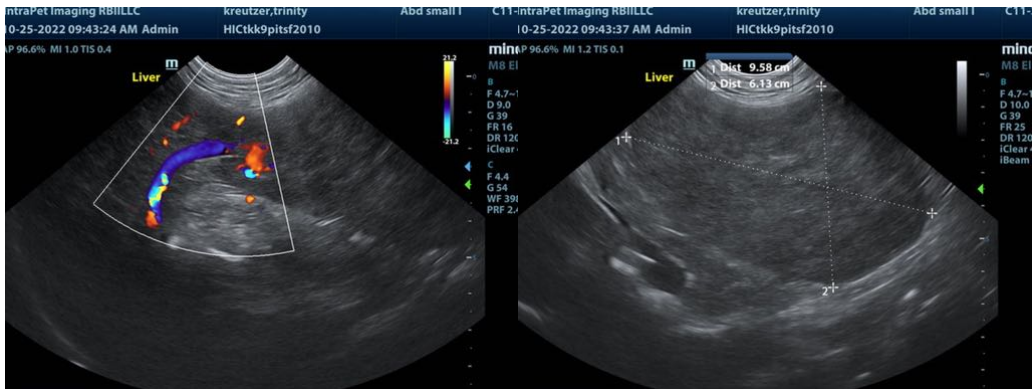
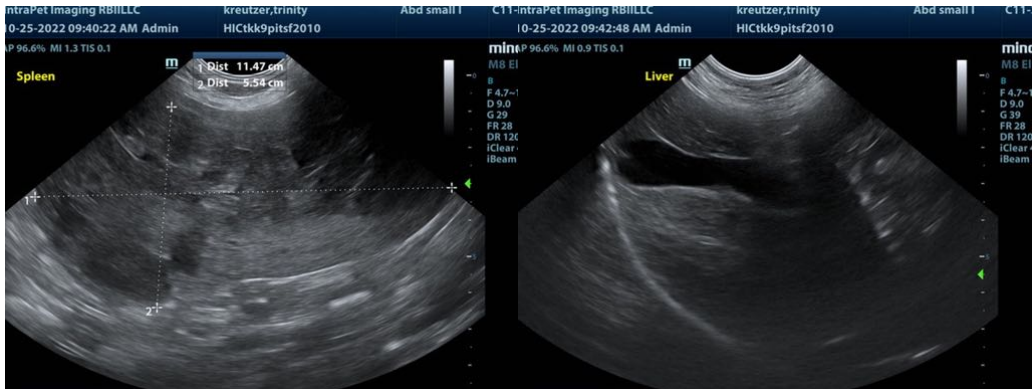
Splenic mass, suspect hemangiosarcoma with the potential for round cell neoplasia with a mild potential for splenitis or splenic hematoma.

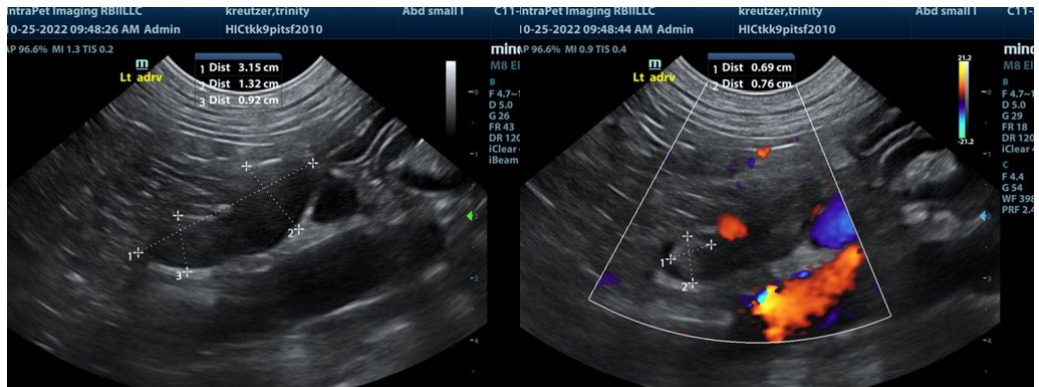
Pedunculated left lateral liver mass. Likely hepatoma, likely unrelated to the splenic pathology.

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

I recommend chest radiographs, splenectomy and left lateral liver lobectomy with liver biopsy of the general liver as well as the liver mass. Left adrenalectomy should be considered even though likely adenoma or hyperplasia and a mild potential for pheochromocytoma or adenocarcinoma. Blood pressure measurements are recommended prior to surgery. CBC path review +/- bone marrow aspirate would be appropriate given the anemia and the fact that no free fluid is present at the time of the sonogram. Prior rupture may have occurred and resorbed; otherwise, bone marrow disease should be considered as a potential concurrent issue.







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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