



PATIENT

Moose Cancelliere

PRESENTING CLINICAL SIGNS

History: anemia, thrombocytopenia, fluid in abd

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pitbull

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. Iliac trifurcation was unremarkable.

SEX

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 6.5 cm. The right kidney measured 6.5 cm.

AGE

11 Years

Adrenal Glands

WEIGHT

75 Pounds

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 the upper limits of normal, measuring 3.05 cm x 0.77 cm at the caudal pole and 0.92 cm at the cranial pole. The right adrenal gland measured 1.2 cm at the cranial pole and 0.6 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed an anechoic (1.0 cm) cyst at the mid body. A separate expansive mixed echogenic mass (approximately 8.0 cm), extending into the regional omentum. Localized free fluid noted.

IMAGING PERFORMED BY

Jenn

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Hepatic veins were slightly dilated. The liver did not reveal any overt evidence of metastatic disease.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

14200

Gastrointestinal

The **stomach** revealed a shadowing gastric material, measuring approximately 4.0 cm. The small intestine and colon were unremarkable.

DATE

3/7/22

Pancreas



PATIENT

Moose Cancelliere

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.

SPECIES

Canine

Other

A rapid view of the **heart** was unremarkable. No evidence of metastasis.

BREED

Pitbull

ULTRASONOGRAPHIC FINDINGS

- Splenic mass, possibly resectable. Regional omental involvement
- Shadowing gastric material, possible foreign matter
- Age-related hepatic changes. Hepatic veins were dilated.
- Age-related renal changes

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was NPO at the time of the sonogram, echocardiogram warranted to assess for metastatic disease and chest radiographs followed by exploratory surgery, splenectomy and liver biopsy, assuming the platelet count is >70,000. Guarded prognosis. Sarcoma of the spleen suspected.

AGE

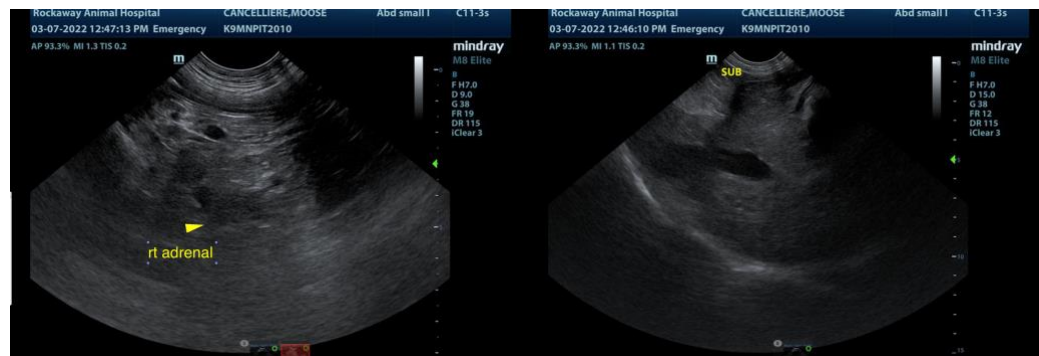
11 Years

WEIGHT

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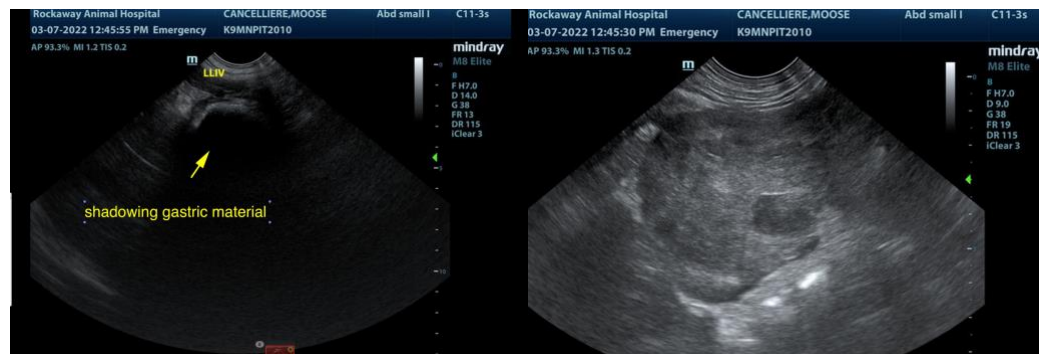


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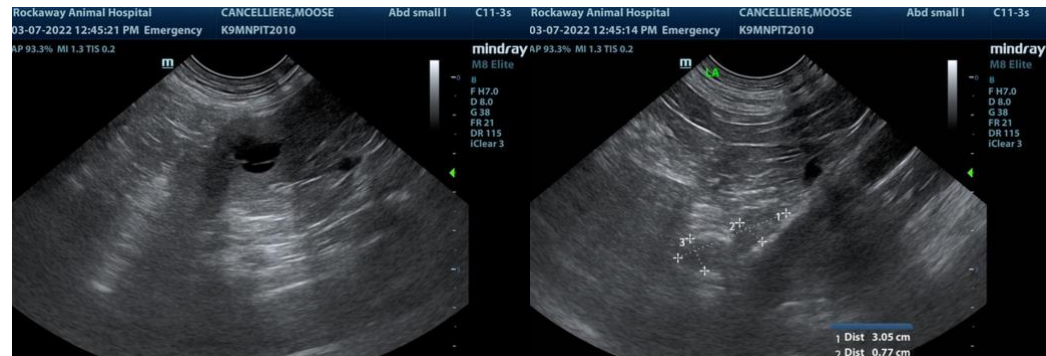
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DATE

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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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