

**DATE PRESENTING CLINICAL SIGNS**

7/16/23

**PATIENT**

Capone Tipton

ATO: owner was taking for walk, pet started to breathe heavy so took him back home and now pet is very lethargic, gums slightly pale Mrs reports that after she got P back inside she put a cool towel on P and he just stood in front of the TV - hasn't been the same since Hx weight loss ~ 6 lbs over the past 6 months but had gained 3 lbs back - O report pet last wt about 85-86 lbs P is on Galliprant & Gaba - had liver BW not too long ago.

**SPECIES**

Canine

Current Medications: Odansetron, Buprenorphine.  
Lab Results: Attached.

Radiographs: chest no obvious pleural or pericardial effusion, no signs of lung tumors/mets. Lateral abdomen concern for possible mid abdominal mass with decreased detail, mild spondylosis possible concern for ureter stone.

**BREED**

Pit Bull X

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Ace.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

7/14/11

**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.

**WEIGHT**

83.2 Pounds

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. Slight pyelectasia noted in the left kidney at 0.69 cm. The left kidney measured 7.71 cm. The right kidney measured 7.68 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** revealed expansive, irregular, mass-like nodules, measuring 1.87 cm x 1.71 cm at the caudal pole and 2.44 cm x 1.98 cm at the cranial pole. The entire left adrenal gland measured 4.9 cm x 2.08 cm at maximum width.

**HOSPITAL NAME**Animal Emergency  
Hospital

The **right adrenal gland** measured 2.9 cm x 0.82 cm at the caudal pole and 0.75 cm at the cranial pole.

**REFERRING VET**

Dr. Hicks

**Spleen**

The **spleen** revealed an expansive mixed echogenic parenchymal mass measuring 8.7 cm. The mass derived from the cranial pole. Slight amounts of free fluid noted.

**INVOICE**

43887

**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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. 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.

### ***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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### ***Free Abdomen***

The right cranial abdomen revealed a hypoechoic 2.56 cm x 1.82 cm undifferentiated nodule, suspect lymphadenopathy.

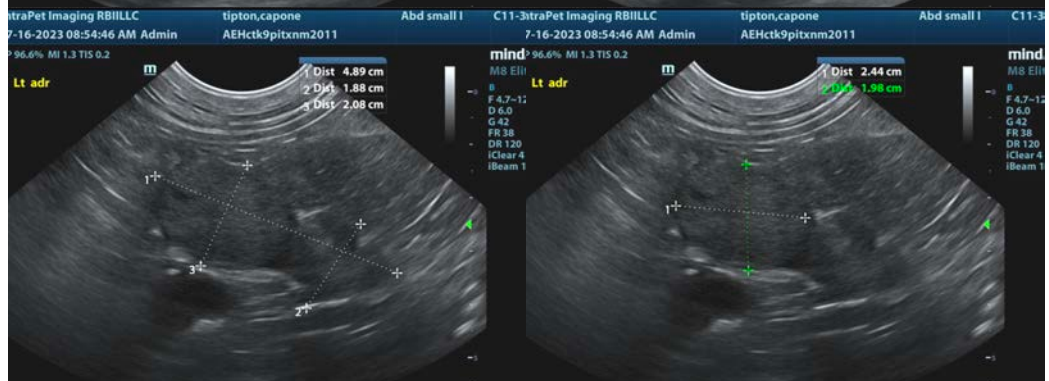
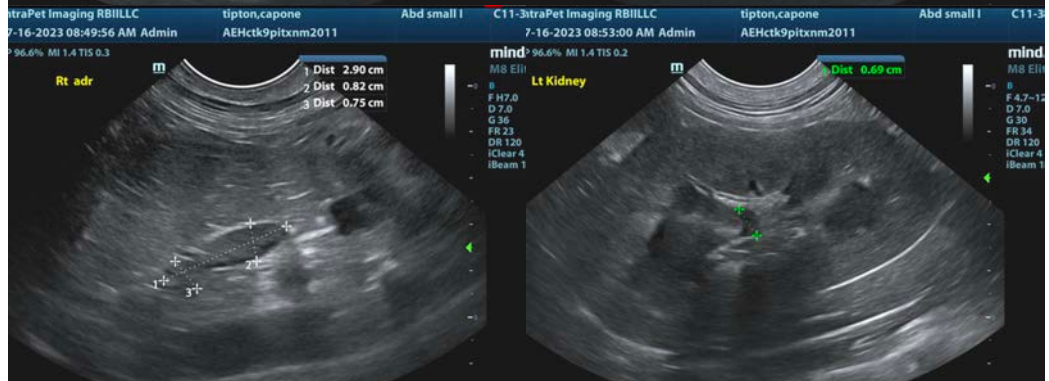
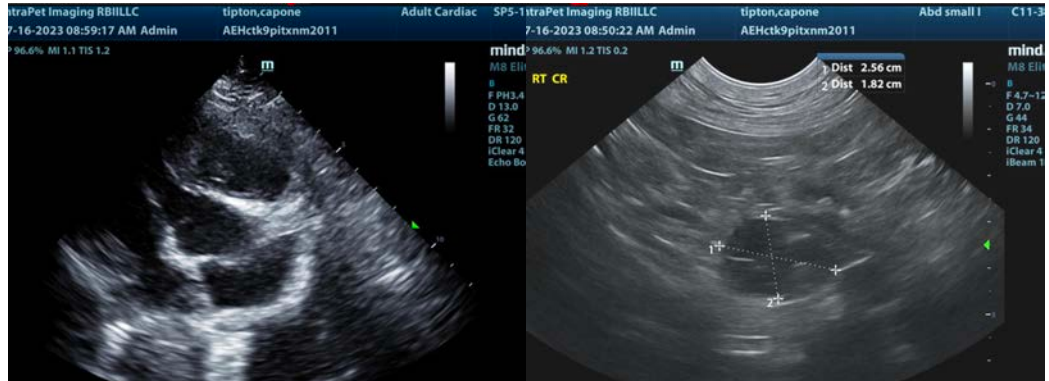
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

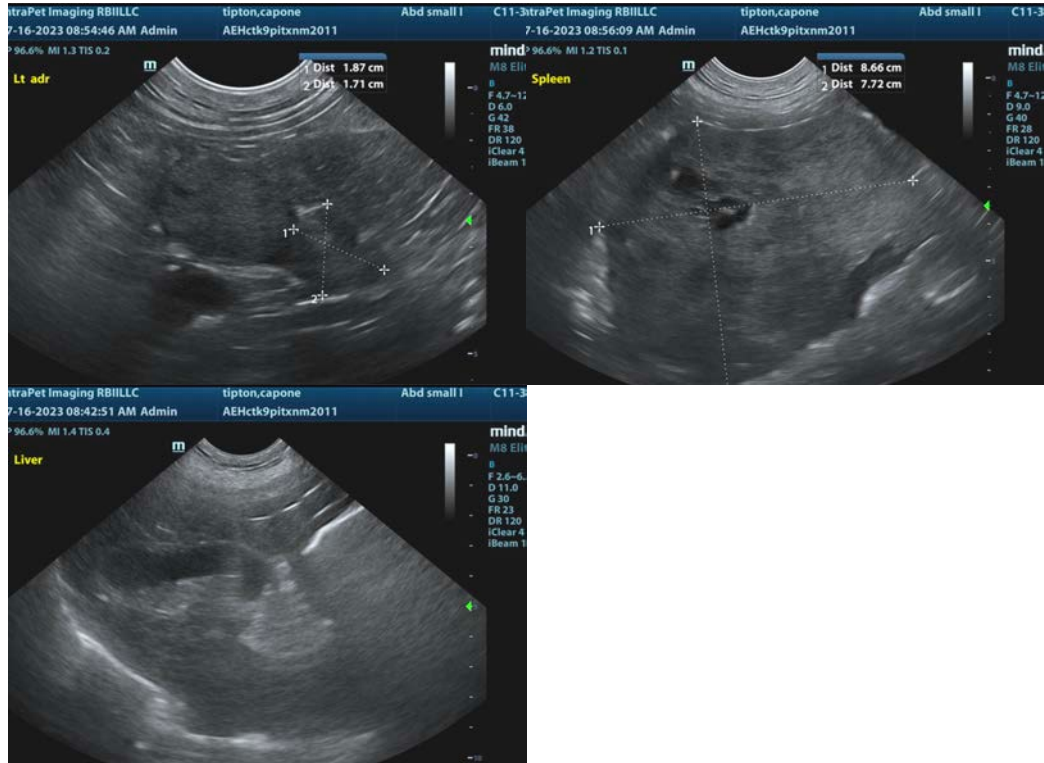
## **ULTRASONOGRAPHIC FINDINGS**

- Splenic mass – differentials include hemangiosarcoma, benign hematoma or metastatic disease from the left adrenal gland.
- Left adrenal mass – differentials include pheochromocytoma, carcinoma less likely, benign adenoma possible.
- Cranial abdominal lymphadenopathy
- Age related renal, hepatic, and pancreatic changes

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

Recommend exploratory surgery with splenectomy, left adrenalectomy, and inspection of the presumed lymph node in the cranial abdomen. CT evaluation warranted for surgical planning prior to surgery ideally. However, given the free fluid and likely hemorrhage, this is a surgical emergency. However, complete resection may be difficult. Serial blood pressures warranted. Urine catecholamine indicated if hypertension is present. The liver does not reveal obvious metastatic disease. However, micrometastasis cannot be completely ruled out and should be sampled at surgery. Prognosis is very guarded. Chest radiographs warranted to assess for metastatic disease.





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.

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