

**DATE PRESENTING CLINICAL SIGNS**

7/20/23 Chronic, intermittent vomiting, weight loss.

PATIENT Current Medications: None listed.

Ranger Straight

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Boykin Spaniel

SEX

Neutered Male

AGE

9/7/12

WEIGHT

39.6 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Bay Country VH

REFERRING VET

Dr. Bauer

INVOICE

44219

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.

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 right kidney measured 5.84 cm. The left kidney measured 5.52 cm.

The residual prostate was uniform at 1.13 cm.

Adrenal Glands

The **right adrenal gland** was enlarged with two separate hyperechoic nodules at 1.5 cm x 1.0 cm at the caudal pole and 1.1 cm x 0.93 cm at the cranial pole. The right adrenal gland measured 2.94 cm x 1.34 cm at the cranial pole and 1.11 cm at the caudal pole.

The **left adrenal gland** was nodular, measuring 2.31 cm x 0.75 cm at the caudal pole and 1.12 cm at the cranial pole.

Spleen

The **spleen** revealed a complex mixed echogenic and cystic mass measuring 10 cm. No free fluid noted. The mass appears to derive from the caudal pole of the spleen.

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. A focal hypoechoic 2.1 cm x 1.28 cm mid hepatic nodule noted. 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. 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

Trace free fluid noted, likely deriving from the splenic mass.

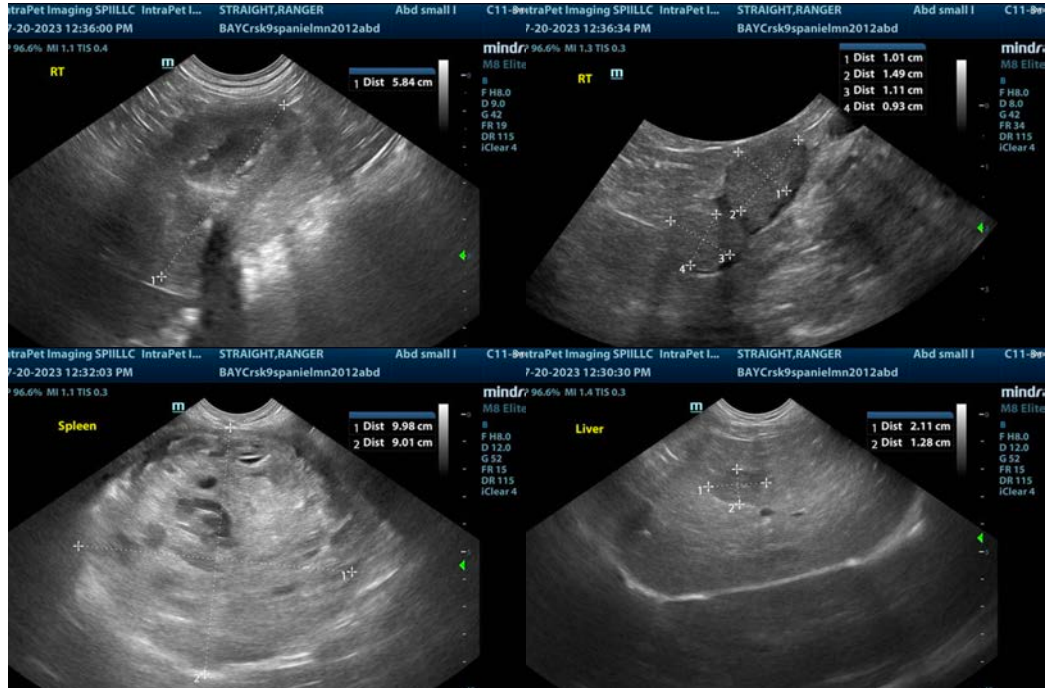
ULTRASONOGRAPHIC FINDINGS

- Bilateral nodular adrenal changes – adenomatous hyperplasia likely, minor potential for pheochromocytoma or adenocarcinoma.
- Highly precarious splenic mass with mild regional inflammation – hemangiosarcoma likely, benign hyperplasia possible.
- Age related hepatic changes and focal hypoechoic nodule
- Age related renal changes
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery recommended with splenectomy and liver inspection of biopsy. The liver nodule is non-cavitated. The splenic mass is attached to the caudal pole. Chest radiographs and echocardiogram recommended. Serial blood pressure recommended to assess for hypertension associated with the adrenal glands. Inspection of the adrenals +/- removal of the right adrenal could be considered. The left adrenal appears less pathological. These are likely benign, but if hypertension is present, then urine catecholamine would be indicated.





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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