

**DATE PRESENTING CLINICAL SIGNS**

7/7/23

PATIENT

Rufus Graham

History: Owner noted was having trouble breathing, panting heavily, subsided when got here but still ADR still eating and drinking up until about 2 days-- not eating In June was seen by RDVM for diarrhea twice. round of metronidazole No diagnostics yet. No recent fecal-- gets yearly Hx of increase in Renal values-- just to watch at this point, owner does not know levels.

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

Current Medications: Buprenorphine.

Lab Results: Mild non regenerative anemia 32 on CBC, Mild lymphocytosis and eosinopenia Increase basophils, TP 8.4, Ca 6.7, Globs 5.4, K 7.6, Chol 100

Radiographs: show concern about 2 masses in abdomen-- cranial /splenic and prostatic, both on my brief US are cavitated. No obvious free fluid in chest or abdomen on TFAS. Heart slightly tall on lateral, but on VD wnl no pulmonary masses or parenchymal changes noted

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

5/1/10

WEIGHT

55.9 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 6.54 cm. An anechoic cyst was noted at the cranial pole of the right kidney, measuring 1.07 cm. The left kidney measured 6.4 cm.

HOSPITAL NAME

Animal Emergency
Hospital

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 left adrenal gland measured 2.34 cm x 0.64 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 2.22 cm x 0.85 cm at the caudal pole and 0.77 cm at the cranial pole.

REFERRING VET

Dr. King

Spleen

The **spleen** revealed an expansive mixed hypoechoic parenchymal mass, measuring 7.0 cm. Some reactive mesentery was noted around the mass.

INVOICE

23199

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Other

A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium. Contractility and volumes were normal.

Pelvis

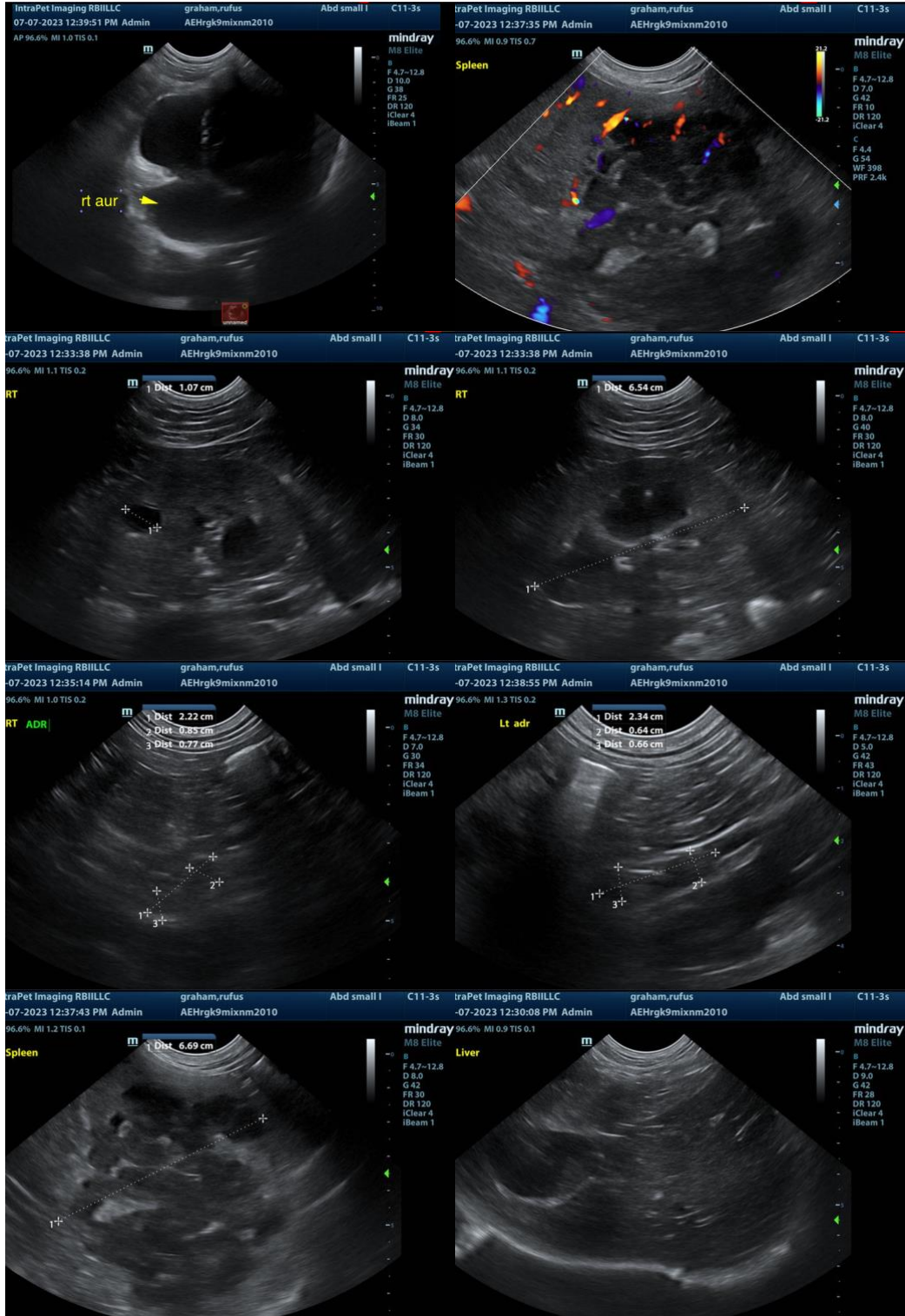
A mixed hypoechoic complex **mass** was noted, similar to that in the spleen, yet located in the pelvis, measuring approximately 7.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass with reactive surrounding mesentery- local spread to the omentum is a potential.
- Pelvic mass- strongly consistent with sarcoma. The pelvic mass likely derives from pelvic vasculature.
- Age-related renal changes with right kidney anechoic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the splenic mass include stromal tumor, round cell neoplasia, hemangiosarcoma all possible. Benign hyperplastic mass is possible yet less likely. The pelvic mass does not appear overtly resectable; however, CT of the abdomen could be considered to assess for potential for splenectomy and pelvic mass removal yet this is likely of lymph node or vascular origin. Liver inspection and biopsy are indicated.





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.

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