

**DATE PRESENTING CLINICAL SIGNS**

1/13/22

History: P presented for wellness on 12/30/21. Blood work at that time was NSF (included below). O mentioned three episodes of profound lethargy/GI issues since August. Each was short lived and resolved without veterinary intervention. Episodes have involved diarrhea, vomiting and reluctance to go outside to eliminate. P started again with diarrhea 1/7/2022. The lethargy was profound initially but improved. Started probiotics, metronidazole (15mg/kg) and bland diet

PATIENT

Lady Meade

SPECIES

Canine

Current Medications: Started 1/7/22- probiotics, Metronidazole (15mg/kg) and bland diet.

Lab Results: Unremarkable. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Belgian Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder is not clearly visualized, likely due to lack of urine distention and intrapelvic location.

AGE

12/3/10

The left kidney has a normal shape and size (6.89 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

64.6 Pounds

The right kidney has a normal shape and size (7.14 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Spleen

The spleen is large, irregular and heterogeneous. The blood flow through the hilus and splenic parenchyma appears normal. The spleen is severely nodular with multiple large mass effects bulging from the parenchyma and disrupting the splenic capsule. There is a somewhat cavitated mass effect towards the head of the spleen measuring 6.7 cm, and numerous other large mass effects throughout the body of the spleen. There is surrounding free fluid and inflammation visualized.

HOSPITAL NAME

Belvedere Vet Center

REFERRING VET

Dr. Moulder

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

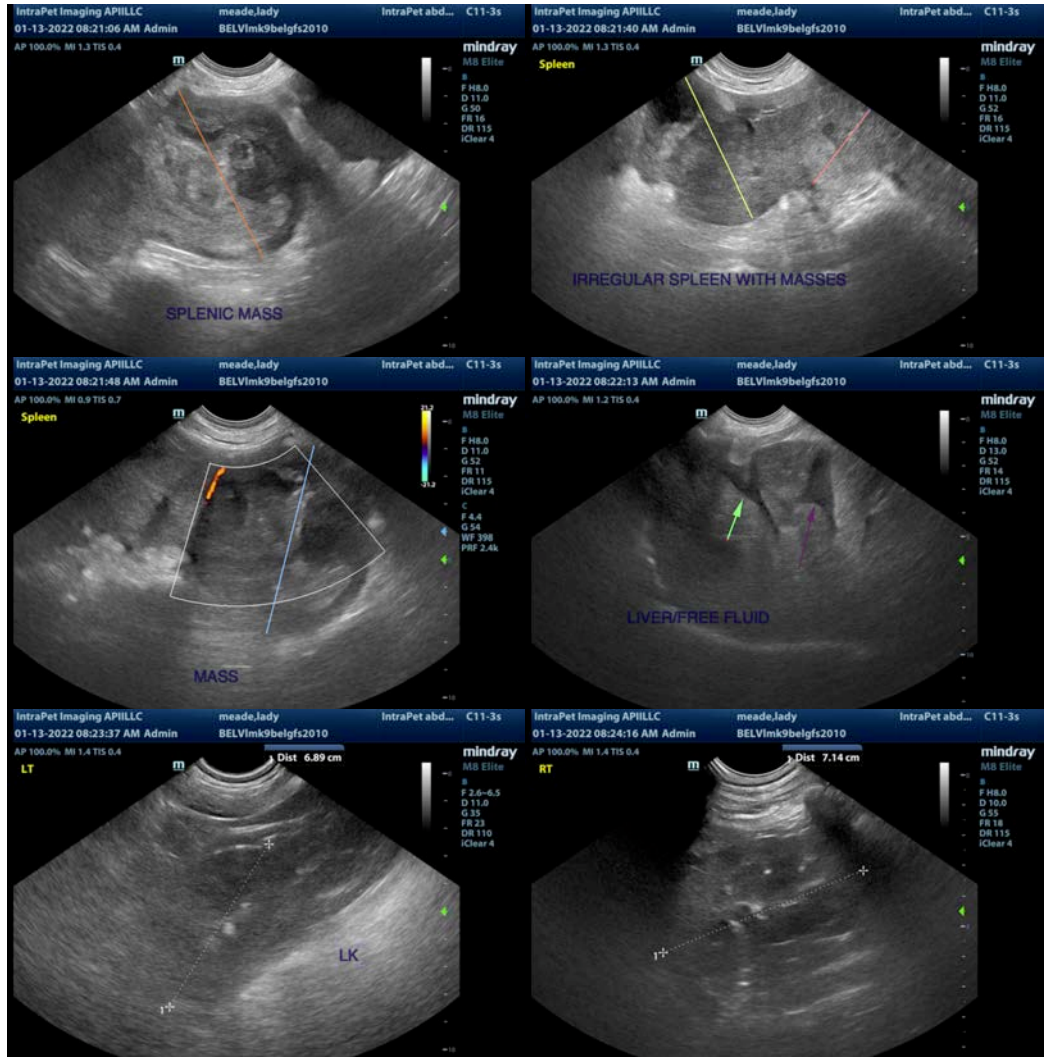
There is a moderate to large amount of echogenic free fluid. No lymphadenomegaly is present. The omentum generally appears of increased echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mottled spleen with numerous large mass effects – Numerous large, heterogeneous, cavitated masses are present within the splenic parenchyma. They distort the splenic capsule. Differentials for the masses include neoplasia (hemangiosarcoma, hemangioma, histiocytic sarcoma), hematoma, abscess, other. A neoplastic process is favored.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate to large volume, mildly echogenic free fluid – Findings are most consistent with a hemoabdomen. Recommend sampling of the fluid for evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is severely nodular with large, somewhat cavitated, mixed echogenicity masses. There is a high concern for neoplasia in this individual, and there is free abdominal fluid, which is concerning for intermittent episodes of bleeding. Recommend 3-view thoracic radiographs and a splenectomy for both diagnostic and therapeutic purposes. Prognosis is guarded.



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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