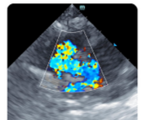
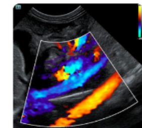
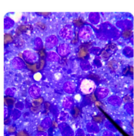
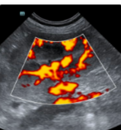

PATIENT

Geisler Haylie

SPECIES

Canine

BREED

Border Collie mix

SEX

FS

AGE

11 years

WEIGHT

50.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mountainview Animal Hospital

REFERRING VET

Dr. Malak

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PRESENTING CLINICAL SIGNS

Suspected splenic mass on radiographs - r/o hemangiosarcoma, benign splenic tumor (e.g., nodular hyperplasia, lipoma), splenic hematoma Relevant Medical History and Physical Exam Findings: O mentioned that P has been limping off and on on her right hind leg. She had an episode around Dec 6 and was hopping for a couple days but then was fine. New Year's Day she peed in the house with some blood and went to AEC. Finished all the meds for the UTI and is doing well. They found a mass on her spleen through an ultrasound. Mainly here for checking her whole body, they want to know if there are any more tumors in her body. P is doing okay on PE, SQ masses palpated on exam Right axillary: SQ soft mass suspecting Lipoma Adjacent right axillary: additional SQ soft mass, ~ 4.5-5cm-sized mass-suspecting Lipoma.

Meds- Carprofen Tablets 100mg(1/2tab/BID) Trazodone Tablets 100mg.

Abnormal PE/Chem/CBC/UA Results: mild elevation of ALP, otherwise unremarkable blood results. Radiographs: thorax, abdomen, pelvis, hips, stifles, hind limbs; findings—splenic mass suspected, no evidence of metastatic disease, mild arthritis, no significant orthopedic pathology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.73 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. There is a small, anechoic non-vascular fluid distended structure visualized at the cystourethral junction. Possibly consistent with a prominent calyx measuring 0.62 cm 0.3 cm.

The right kidney has a normal shape and size (6.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.65 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively large in size (2.57 cm in width at the level of the hilus), and irregular in shape, and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities.

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The blood flow through the hilus and splenic parenchyma appears normal. There's a somewhat poorly delineated hyperechoic bulging/partially cystic mass effect visualized arising from the spleen measuring 3.42 cm x 4.11 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There's a hypoechoic nodule visualized measuring 1.66 cm x 1.42 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 (0.32 in wall thickness) and the jejunum measured as normal (0.34 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 pancreas is prominent and mottled in the right limb. There is a subtle irregular hypoechoic structure visualized adjacent to the right limb of the pancreas most consistent with a lymph node, or a pancreatic nodule (lymphoid hyperplasia?) measuring 0.83 cm x 0.63 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. A jejunal lymph node is visualized measuring 0.95 cm x 1.5 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Poorly defined hyperechoic/cystic splenic mass. A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Prominent, mottled right limb of the pancreas with a hypoechoic adjacent lymph node or nodule. Findings are most consistent with chronic pancreatic remodeling. The hypoechoic lesion is subtle and suspected to be benign in nature. Recommend continued monitoring.

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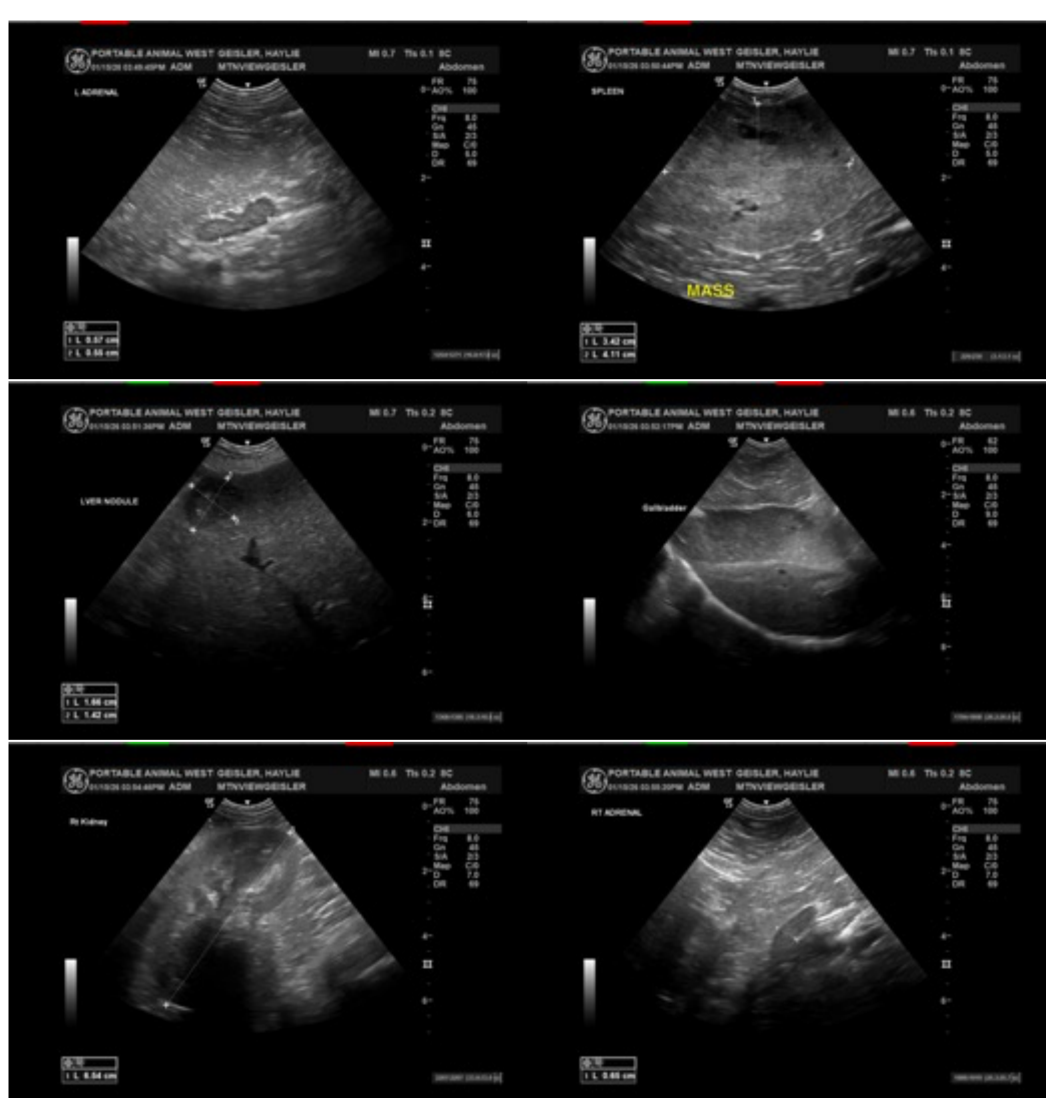
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Occasional prominent mesenteric lymph node. These generally have a reactive appearance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Theres a hyperechoic cystic mass effect visualized associated with the spleen. Options moving forward could include splenectomy for both diagnostic and therapeutic purposes or a fine needle aspirate. Additionally, there is a hypoechoic nodule in the liver. This could represent a benign or neoplastic lesion. Consider either a fine needle aspirate or sampling at the time of surgery.

If surgery is pursued, recommend gross examination of the right limb of the pancreas. If a nodule is identified this could be biopsied.



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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.

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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.

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

info@sonopath.com