



PATIENT PRESENTING CLINICAL SIGNS

Hadley Beesley

SPECIES

Canine

BREED

OESD

SEX

Neutered Male

AGE

14 Years

WEIGHT

26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Wittenrich

INVOICE

44260

DATE

1/16/23

Arthritis concerns. Front left leg is "off" more than usual. Lameness that comes and go, DO NOT WANT METACAM owner not sure if BW is required due to glucosamine/ old age -- Researched that there could be Kidney / liver problem with supplement. Only this week his appetite is off, (Might be a new supplement?), Seems to not want to lay down so he doesn't have to get up, quieter NO V, no D, but when was sleeping, has BM accident while laying down, O thinks he had a hard time getting up and just couldn't hold it. Carroes his head low, when raises head he seems to lose balance. Weight loss
Musculoskeletal: M2 pain C4-6, extending down L shoulder. Generalized muscle wasting, ataxia hindlimbs/ Current Medications Glucosamine , chondroitin, flax oil supplement herring oil green mussels "Jump for joint" -- homeopathic mixes of herbs CBD tiny amounts, Gabapentin 10mg/kg PO TID

Abnormal PE/Chem/CBC/UA Results: TT4 10nmol/L LOW ALKP 545 U/L HIGH ALT 709 U/L HIGH K 6.6 mmol/L HIGH LYM 0.87 x10⁹/L LOW RBC 5.54 x10¹²/L LOW MPV 14.4 fL HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (1.0 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (8.3 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.

The right kidney has a normal shape and size (7.94 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.

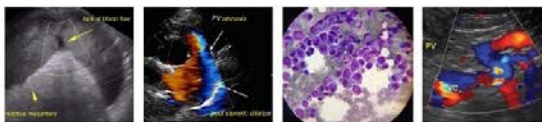
Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 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 0.81 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 large, irregular, and mottled. The blood flow through the hilus and splenic parenchyma appears normal. While the mid body of the spleen appears relatively normal but slightly mottled, the spleen appears to curl somewhat upon itself with what I suspect is the head of the spleen visualized more caudally and associated with a large, irregular, hypoechoic mass effect measuring >9.0 cm x 4.86 cm. Additionally, there are numerous discrete hypoechoic nodules visualized.


PATIENT *Liver*

Hadley Beesley

The liver is subjectively normal in size but irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. Areas of liver appear to be diffusely nodular with numerous hypoechoic mass lesions. In some areas, it is somewhat difficult to differentiate abnormal liver from abnormal spleen, but a nodular pattern is present.

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Gastrointestinal

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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.

AGE

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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.)

WEIGHT

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

IMAGING
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Pancreas

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.

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Free Abdomen

There is scant free fluid. No lymphadenopathy. The omentum is diffusely hyperechoic in the cranial abdomen.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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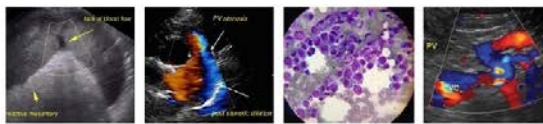
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ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic splenic mass with numerous hypoechoic splenic nodules – 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..)
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Heterogeneous, irregular liver with hypoechoic nodules – 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. The



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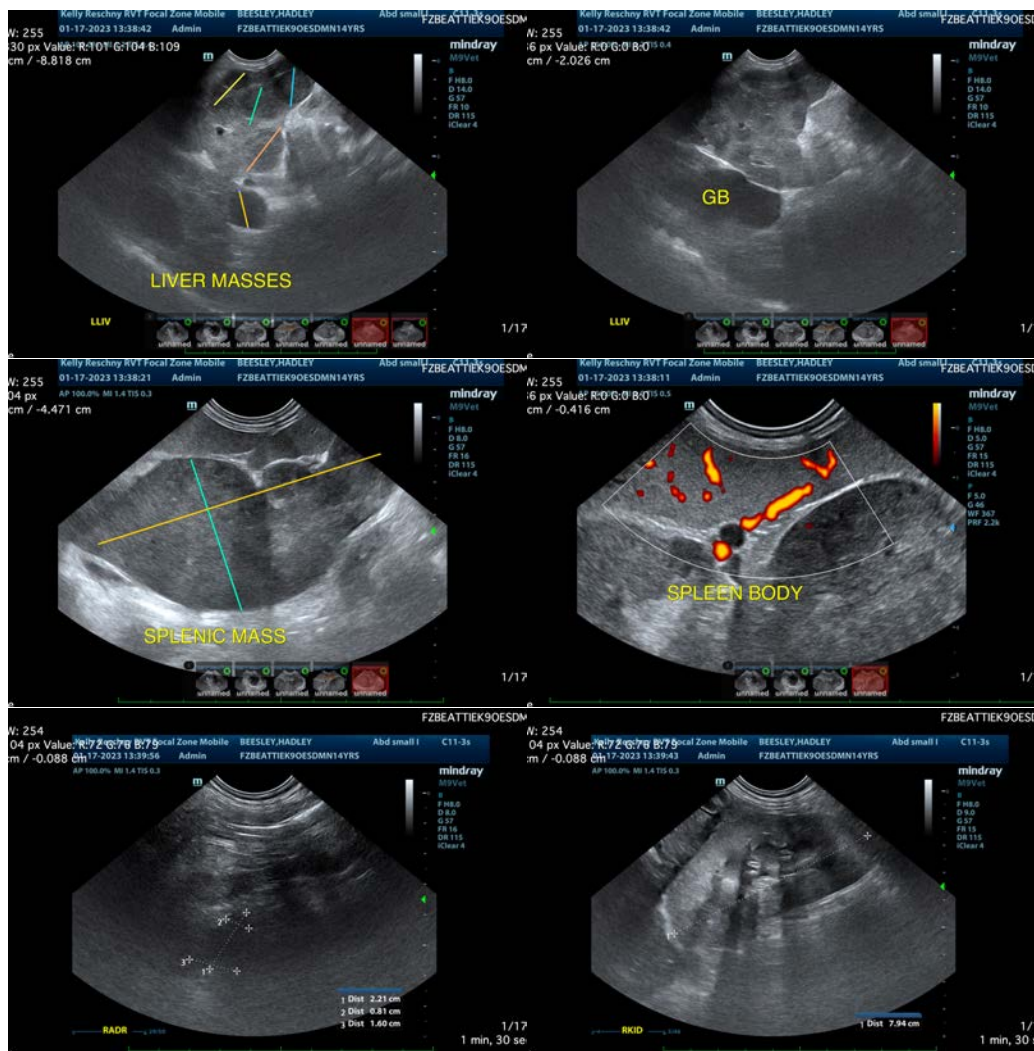
hypoechoic nodules visualized are concerning for a possible metastatic process, although this cannot be confirmed without cytology.

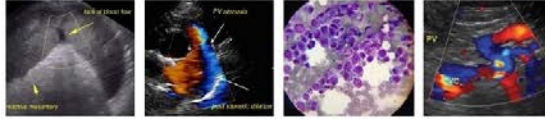
- Scant free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hypoechoic irregular mass effect visualized in the abdomen. This appears associated with the spleen, which I suspect is folded back upon itself, as the cranial portion of the spleen appears more caudally. Additionally, differentiating the abnormal liver from abnormal nodular spleen is somewhat challenging, but there appear to be numerous hypoechoic nodules/masses visualized in the hepatic parenchyma as well.

Recommend a fine needle aspirate of the liver and spleen as well as 3-view thoracic radiographs. If a metastatic process is confirmed, recommend consultation with a veterinary oncologist regarding possible treatment options (although the prognosis would be extremely poor). If a cytologic diagnosis cannot be confirmed, consider splenectomy for both diagnostic and therapeutic purposes as well as biopsy of the liver with the knowledge that a metastatic lesion is thought to be very likely.





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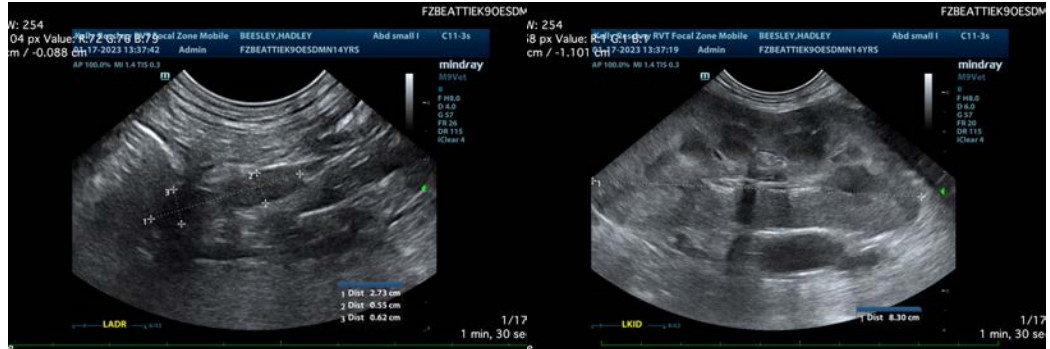
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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