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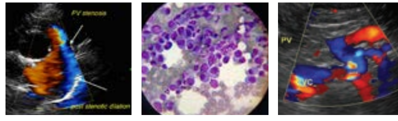

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DATE

1/4/22

PATIENT

Buddy Weber

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

12/31/11

WEIGHT

78.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Jones

INVOICE

33941

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Not Eating; Trouble Walking. Date: 12-31-2021 Notes: O heard p collapse ~4am. P did not respond to name being called, would not lift his head. O checked gums (pink) and felt an increased heart rate. After 15mins he seemed to come around but was panting hard, uncomfortable. No v/d; did not eat this AM Normal until this episode - E/D, playing, etc. Hx heart murmur when born, disappeared but heard again 1 yr ago (no cardio). No known toxin exposure - did get 1/4 egg salad sandwich last night but typically does not have a sensitive stomach. Assessment: 10 YO MN Boxer PC: acute collapse. r/o cardiac, neuro, metabolic derangements, internal bleeding, etc. Plan: aFAST = no FF, tFAST = no pleural or pericardial effusion. SWO: Rec BW, rads, BP and EKG to Cardiopet; report attached.

Current Medications: Gabapentin.
Lab Results: Attached separately.
Radiographs: Xray Abdomen 2 View decreased detail mid-abdomen, cannot r/o mass effect significant spondylosis.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 prostate is normal in size 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 (7.1 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.45 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.54 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 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.

Spleen

The spleen is large in size. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are two mixed echogenicity cavitated mass effects on the spleen. A smaller mass effect is measured at 2.48 cm in diameter, which deviates the splenic capsule. A

second larger mass is visualized mid body in the spleen, which measured 6.01 cm and has an irregular edge, suspicious for evidence of rupture.

Liver

The liver is subjectively normal in size, and 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. A hypoechoic nodule is visualized measuring 2.2 cm x 1.65 cm.

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 amount of free fluid. No lymphadenopathy is noted. The omentum is mildly hyperechoic.

Other

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

ULTRASONOGRAPHIC FINDINGS

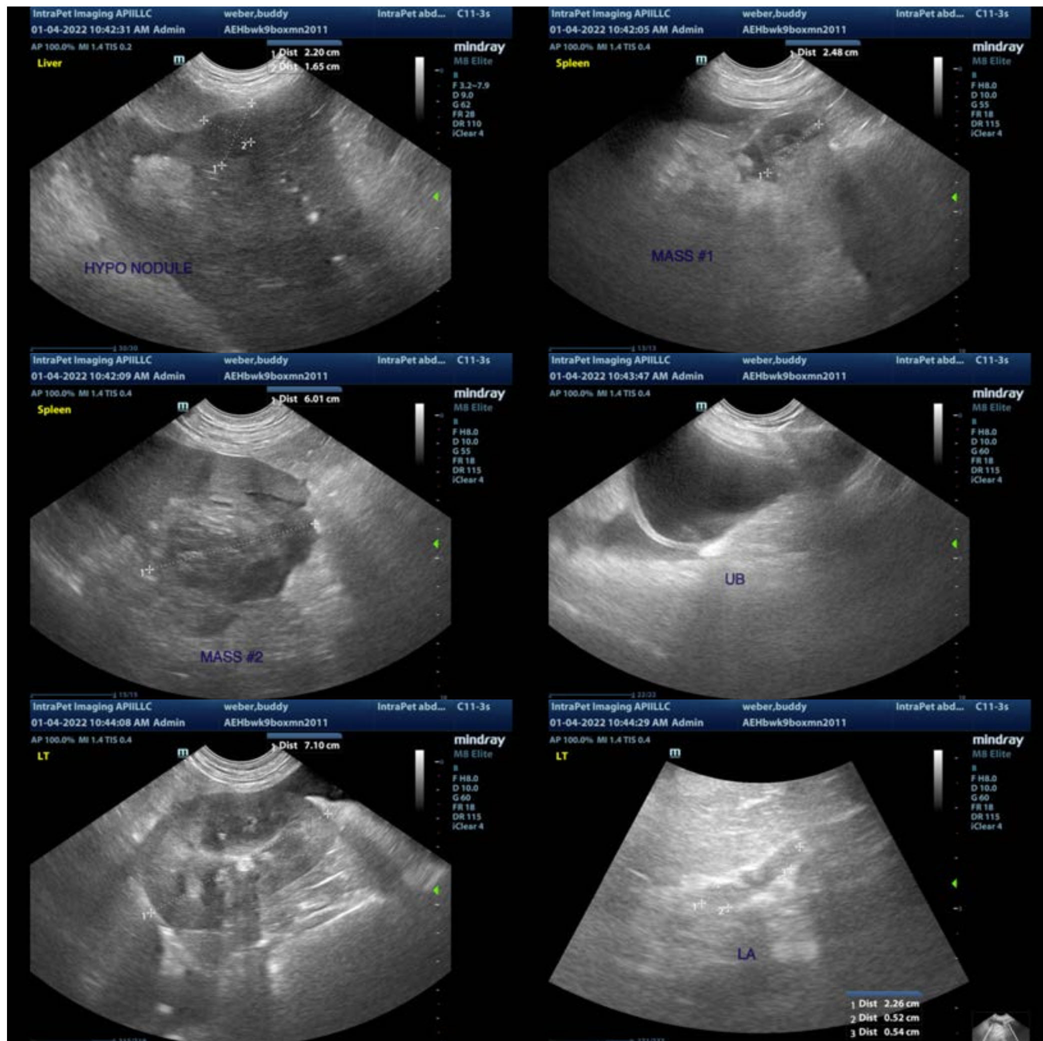
- Two cavitated splenic masses – Large, heterogenous masses with cavitations are present within the splenic parenchyma. The masses distort the splenic capsule. Differentials for the masses include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

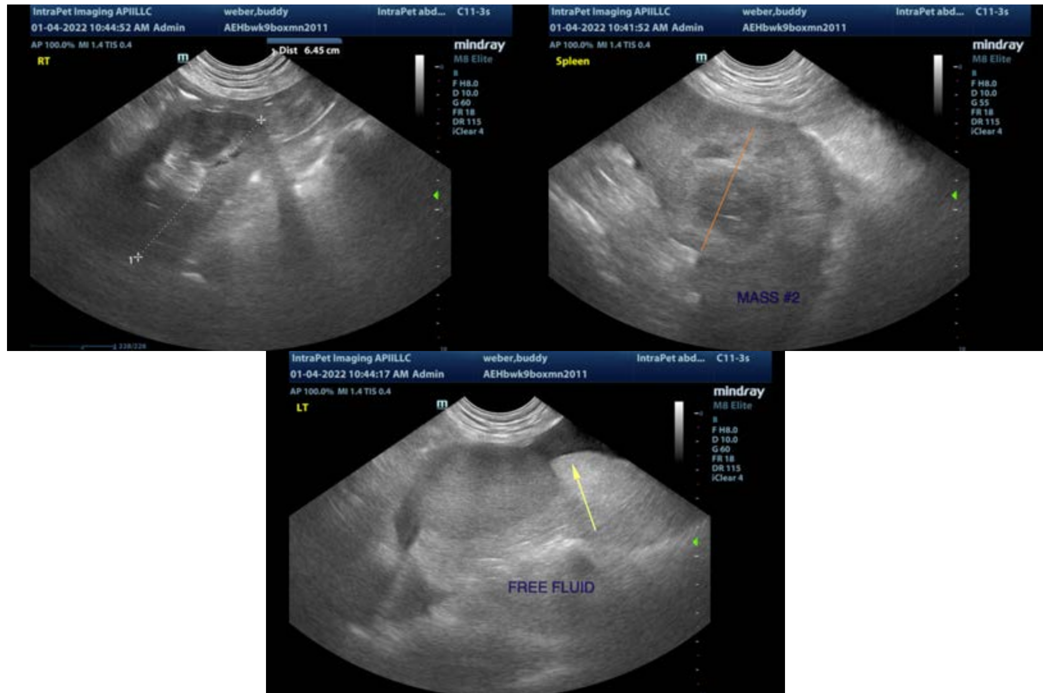
- Heterogeneous liver with hypoechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The visualized nodule could be benign or consistent with metastatic lesion.

- Free abdominal fluid – Based on the history and ultrasound findings, a hemoabdomen is suspected. Recommend sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the cavitated splenic lesions and free fluid is concerning for a possible hemoabdomen. Additionally, a nodule is visualized within the liver. Consider splenectomy for both therapeutic and diagnostic purposes. Consider cardiac ultrasound due to the arrhythmia noted (although the VPCs are likely secondary to the splenic lesion). Recommend 3-view thoracic radiographs and biopsy or removal of the liver nodule at the time of surgery.





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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