

**DATE**

10/8/21

PRESENTING CLINICAL SIGNS

In July, Ca++ was elevated on BW, but repeat BW had high normal Ca++ PE was normal and rectal was WNL at the time.

Repeat Ca++ now and value much higher. Abdominal mass palp on PE and radiographs taken. R/O splenic mass. Chest Clear on radiographs.

PATIENT

Radish Heidel

Lab Results: In July, Ca++ was elevated on BW, but repeat BW had high normal Ca++. PE was normal and rectal was WNL at the time.

Repeat Ca++ now and value much higher.

SPECIES

Canine

Radiographs: Abdominal mass palp on PE and radiographs taken. R/O splenic mass. Chest Clear on radiographs

Date of Previous IntraPet Ultrasound: No previous

Sedation: IV sedation utilized for AUS

Stat Report: not requested

BREED

Husky

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered male

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.

AGE

2007

The prostate is normal in size (1.4 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.

WEIGHT

55.5 lbs

The left kidney has a normal shape and size (6.92 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.

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
Internal Medicine)

The right kidney has a normal shape and size (6.78 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.

HOSPITAL NAME

Chadwell AH

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.

REFERRING VET

Dr. Haskin

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.

INVOICE

92286

Spleen

The spleen is subjectively normal in size The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. There is a large cystic mass effect visualized on the spleen measuring 11.77 cm x 6.71 cm. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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. No focal nodules or cystic lesions are observed. The gallbladder has dependent mineralized debris and the lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. 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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Heart

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

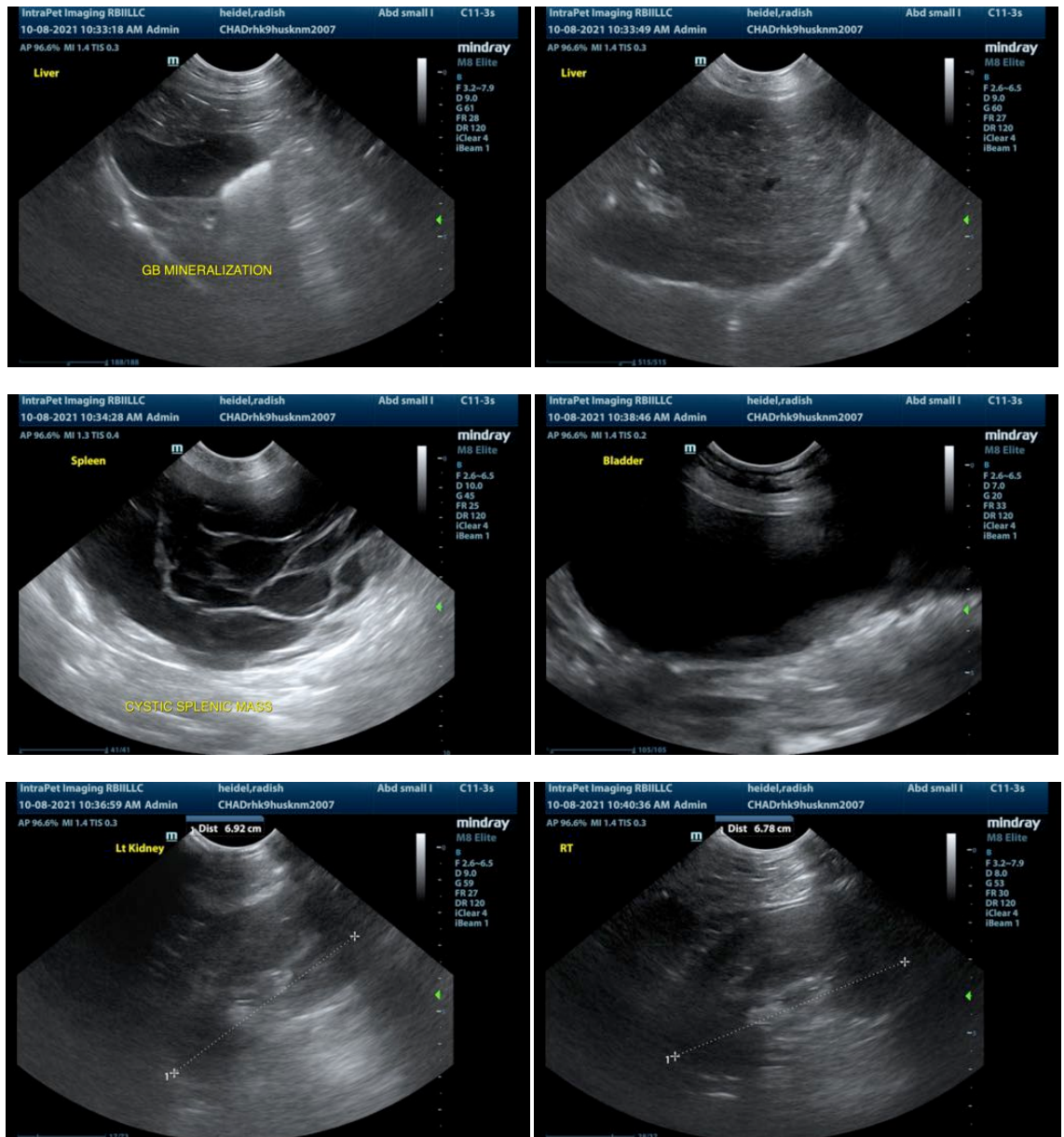
- Large, cystic splenic mass. A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Heterogenous liver. The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Mineralized gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

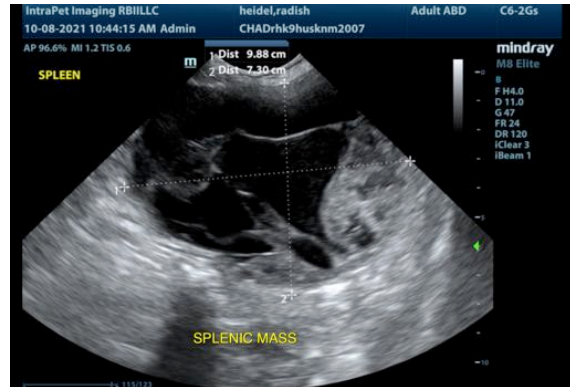
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large, cystic splenic mass is visualized. This could be the cause of the hypercalcemia or may be a concurrent finding.

I recommend hypercalcemia malignancy panel with an ionized calcium, PTH, PTHrP to rule in or out hyperparathyroidism and to look for additional evidence of a possible neoplastic process.

Consider splenectomy for therapeutic and diagnostic purposes.





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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