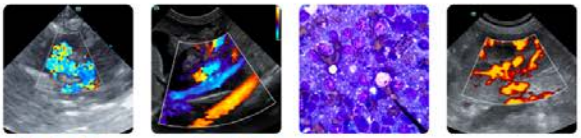

PATIENT

Ghost Mitrano

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

83.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Verona Animal Hospital

REFERRING VET

Dr. Stock

INVOICE

71621

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PRESENTING CLINICAL SIGNS

Splenic mass, abdominal effusion, hospitalized for pancreatitis 10/17-10/20
Abnormal PE/Chem/CBC/UA Results: ALB-4.0 Glob-4.7 ALT-136

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 (6.87 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 (8.08 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 0.68 cm at the cranial pole and 0.94 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 large and irregular in appearance, measuring 2.34 cm at the cranial pole and 1.23 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 abnormal in appearance in that it is large, and the cranial pole is irregular and of mixed echogenicity, measuring 2.06 cm x 2.4 cm.

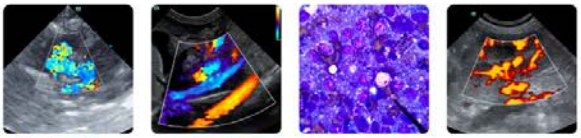
Spleen

The spleen is large, irregular and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a poorly defined mixed echogenicity mass effect visualized caudal to the hilus measuring 2.77 cm x 2.14 cm. Additionally, in the head of the spleen there is a somewhat poorly defined mixed echogenicity mass effect measuring 5.71 cm x 4.91 cm. This has a hypoechoic nodule within it measuring 2.77 cm x 2.94 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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 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.



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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. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.36 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 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. *See more under “other”.

Other

There is a large amount of slightly echogenic free fluid. No significant lymphadenopathy. The omentum is diffusely hyperechoic.

There is hypoechoic tissue visualized adjacent to the cranial duodenum measuring 1.79 cm x 3.69 cm. This could be consistent with a focal lesion associated with the right limb of the pancreas, a lymph node/mass effect, etc.

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mottled, irregular spleen with two mixed echogenicity mass lesions – Solid mixed echogenicity masses are visualized associated with the spleen. The masses distort the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

- Mildly 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 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.

- Large, irregular right adrenal gland with a mass effect involving the cranial pole – Findings could be consistent with an adenoma, carcinoma, pheochromocytoma, or metastatic lesion.

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- Abnormal hypoechoic tissue visualized adjacent to the duodenum – This has the appearance most consistent with abnormal pancreas, a lymph node, or less likely a duodenal mass lesion.
- Large volume mildly echogenic free fluid – Recommend fluid analysis and cytology. There is concern for possible hemoabdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

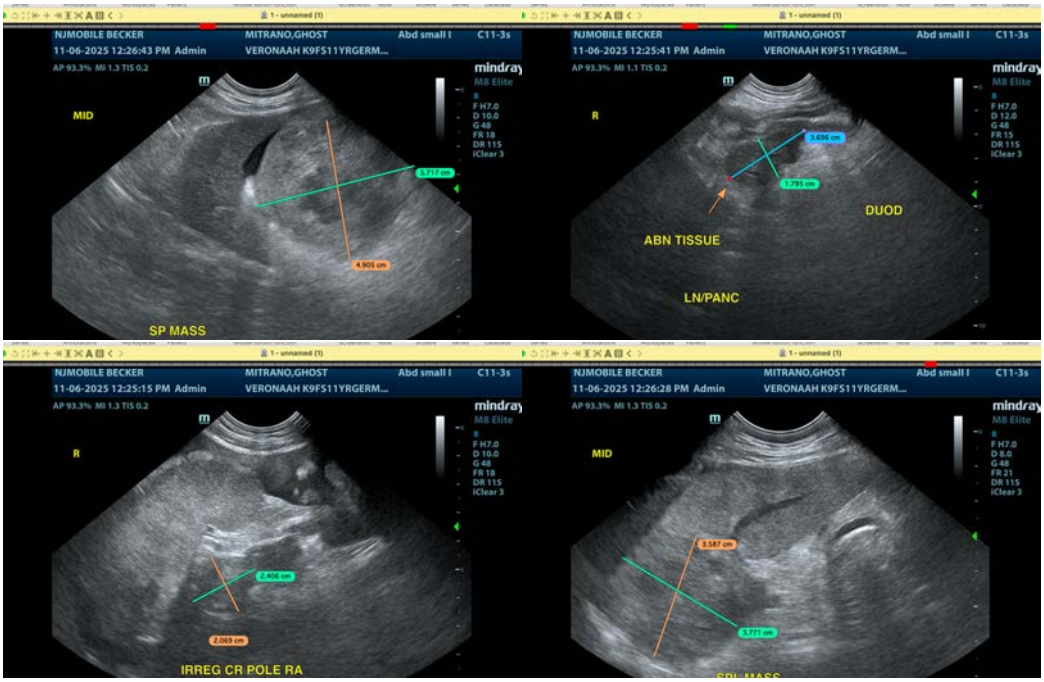
There are at least two poorly defined mass effects visualized in the spleen. These could represent benign or metastatic lesions. Additionally, there is a large amount of free abdominal fluid. Recommend fluid analysis and cytology, looking to determine if this represents a hemoabdomen or possible neoplastic effusion, etc. If a hemoabdomen is present, surgery is more urgent.

The right adrenal is large and irregular with an irregular cranial pole. This is concerning for a possible neoplastic lesion. Options could include a surgical consultation regarding possible adrenalectomy combined with splenectomy, a contrast CT scan to further evaluate, or possible biopsy/fine needle aspirate at the time of surgery with a future plan formed at a later date.

There is some abnormal tissue visualized associated with the duodenum. The nature of this is uncertain. This could represent an abnormal lymph node, a mass lesion involving the proximal duodenum, or even abnormal pancreas in the region. If surgery is pursued, this area should be evaluated. There could be potential for metastatic lesion, but benign change is also possible.

No focal lesions were visualized associated with the liver, although it is diffusely heterogeneous. A biopsy of the liver should be considered at the time of surgery.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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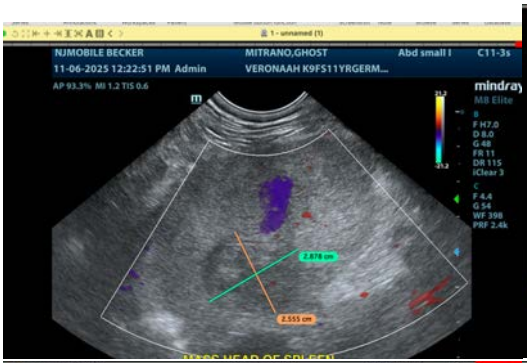

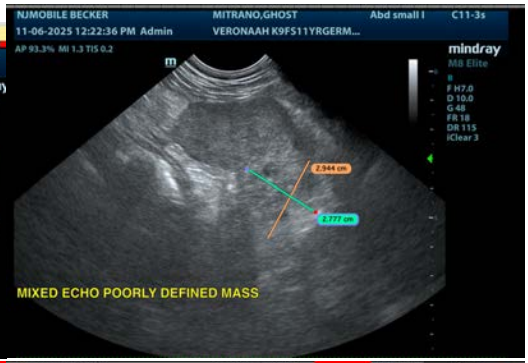

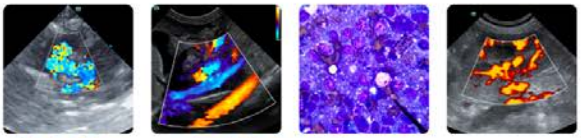

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com