

**DATE PRESENTING CLINICAL SIGNS**

12/17/21

History: Inappetence starting about 2 weeks ago. Has started vomiting daily.

PATIENT

Coco Marron

Current Medications: Meloxicam 7.5 mg - 1/2 tab PO SID for several years. Omeprazole - 20mg SID, Incurin, Joint supplement, Heartgard & Bravecto.

Radiographs: Radiographs show splenic mass and caudodorsal lung field soft tissue mass.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Labrador Retriever Mix

SEX

Spayed Female

Urinary System

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

AGE

12/1/08

The left kidney has a normal shape and size (6.71 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.

WEIGHT

59.3 Lbs.

The right kidney has a normal shape and size (7.28 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 BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**Adrenal Glands**

The left adrenal gland is large in size measuring 3.35 cm in length x 1.3 cm at the caudal pole and 1.14 cm at the cranial pole. It is observed in its normal position cranial to the left renal artery. It is irregular in appearance in that the medial aspect of the adrenal gland is thickened and prominent, measuring 1.69 cm. Findings are most consistent with an irregular large adrenal gland or an adrenal nodule.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

The right adrenal gland is normal in size measuring 0.72 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.

HOSPITAL NAME

Homeward Bound VS

Spleen

The spleen is large, irregular and severely heterogeneous. The blood flow through the hilus and splenic parenchyma appears normal. The entire spleen is diffusely irregular and nodular with large hypoechoic mass effects protruding from the splenic parenchyma, measuring 7.2 cm x 5.5 cm, 3.0 cm x 3.1 cm, etc. Smaller hypoechoic nodules throughout the parenchyma, varying in size from 0.25 cm - 4.0 cm.

REFERRING VET

Dr. Sorum

Liver

The liver is subjectively large in size and severely irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are diffuse discreet hypoechoic nodules visualized throughout the hepatic parenchyma. Findings are suggestive of a metastatic process, although regenerative nodules are possible.

INVOICE

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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 <0.7 cm 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is no free fluid. There is a massive mesenteric lymphadenopathy with diffusely hypoechoic large lymph nodes throughout the abdomen. The iliac lymph node is measured at 9.4 cm x 3.7 cm. A cranial abdominal lymph node is measured at 4.0 cm. The omentum is generally of increased echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

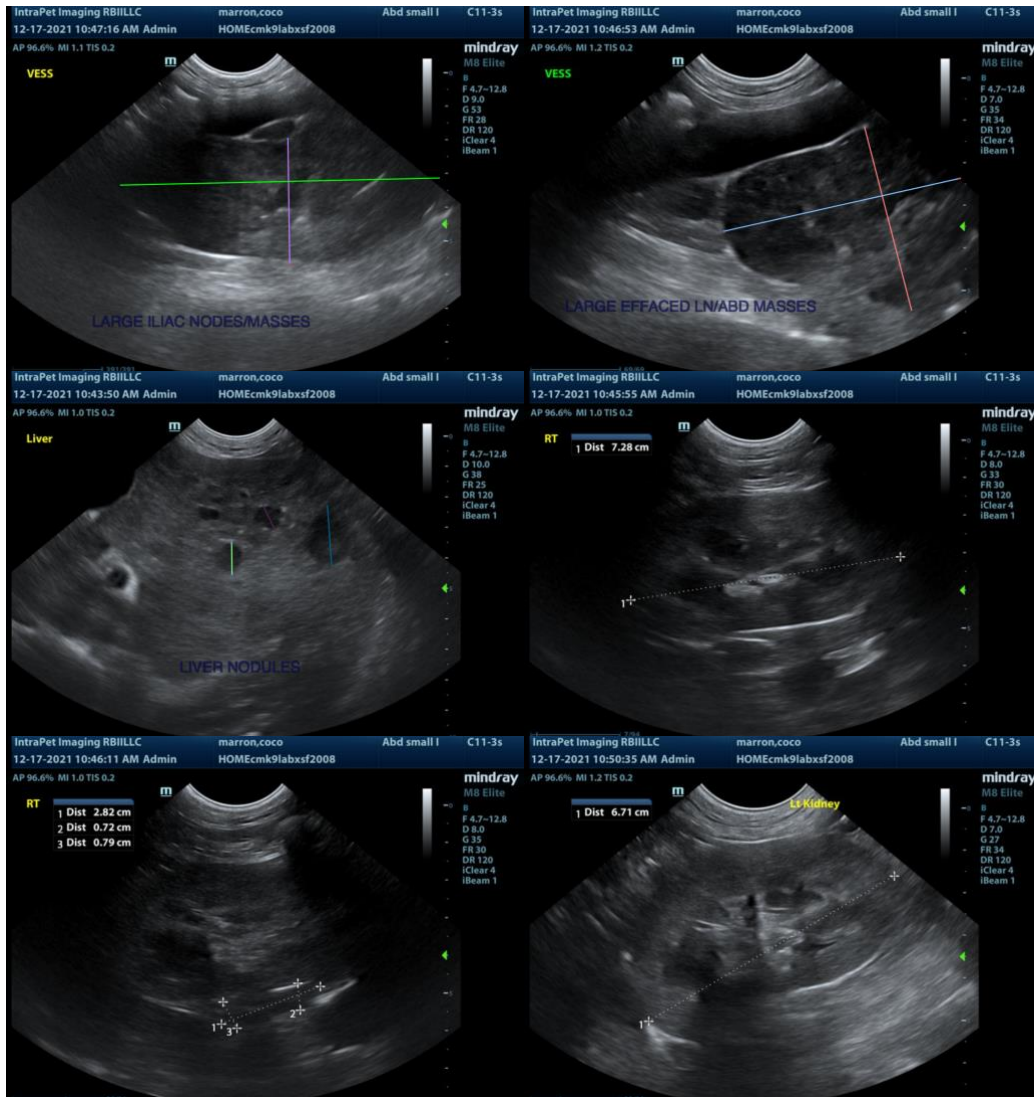
- Severely nodular spleen with distinct large hypoechoic mass effects. Findings are suggestive of a neoplastic process. Primary differential would be histiocytic sarcoma, secondary would be hemangiosarcoma.
- Large severely heterogeneous nodular liver. Findings are most supportive of a metastatic process, although nodular regeneration cannot be excluded as a possibility.
- Severe mesenteric lymphadenopathy. There are very large hypoechoic lymph nodes visualized throughout the abdomen, creating mass effects.
- Large irregular left adrenal. Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other. Metastasis to the left adrenal gland is thought possible/likely.

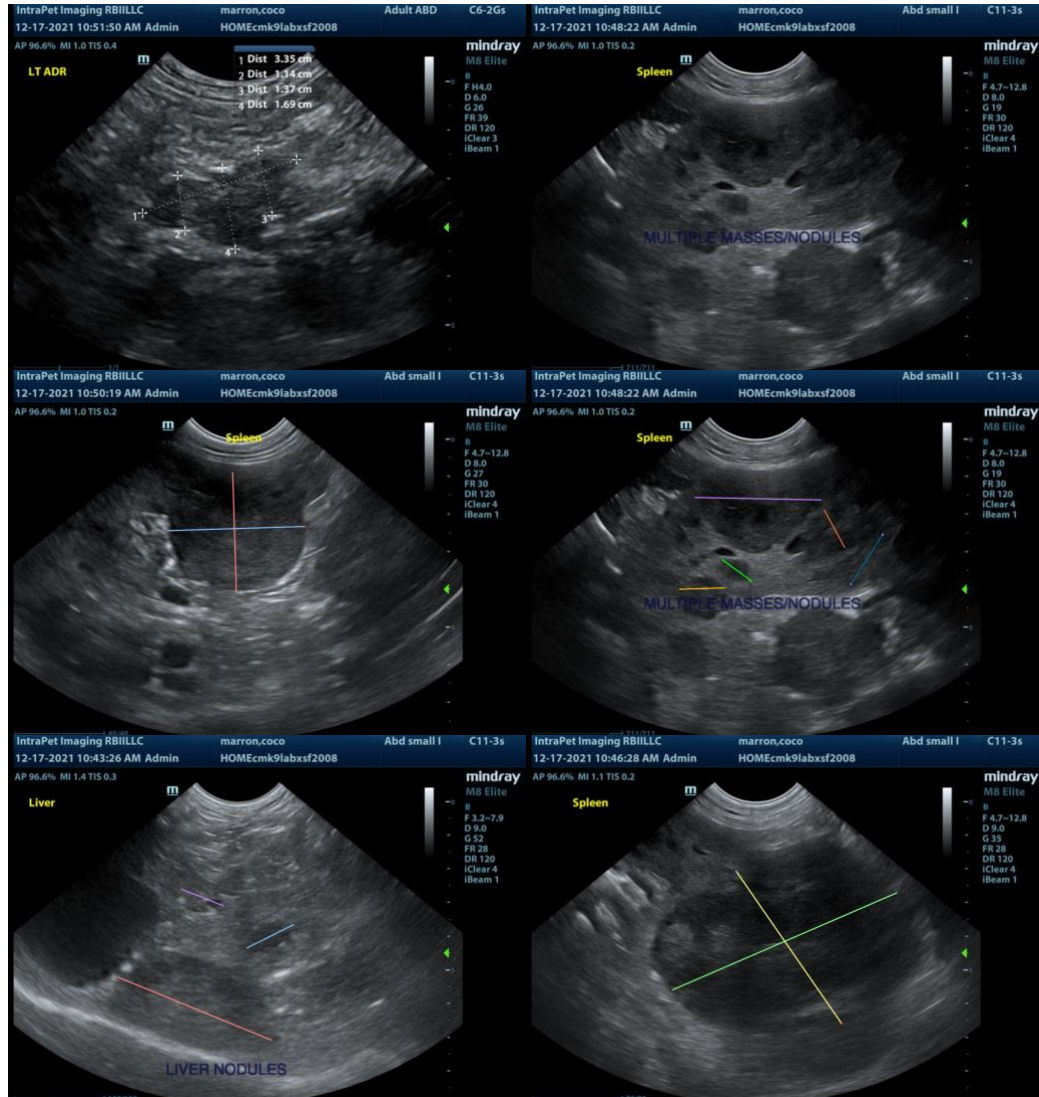
Secondary Findings

- Prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is severely diffusely affected and there are similar appearing nodules in both the abdomen and the liver. Findings are suggestive of a diffuse metastatic process. Definitive diagnosis would require sampling of the spleen, liver and abdominal lymph nodes. The history describes a possible pulmonary mass. This would additionally be of high concern for metastasis. I suspect the best approach, if treatment is desired, is to perform fine needle aspirates and consultation with a veterinary oncologist with the cytology results to determine prognosis and possible treatment options.





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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