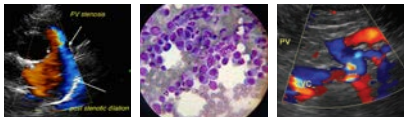
IMAGING PERFORMED BY

IntraPet.com



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DATE

2/22/23

PATIENT

Axel Harry/Rodriguez

SPECIES

Canine

BREED

Bassett Hound

SEX

Neutered Male

AGE

7/27/09

WEIGHT

62 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Green Acres Pet Center

REFERRING VET

Dr. Kaschenbach

INVOICE

45406

PRESENTING CLINICAL SIGNS

Intermittent vomit, diarrhea. Presented for dental and abdominal mass palpable under anesthesia.

Current Medications: None.
Lab Results: Chronic mild increase in alk phos. PCV 22%.
Radiographs: soft tissue mass in area of spleen and another one caudal to it. No free fluid. Thoracic rads looked normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Acepromazine, Buprenorphine and Telazol.
Stat Report: Declined.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 (1.37 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 (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.

The right kidney has a normal shape and size (7.45 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 0.94 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 normal in size measuring 0.73 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, heterogeneous, and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large mixed echogenic irregular mass effect visualized in the cranial abdomen, measuring approximately 16.59 cm x 11.03 cm. This is a solid mass effect that appears most intimately associated with the spleen, although it does contact the liver. Additionally, there is a slightly cavitated mixed echogenic mass more towards the tail of the spleen measuring 8.77 cm x 9.49 cm, and a smaller mixed echogenic mass effect measuring 2.82 cm x 4.23 cm.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. Jejunum wall measures 0.41 cm. 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 scant free abdominal fluid. No lymphadenopathy. The omentum is generally of normal echogenicity.

Other
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

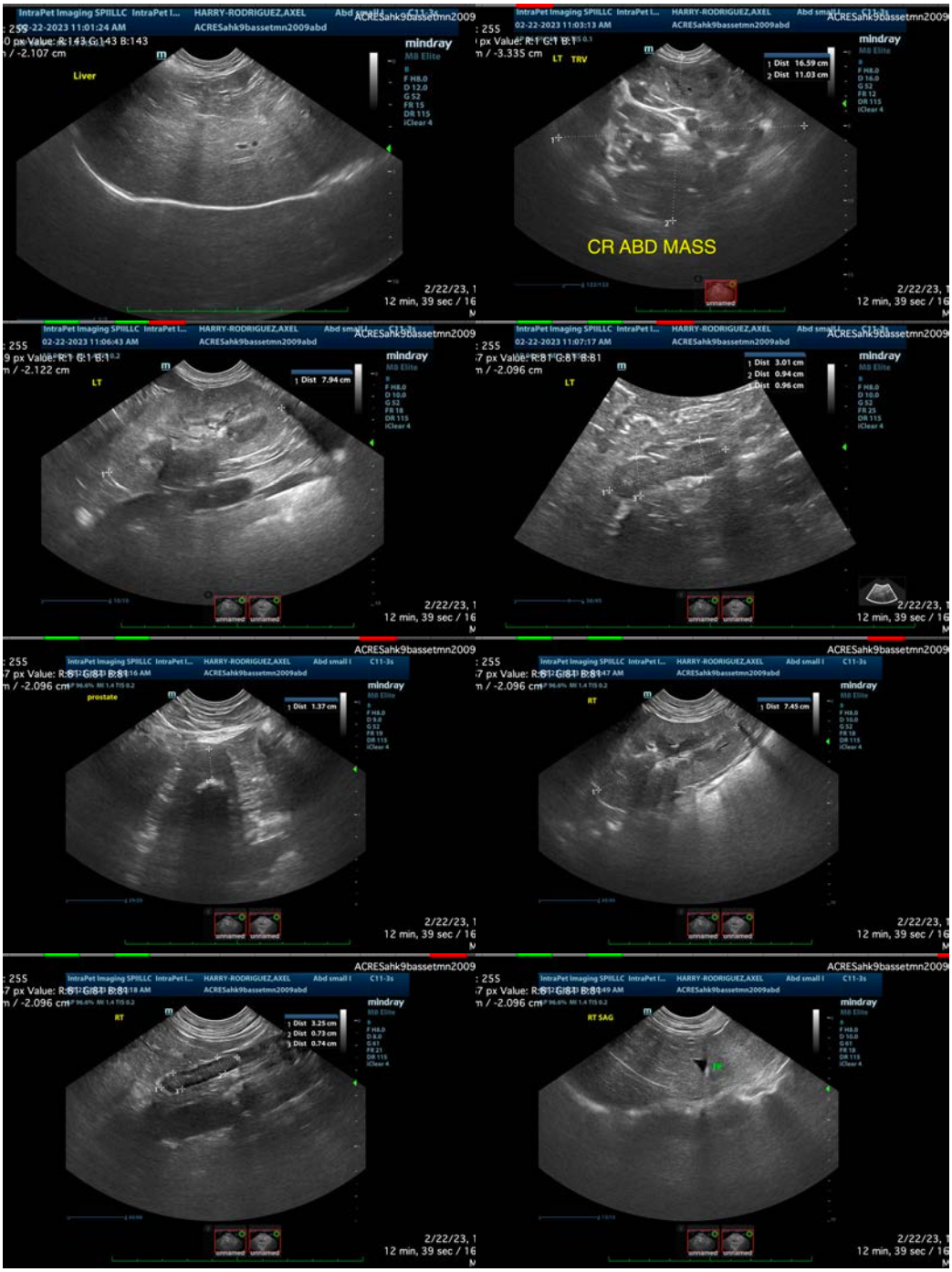
- Very large mixed echogenic irregular cranial abdominal mass – This is most consistent with a large solid splenic mass.
- Slightly cavitated mixed echogenic irregular mass effect towards the tail of the spleen as well as a solid mixed echogenic smaller mass lesion – The masses distort the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Scant free abdominal fluid

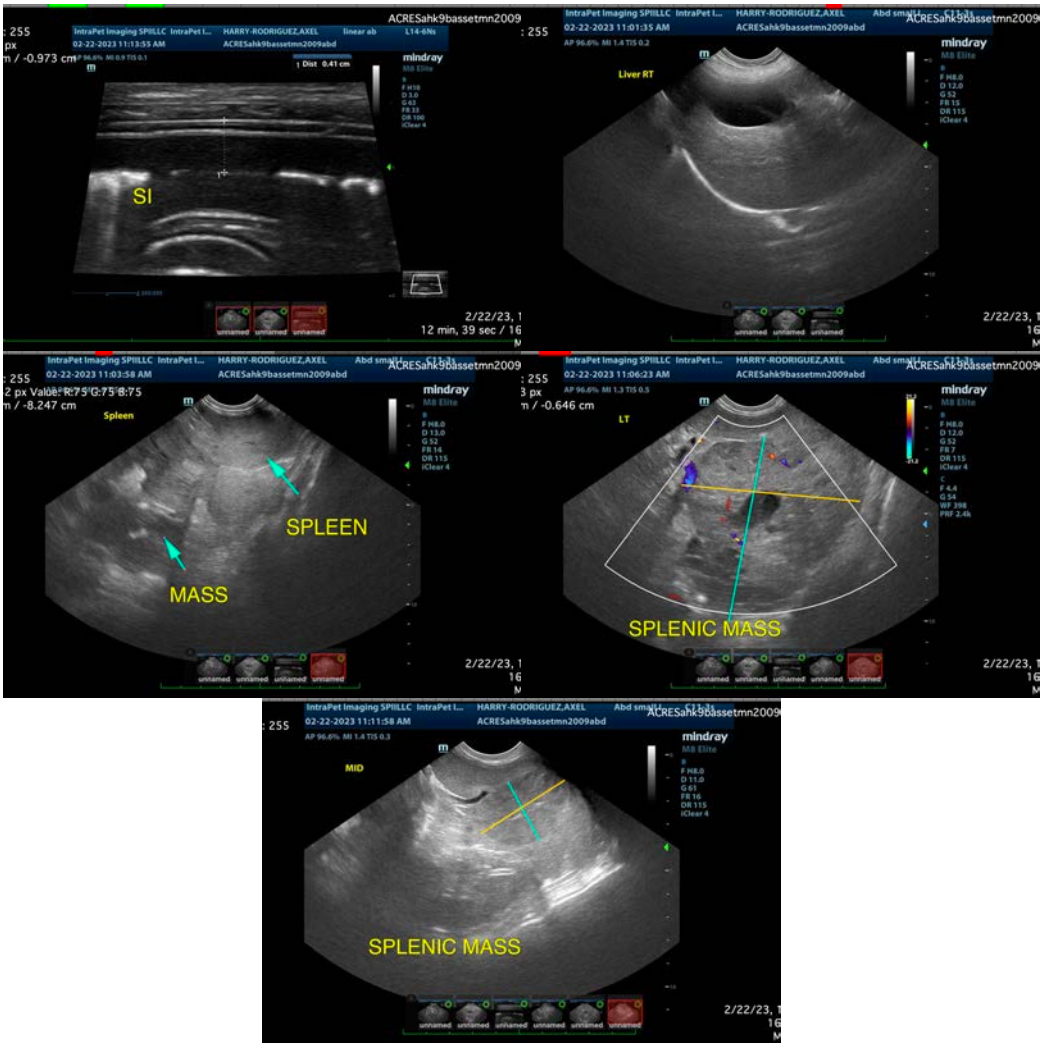
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large mixed echogenic cranial abdominal mass effect that appears most intimately associated with the spleen. Additionally, there are two other mass lesions associated with the spleen. I cannot definitively rule out the possibility of the large cranial abdominal mass being associated with the liver but based on today's presentation it is most consistent with 3 splenic mass lesions. These mass lesions could be

benign or neoplastic. Recommend splenectomy for both diagnostic and therapeutic purposes. Alternately, a contrast CT scan could be considered if definitive identification of the origin of the cranial abdominal mass is desired.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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.

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