

**DATE PRESENTING CLINICAL SIGNS**

3/22/22

Presented with inappetence and sporadic vomiting, in-house US showed ingesta in stomach, peristalsis. 1cm hypoechoic nodule noted on spleen, concern for echogenicity of liver compared to spleen. GI vomiting and UTI resolved; p passed small amount of stuffing. O considering preventative splenectomy.

PATIENT

Luna Gordon

Current Medications: Clavamox and Cerenia.

Lab Results: UTI- bacteria and hematuria.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

BREED

Pomeranian X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****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.

Spayed Female

AGE

7/14/14

The left kidney has a normal shape and size (3.79 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

18.8 Pounds

The right kidney has a normal shape and size (4.31 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 DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

The right adrenal gland is normal in size measuring 0.49 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

Hickory Vet Hospital

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small hypoechoic nodule measuring 0.52 cm x 0.41 cm visualized in the cranial third of the spleen. This lesion does not deform the splenic capsule.

REFERRING VET

Dr. McCourt

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.

INVOICE

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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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 measured 0.22 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 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Small hypoechoic nodule within the splenic parenchyma – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderate shadowing debris within the gastric lumen –Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

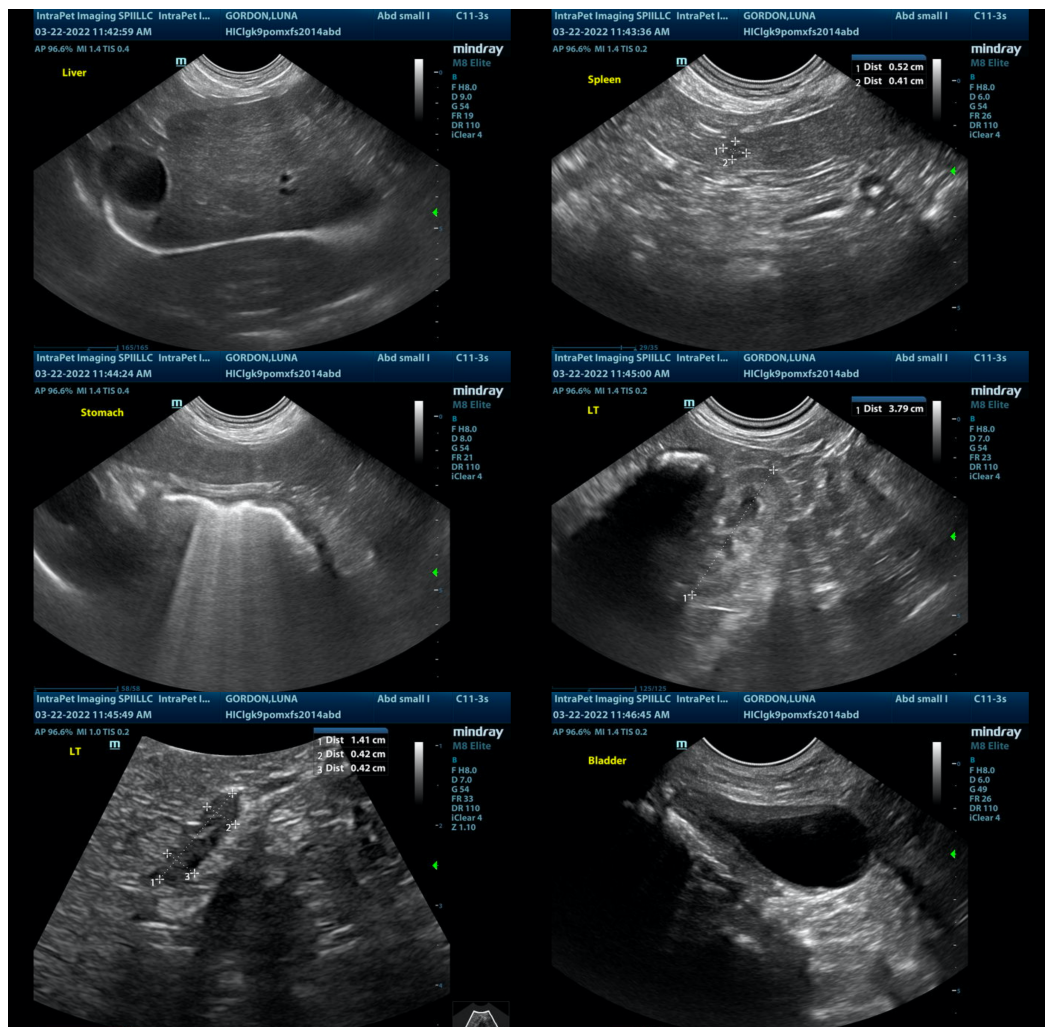
The previously described splenic nodule is visible on today's scan. It is relatively small and does not deform the splenic capsule. Recommendations regarding these lesions can be difficult, as there is about a 50/50 chance of a splenic nodule being cancerous, but with a small nodule like this with no capsule deformation, the likelihood of a benign lesion is higher (but this can in no way be guaranteed). Options moving forward would include:

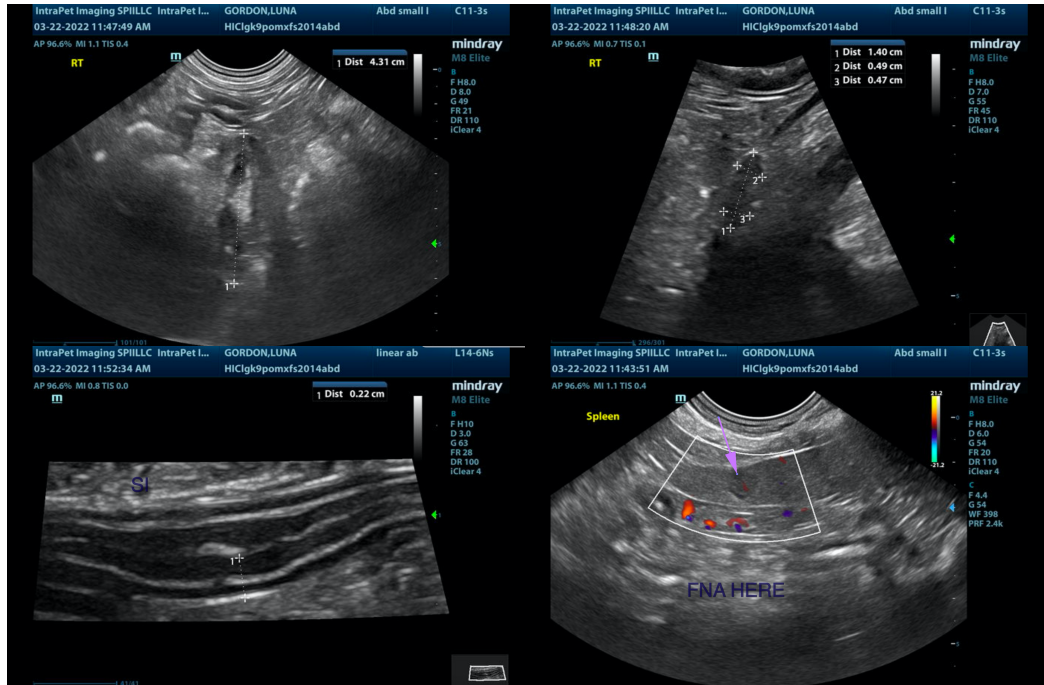
- A more aggressive track with a splenectomy and submission of abnormal spleen for histopathology. Many surgeons will recommend a liver biopsy at the same time to look for evidence of metastasis, although the spleen looks very normal on today's scan.
- A more intermediate track, where a fine needle aspirate of the lesion is performed, and continued close monitoring of the lesion with ultrasound. Splenectomy is performed if the lesion is growing or

cytology is concerning.

- The most conservative approach would include continued monitoring with ultrasound initially every 2-3 months.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

There is a small amount of shadowing material visualized within the gastric lumen. Given the recent history of ingestion of foreign material, this could represent additional foreign material, or could be consistent with normal ingesta.





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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