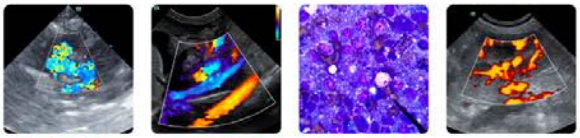

PATIENT

Beans Boldt

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

14 Years

WEIGHT

21 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Walkertown Veterinary Hospital

REFERRING VET

Dr. Henry

INVOICE

73340

DATE

3/3/26

PRESENTING CLINICAL SIGNS

P presented for intermittent v/d and abdominal mass was palpated on exam. US recommended.

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 (1.02 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 (5.5 cm) with too numerous to count pinpoint cortical mineralizations most consistent with dystrophic mineralization. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.81 cm) with too numerous to count pinpoint cortical mineralizations most consistent with dystrophic mineralization. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.63 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 1.0 cm at the cranial pole and 0.52 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 and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large cavitated mass effect visualized associated with the spleen, measuring 8.41 m x 7.59 cm. Additionally, there is a small hypoechoic nodule visualized measuring 1.06 cm x 1.1 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.

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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.

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.

Most of 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 0.43 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. In the caudal abdomen there is a section of small intestine that appears more thickened with somewhat reduced detail of wall layering and mild mucosal speckling. In this area the bowel wall is thickened and there is some intraluminal fluid, most consistent with focal ileus. This area of small intestinal measures 0.43 cm in thickness.

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 are 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The omentum is hyperechoic around the mass lesions and some of the thickened areas of bowel.

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

- Age related changes and dystrophic mineralization visualized associated with both kidneys.
- Large, cavitated splenic mass and smaller hypoechoic nodule – 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.
- 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.

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- Focal areas of thickened small intestine with reduced detail of wall layering and mucosal speckling – Findings could be consistent with focal enteropathy or even neoplastic changed. Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

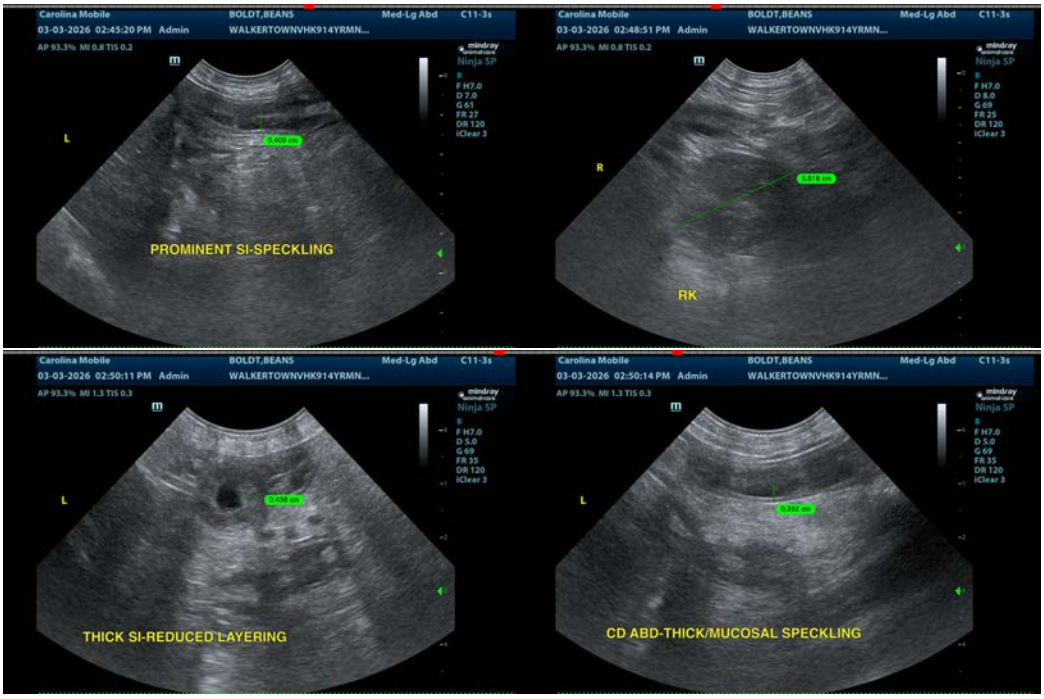
There is a large cavitated mass effect visualized associated with the spleen. Splenectomy would be recommended for both diagnostic and therapeutic purposes. Primary differential would be a hemangiosarcoma, although other differentials are possible.

The liver is heterogeneous, but no definitive metastatic lesions are visualized.

Additionally, in the caudal abdomen there are some focal thickened areas of small intestine. The significance of this is unclear. Some areas should mildly reduced detail of wall layering, and some exhibit changes potentially consistent with mucosal speckling or striations. Findings could be consistent with inflammation in this region, an enteropathy such as IBD with focal lymphangiectasia or even early neoplastic change.

If surgical splenectomy is pursued, recommend evaluation of the GI tract and biopsies of any areas that appear abnormal. If the patient has a history of chronic vomiting and diarrhea, biopsies of the stomach and GI tract may be warranted regardless.

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



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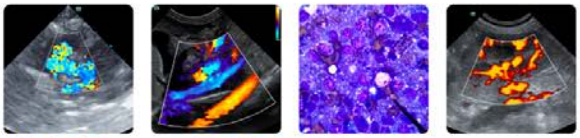

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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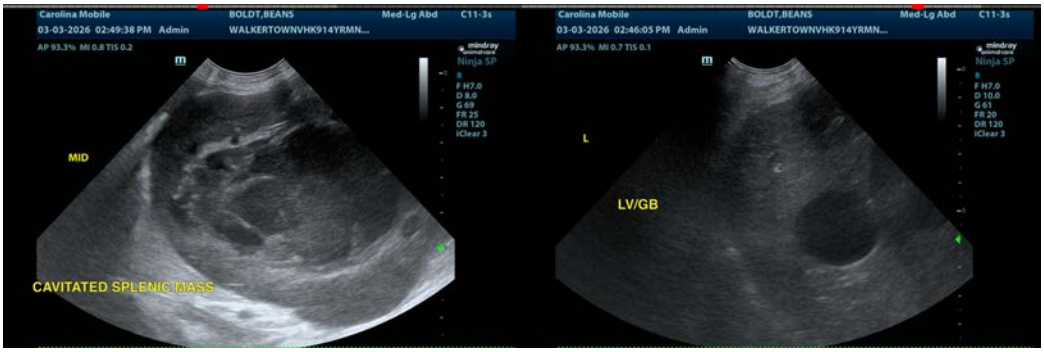

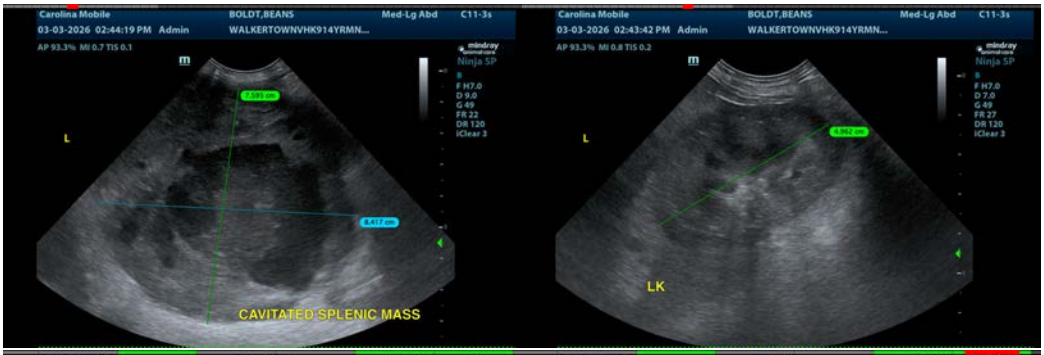

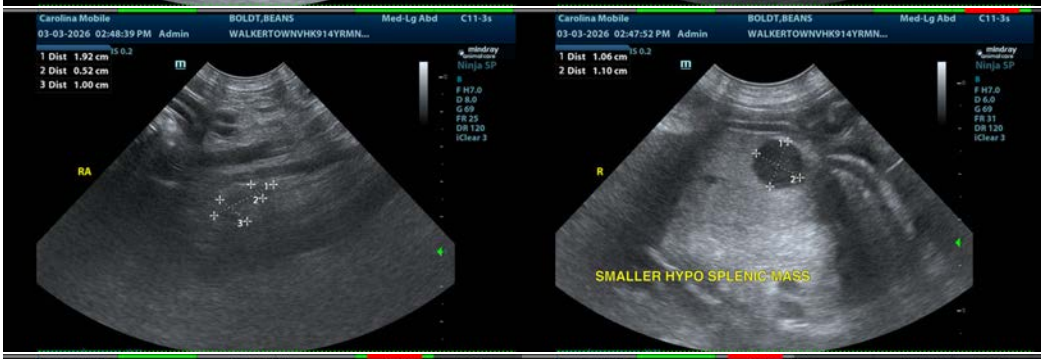

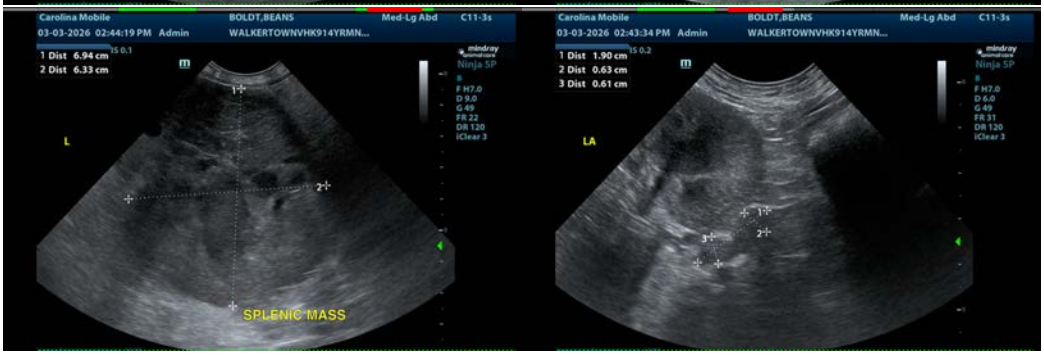

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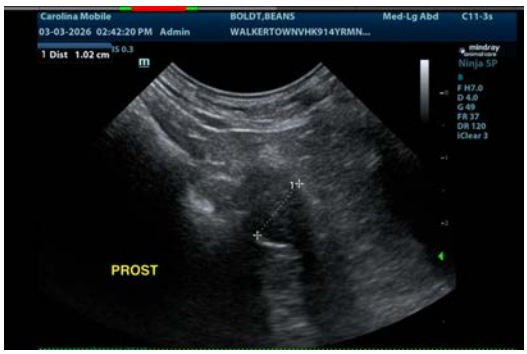

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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