

**DATE PRESENTING CLINICAL SIGNS**

4/12/22

Dog was exhibiting period of lethargy, poor appetite, but increased thirst about 1 1/2 weeks ago. Then the dog had a short period of weakness and slightly labored breathing which resolved within the past 2-3 days. Dog also had dark stool (not black in color per owner). Prior to this the dog appeared to be fine and doing well but quiet considering her age. Physical examination (4/4/2022) - WNL in regard to CV/Resp, mm color pink, no abdominal pain, distension or abnormality on palpation. Per owner the dog was returning to her normal behavior or routine. Owner elected to pursue blood panel and hold on radiographs.

PATIENT

Bella Kapetanakos

SPECIES

Canine

Current Medications: None listed.

Lab Results: Blood profile: Anemia (early regenerative), thrombocytopenia. PLT - 79k (143-448), HCT 26% (38-56), RBC 3.10 (5.39-8.70), Retic 155 (10-110), NRBC 3 (0-2), Na - 137 (142-152) K - 3.8 (4.0-5.4).

BREED

American Staffordshire

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/2/08

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.

WEIGHT

65.2 Pounds

The left kidney has a normal shape and size. (6.95 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)

The right kidney has a normal shape and size (6.72 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.

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.83 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.

HOSPITAL NAME

Fork Veterinary
Hospital

The right adrenal gland is normal in size measuring 0.68 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.

REFERRING VET

Dr. Doherty

Spleen

The spleen is large in size and irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are three mass effect visualized on the spleen. There is a large, mixed echogenic, non-cavitated mass effect towards the tail of the spleen measuring 5.9 cm x 7.85 cm, deviating the splenic capsule significantly. There is a smaller mixed echogenic, hypoechoic intraparenchymal lesion visualized at 3.01 cm x 1.64 cm, and another larger hypoechoic, heterogeneous mass effect towards the head of the spleen, measuring 4.05 cm x 3.05 cm, which deviates the splenic capsule.

INVOICE

36818

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is 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 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 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. 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 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 a large, mottled, cystic appearing lymph node visible in the iliac region measuring 2.22 cm x 5.91 cm. The omentum is of normal echogenicity.

Other

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

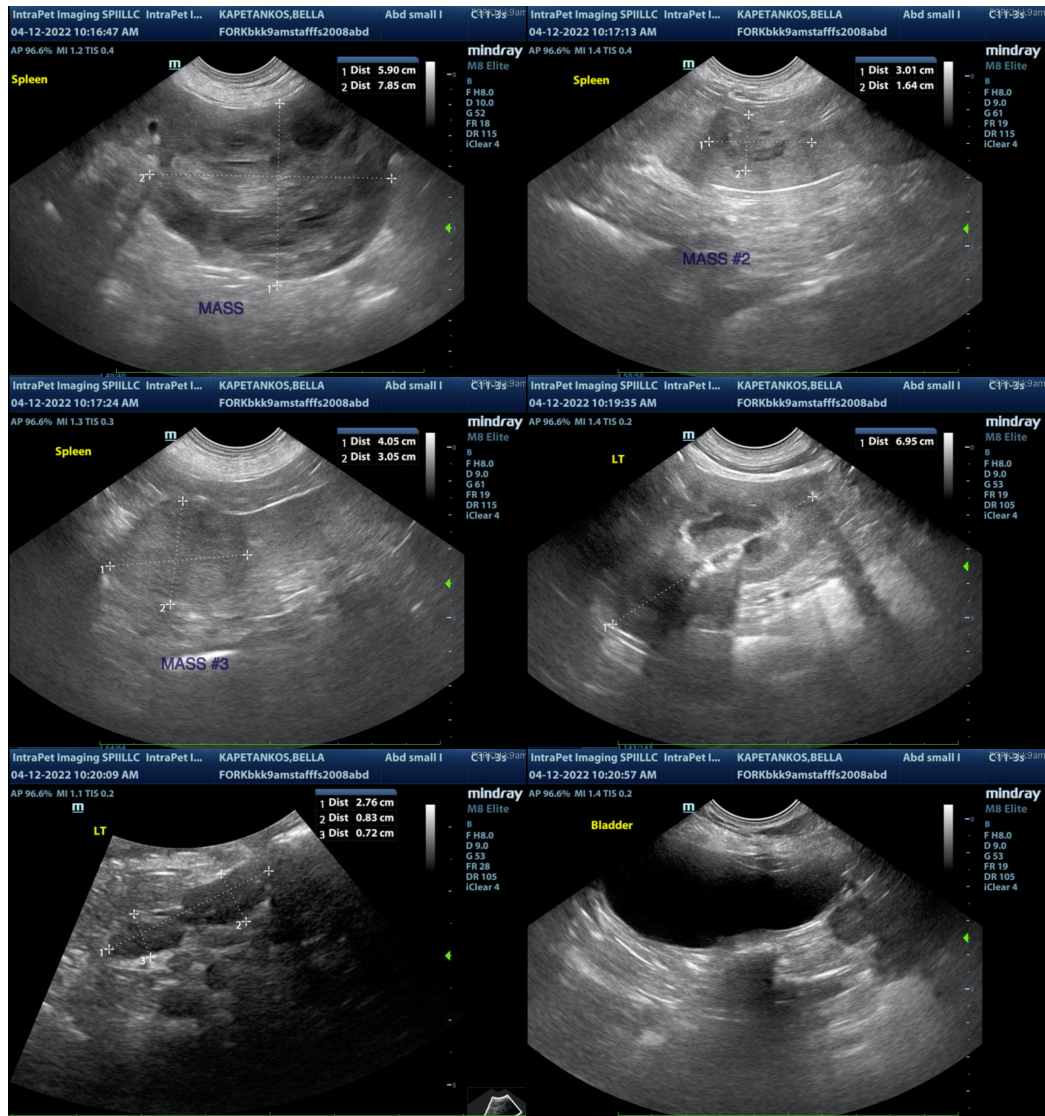
ULTRASONOGRAPHIC FINDINGS

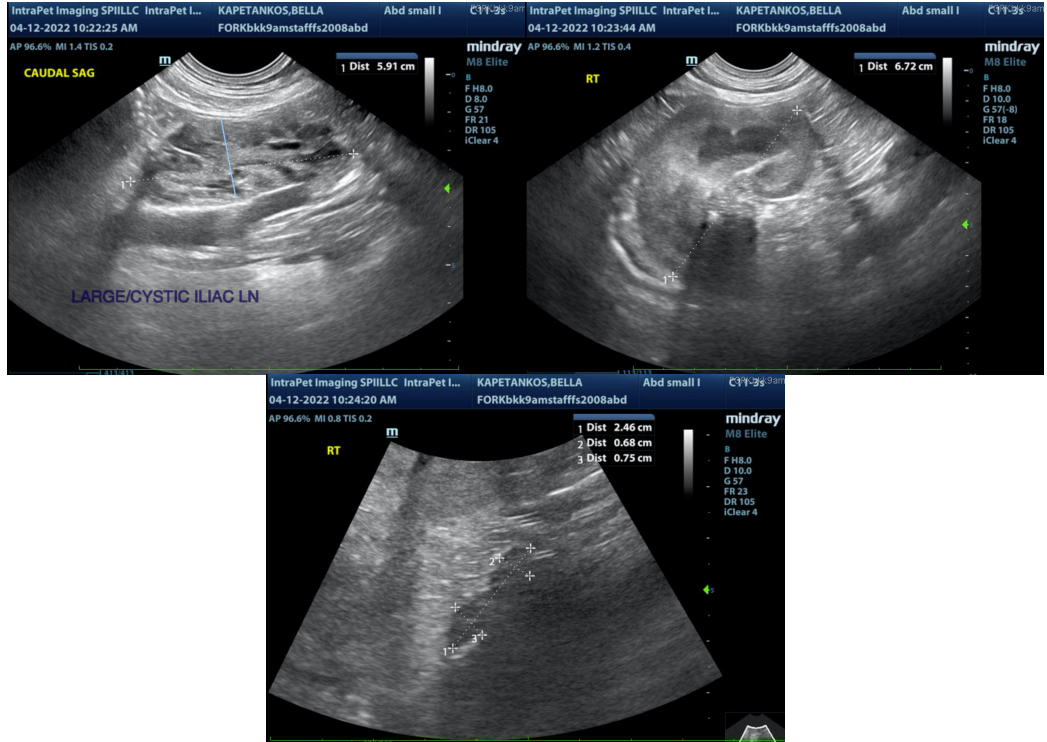
- Large, irregular spleen with multiple large mass effects – Several focal, solid, mixed echogenic masses are present within the splenic parenchyma. These masses distort the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.
- Large, irregular, partially cystic iliac lymph node – This is concerning for either a reactive or metastatic lymph node. Recommend digital rectal exam to evaluate the anal glands and look for any other caudal abdominal lesions, which could be related. Consider biopsy at the time of splenectomy.
- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous mass effects on the spleen. Considering the history of a regenerative anemia, there is the possibility that there could be historical bleeding present, but none is visualized on today's scan, and there are no large cavitations visualized. Recommend splenectomy for both diagnostic and therapeutic purposes, provided thoracic radiographs are normal.

There is a large, irregular, mottled iliac lymph node visualized. Recommend biopsy of this lymph node at time of splenectomy, and a careful digital rectal exam to confirm the anal glands are normal.





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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