



PATIENT PRESENTING CLINICAL SIGNS

Jinko Park Patient presented to the hospital on April 26th due to crying and pain. Patient came again today due to vomiting (patient vomited bile 3 times) and inappetence. Ow considers patient is in pain and is crying.

SPECIES Abnormal PE/Chem/CBC/UA Results: Bloodwork done 04/26 Chemistry: Albumin: 2. g/dL AST: 101 UI/L ALKP: 441 IU/L BUN: 43 mg/dL Creatinine: 2.1 mg/dL Calcium: 12.3 mg/dL Magnesium: 1.4 mEq/L CBC: WBC: 53.5 10³/ml Neutr: 39055/ml Bands: 8560/ml Monocyt: 4280/ml
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu **Urinary System**

SEX 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.

Male The prostate is large in size (1.78 cm in height in the sagittal view) and is hyperechoic and somewhat heterogeneous with no focal lesions. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE The left kidney has a normal shape and size (4.01 cm) with non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT The right kidney has a normal shape and size (4.01 cm) with non-obstructive nephroliths and a focal mineralizations measuring 0.62 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

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Adrenal Glands

The left adrenal gland appears to be large in size with the caudal pole measuring 1.38 cm. It is observed on a still view in its normal position cranial to the left renal artery. The cranial pole of the left adrenal gland is not visible, making conformation of this structure difficult.

The right adrenal gland is normal in size measuring 0.59 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 subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, cavitated, fluid filled structure visualized caudomedial and adjacent to the spleen, measuring 5.64 cm in diameter. This is most consistent with a splenic mass.

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.



PATIENT
Jinko Park

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.

SPECIES
Gastrointestinal

Canine

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.

BREED
Shih Tzu

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.

SEX
Male

AGE
14 Years

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

WEIGHT
16 Pounds

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

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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.

PRIMARY FINDINGS

- Suspect cavitated splenic mass – 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.
- Suspect left adrenal mass – Additional video clips would be necessary to confirm, but there is a suspected enlarged left adrenal gland. Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- 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.
- Large, heterogeneous prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

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SECONDARY FINDINGS

SPECIES

Canine

- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.

BREED

Shih Tzu

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, cavitated mass effect visualized within the abdomen, which appears to be arising from the level of the spleen. Exploratory surgery with likely splenectomy is indicated for both diagnostic and therapeutic purposes. Recommend 3-view thoracic radiographs.

SEX

Male

Additionally, the left adrenal gland appears enlarged. I'm unable to visualize it on a video clip to confirm multiple views, but I have the suspicion this represents a mass effect or nodule. These can be benign or malignant, and can secrete hormones or be non-active. Recommend a blood pressure evaluation. Options moving forward include evaluation of the left adrenal at the time of splenectomy or advanced imaging preoperatively to further evaluate the adrenal gland and to look for any evidence of metastasis, vascular invasion, etc.

AGE

14 Years

I suspect the acute symptoms described are associated with the abdominal mass. If signs of Cushing's are present, adrenal function testing could be considered once the patient is fully recovered from surgery, or the adrenal gland can continue to be monitored with the knowledge that it could continue to grow and become a problem.

WEIGHT

16 Pounds

The prostate in this patient is large and most consistent with an intact male dog with benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture and possible neutering.

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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.

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