

DATE PRESENTING CLINICAL SIGNS

5/5/26

Patient History: Patient presented for ADR- anorexia and lethargy for 2 days duration. Temp-103.3. Abdomen firm and distended on palpation. Radiographs revealed large cranial abdominal mass. Patient is anemic (HCT 30.6) and platelet count is also decreased.

PATIENT

Summer Rae Chester

Current Medications: None listed.
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Boxer x

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

8/31/16

The left kidney has a normal shape and size (7.26 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.

WEIGHT

87 lbs

The right kidney has a normal shape and size (6.21 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is "plump" measuring 0.71 cm at the cranial pole and 0.85 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

Chadwell Animal
Hospital

The right adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.66 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. Copes

Spleen

The spleen is large and irregular in shape. The spleen echotexture is mildly mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a very large, solid, heterogeneous mass effect visualized in the left cranial abdomen measuring 11.52 cm x 16.4 cm. This is strongly suspected to arise from the mid region of the spleen.

INVOICE

74922

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

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.

The heart is briefly visualized with no evidence of significant pericardial effusion. The region of the right auricle appears within normal limits. There is a hypoechoic structure suggestive of a small mass effect visualized measuring 2.3 cm x 1.4 cm in the region of the aortic body. Recommend a full echocardiogram.

ULTRASONOGRAPHIC FINDINGS

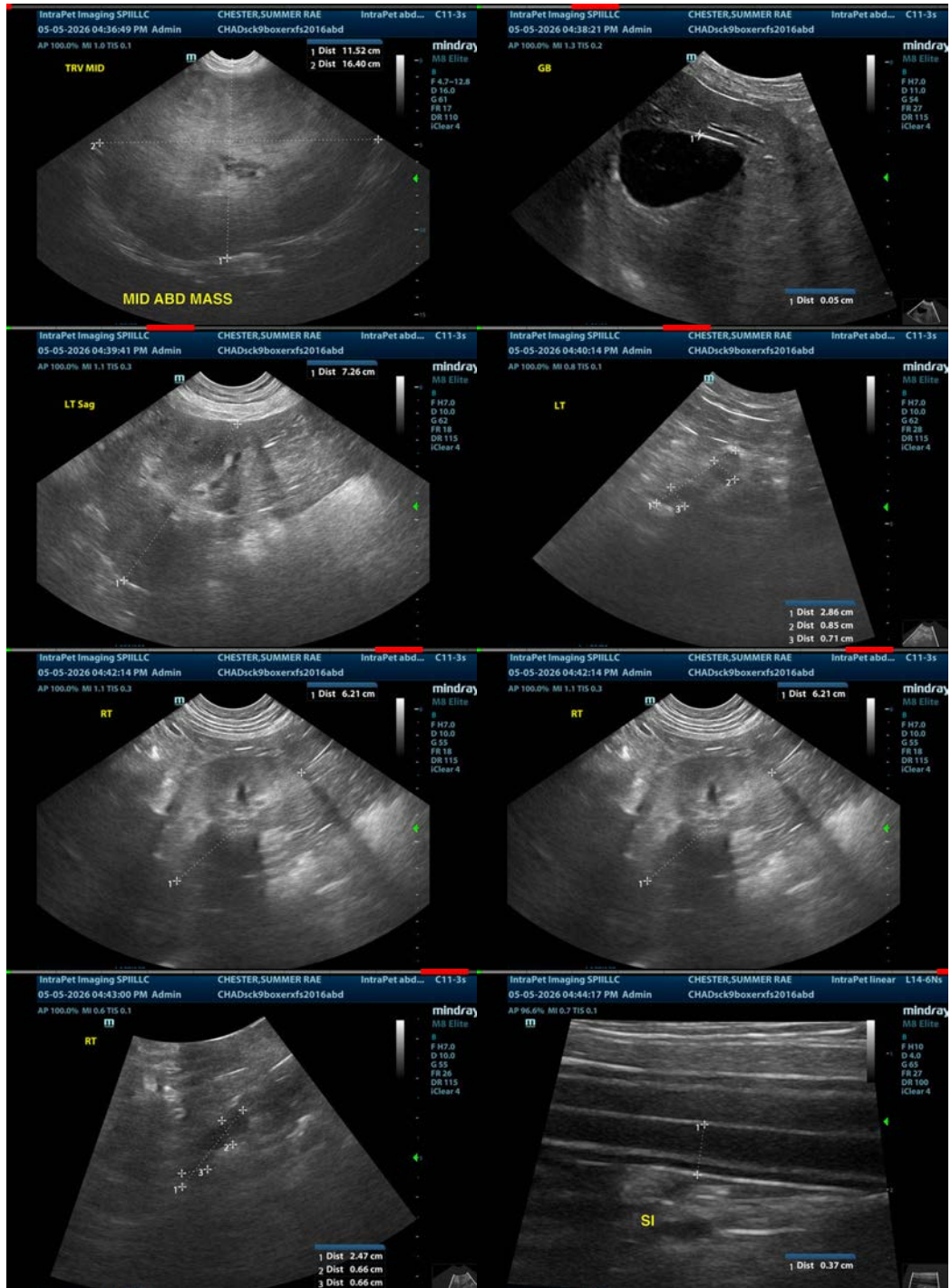
- Large, solid, heterogeneous left cranial abdominal mass lesion – Findings are suggestive of a large splenic mass – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Suspect mass effect near the aorta – Findings could be consistent with a chemodectoma. This would be an atypical location for a hemangiosarcoma.

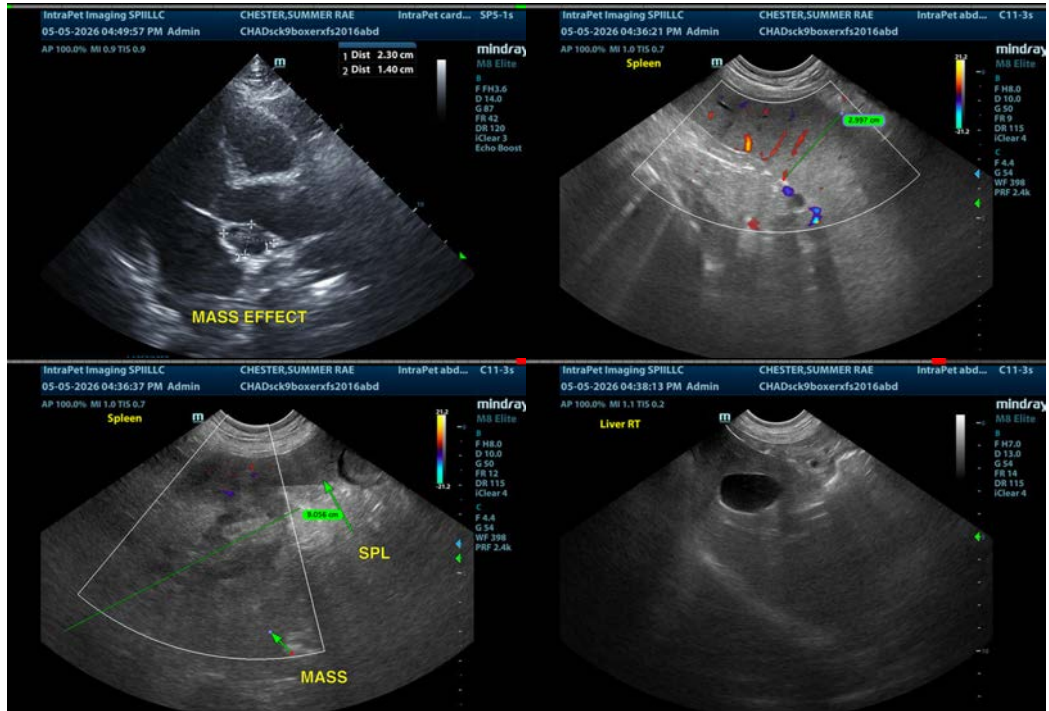
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, solid cranial abdominal mass lesion. This has an appearance most consistent with a splenic mass lesion. Consider explore for splenectomy for both diagnostic and therapeutic purposes. Association with the liver cannot be definitively ruled out but is much less likely.

There is a small lesion most consistent with a small mass effect near the aorta. Given the breed, a chemodectoma would be suspected. Recommend full cardiac evaluation to further assess.

If not already done, recommend 3-view thoracic radiographs.





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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