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DATE PRESENTING CLINICAL SIGNS

6/24/22 Weak and lethargic.

PATIENT Current Medications: None.

Berit Lancaster Radiographs: Mass effect cranial abdomen. Free fluid in abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT Requested by DVM.

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

9/21/13

WEIGHT

75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Brockett

INVOICE

39028

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 left kidney is normal in size (4.76 cm), but is irregular in shape. 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.14 cm), but is irregular in shape with some possible abnormal tissue that could represent a metastatic lesion. 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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 0.91 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 liver is large in size and severely irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous large, expansile, cavitated mixed echogenic mass lesions arising from the spleen. One from the mid body is 5.79 cm x 5.44 cm. Two towards the tail of the spleen measure at a diameter of 3.77 cm and 4.36 cm.

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 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

There is a large amount of echogenic free fluid. No lymphadenopathy is noted, but there is an area of irregular tissue in the omentum, concerning for possible omental lesion/metastasis. The omentum is generally irregular and of increased echogenicity.

Other

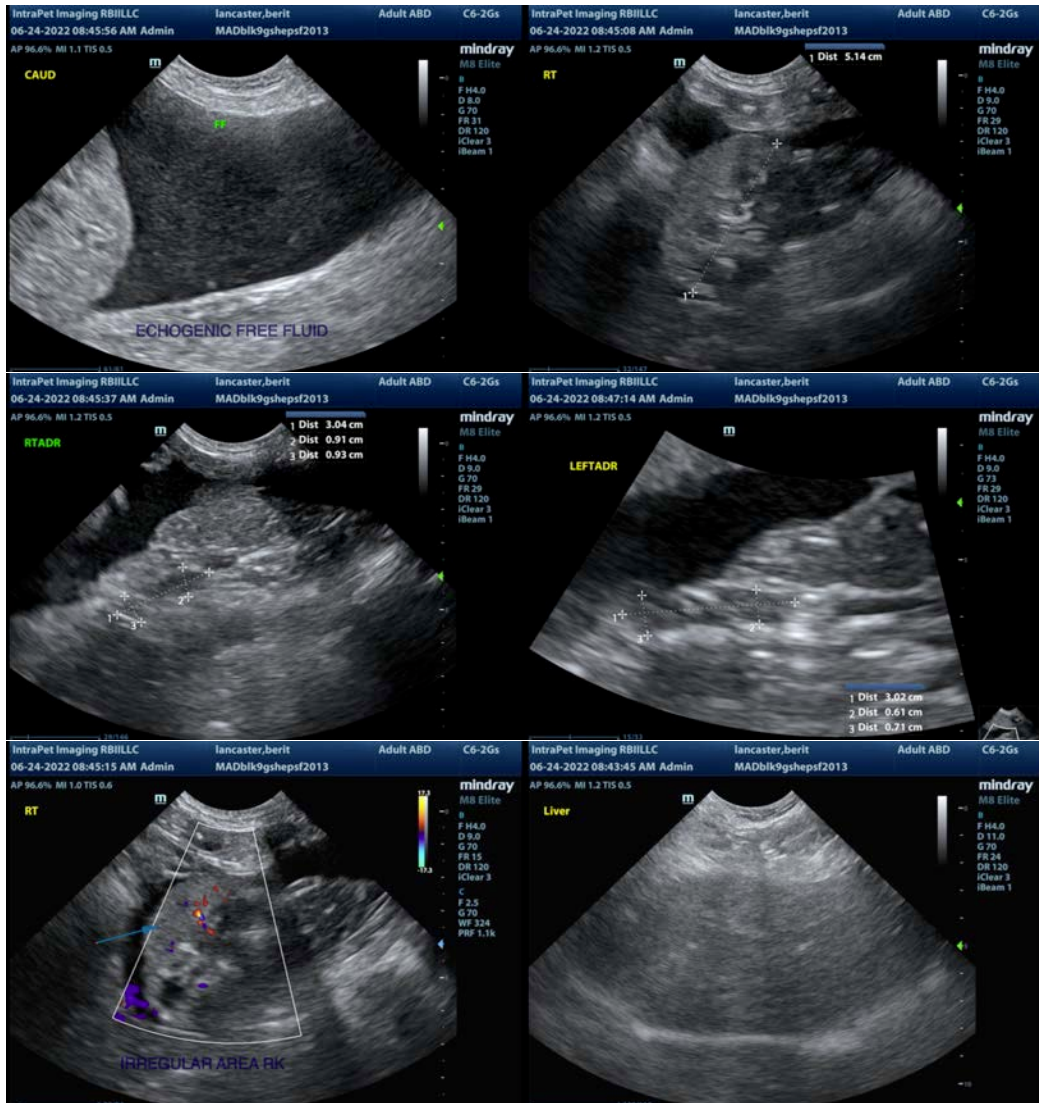
A brief view of the heart was submitted. No significant pericardial effusion was seen.

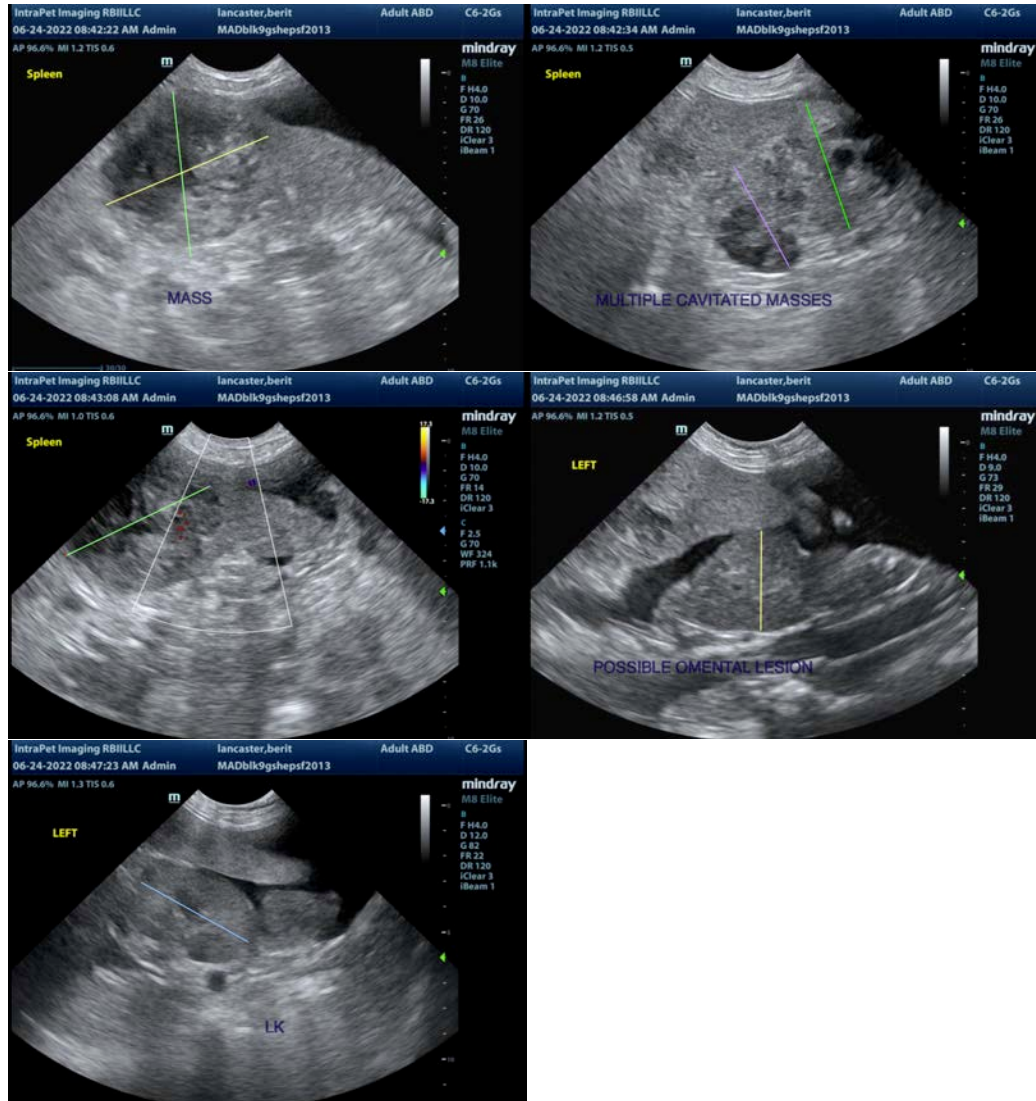
ULTRASONOGRAPHIC FINDINGS

- Large, irregular, heterogeneous spleen with numerous large mixed echogenic cavitated masses – Large masses with cavitations are present within the splenic parenchyma. The masses distort the splenic capsule. Differentials for the masses include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Decreased corticomedullary distinction in both kidneys with an irregular right kidney – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The irregularity to the right kidney is of uncertain cause, but could be associated with a metastatic lesion.
- 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 volume echogenic free abdominal fluid – There is concern for possible hemoabdomen here, recommend sampling.
- Irregular omental tissue – This could represent possible omental metastasis or inflammation secondary to the fluid present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple large cavitated splenic lesions visualized with a large amount of free abdominal fluid. Findings are concerning for a ruptured splenic mass with a hemoabdomen. Recommend sampling of the abdominal fluid. There are irregularities visualized associated with the right kidney and the omentum. These could represent possible metastatic lesions, but this is not definitive. Recommend 3-view thoracic radiographs and surgical splenectomy for both diagnostic and therapeutic purposes. Concern for a metastatic lesion is high.





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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