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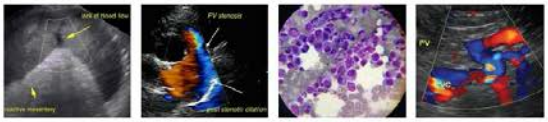

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

Leroy Wadel

**SPECIES**

Canine

**BREED**

Cattle Dog

**SEX**

Neutered Male

**AGE**

15.5 Years

**WEIGHT**

31 kg

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

Roundhill AH

**REFERRING VET**

Dr. Carl Kelly

**INVOICE**

39085

**DATE**

6/28/22

## PRESENTING CLINICAL SIGNS

Concerned about large mass in abdomen area. Suspect liver and/or spleen mass.
Abnormal PE/Chem/CBC/UA Results: SEDATED

## 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 (1.17 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 (6.0 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.

The right kidney has a normal shape and size (6.07 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.

### *Adrenal Glands*

The left adrenal gland is normal/borderline large in size measuring 1.02 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 0.61 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic discrete mass effect visualized measuring 3.1 cm x 3.11 cm.

### *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. There is a 1.52 cm cystic structure visualized within the parenchyma.

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.

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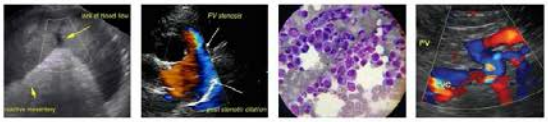

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### *Gastrointestinal*

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, 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.

### *Other*

There is a large hyperechoic, slightly heterogeneous mass effect extending from the level of the urinary bladder to the last rib space, measuring 14.73 cm x 17.61 cm. No obvious attachment is visualized to other abdominal structures. Echogenicity could be consistent with fat opacity.

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

## PRIMARY FINDINGS

- Large, hyperechoic mid abdominal mass – most consistent with an intraabdominal lipoma, but an attachment to the liver or spleen is possible. Recommend a fine needle aspirate.
- Heterogeneous/hyperechoic splenic mass – A focal, solid, mixed echogenic mass is present within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.

## SECONDARY FINDINGS

- Borderline large left adrenal gland – The caudal pole of the left adrenal gland is somewhat prominent, but not overtly enlarged. Recommend continued monitoring.

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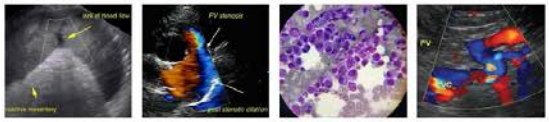

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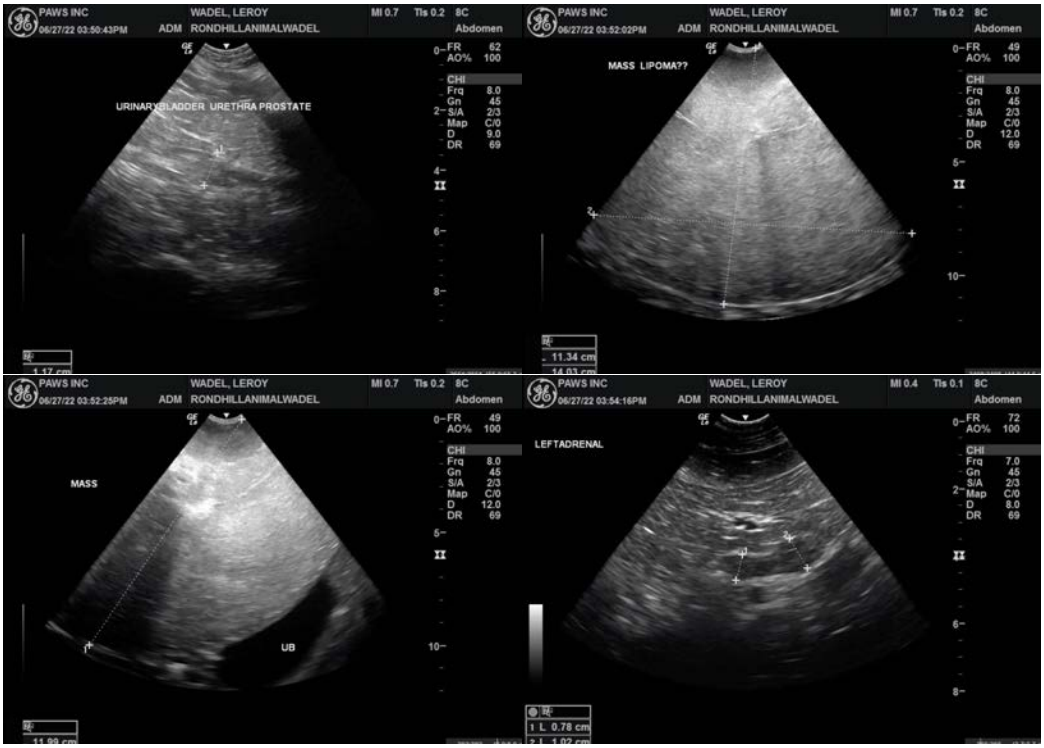
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hyperechoic, mixed echogenic mid abdominal mass. An association with other abdominal structures is not clearly visualized. This could represent a hepatic or splenic lesion, but the echogenicity is most consistent with an intraabdominal lipoma. Recommend a fine needle aspirate.

There is a focal hyperechoic mass within the spleen, which distorts the splenic capsule. Recommend a fine needle aspirate and consider splenectomy for both diagnostic and therapeutic purposes.

If cytology confirms the type of abdominal mass present, consider consultation with a veterinary surgeon, as they may understandably desire a contrast CT scan prior to considering surgical removal of this mass lesion to look for evidence of invasion, etc., as infiltrative lipomas, although benign, can be more challenging to remove. Additionally, a splenectomy could be considered at the same time. If cytology is not consistent with a lipoma, then a CT scan is recommended to try and identify the organ of origin.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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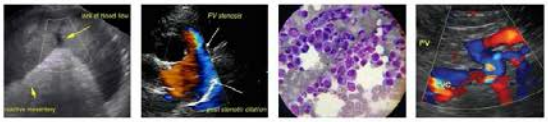

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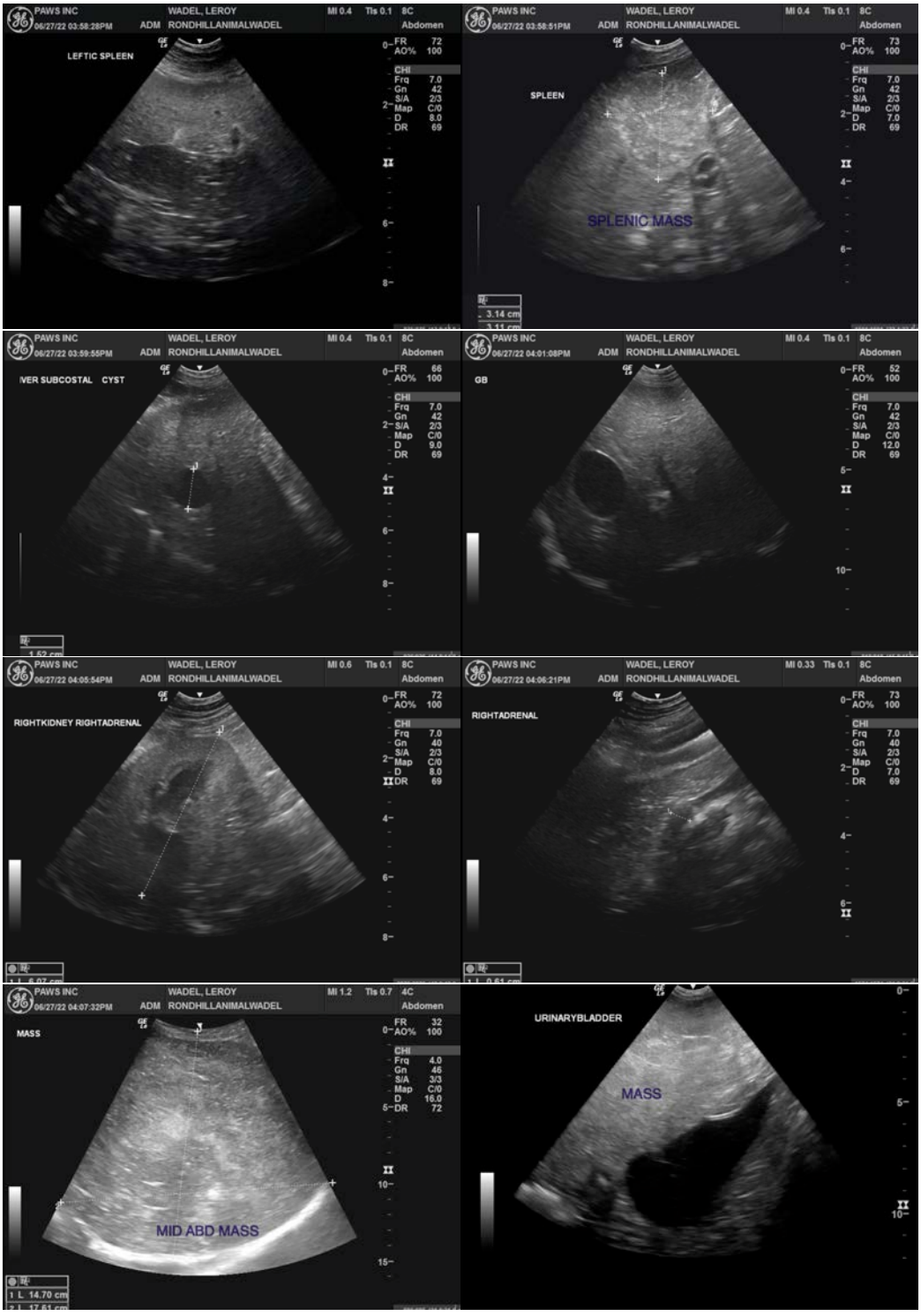

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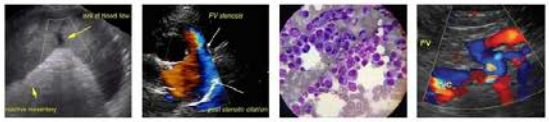

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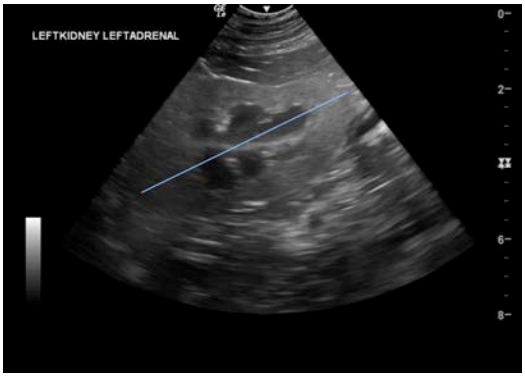


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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