

**DATE PRESENTING CLINICAL SIGNS**

7/13/23

**PATIENT**

Amber Whitfield

P was seen at emergency hospital 7/7 for labored breathing and malaise. They found an intra-abdominal tumor on radiographs, likely either splenic or liver. No free fluid on AFAST. Concern for enlarged peri-hilar lymph node on thoracic radiographs. P has a history of mild heart disease, not on any medications currently. Murmur grade is stable. Her abdomen is uncomfortable and mass is palpable on exam. Pet is constantly panting. ER noted concern for enlarged peripheral lymph nodes, however on my exam I did not feel that they were enlarged.

**SPECIES**

Canine

Current Medications: Gabapentin 200mg PO Q 8 hours  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: STAT requested.

**BREED**

Labrador X

Imaging Performed By: Rachel Brillhart, RDMS.

**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**

7/11/13

The left kidney has a normal shape and size (5.52 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**

50 Pounds

The right kidney has a normal shape and size (6.06 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 normal in size measuring 0.77 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**

Fullerton AH

The right adrenal gland is normal in size measuring 0.84 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. Durastanti

**Spleen**

The spleen is large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, mixed echogenic, primarily cavitated mass effect visualized in the mid portion of the spleen, measuring larger than 8.3 cm x 7.14 cm. Additionally, there is a somewhat subtle hyperechoic, irregular intraparenchymal lesion visualized measuring 2.48 cm x 2.11 cm.

**INVOICE**

43959

**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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains moderate ingesta. 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***

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted. There is no evidence of pleural effusion or thoracic mass lesions visualized.

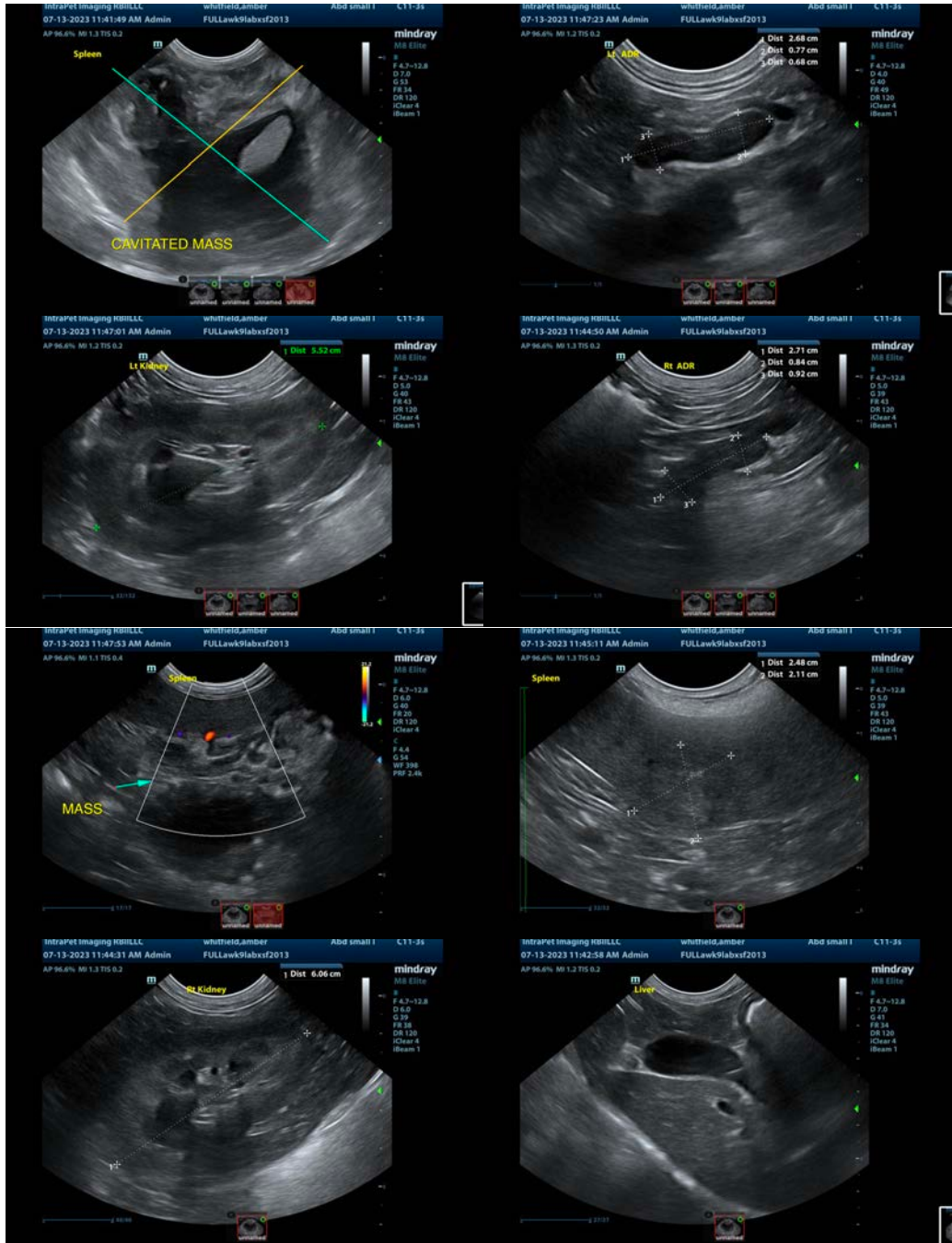
## **ULTRASONOGRAPHIC FINDINGS**

- Large, expansile, mixed echogenic cavitated splenic mass and a smaller intraparenchymal hypoechoic lesion – 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.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large cavitated mass effect visualized, which appears to be arising from the spleen. Additionally, there is a subtle intraparenchymal hyperechoic lesion of unknown significance. Recommend 3-view thoracic radiographs and a splenectomy for both diagnostic and therapeutic purposes.

While there is a high degree of confidence in the location and nature of this mass lesion, a contrast CT scan can be considered for further confirmation of source and to evaluate for smaller metastatic lesions not evident on today's exam.



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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