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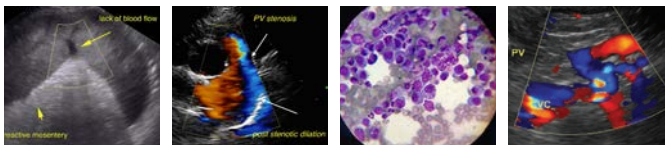


PATIENT

Mack Sisco

SPECIES

Canine

BREED

Papillon

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Lake Hopatcong AH

REFERRING VET

Dr. Batta

INVOICE

39746

DATE

7/22/22

PRESENTING CLINICAL SIGNS

inappropriate urination in dribbles and spurts
Abnormal PE/Chem/CBC/UA Results: HCT 23.5%, WBC 36.8 with neutrophilia (33,000) and monocytosis (1800), SDMA 15, Ca 7.4, Na 137, TP 4.6, Alb 2.0, AST 194

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The Bladder wall appears diffusely irregular and thickened, likely secondary to lack of urine distention. There is a focal area of thickening near the trigone with rounded smooth walls, measuring approximately 0.77 cm. Additionally, there is a hyperechoic shadowing structure visualized within the lumen measuring 0.73 cm, most consistent with a calculus. Correlate these findings with a urinalysis, culture, and abdominal radiographs.

The prostate is normal in size (0.81 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 (4.24 cm) with a small cortical cyst measuring 0.43 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.56 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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.

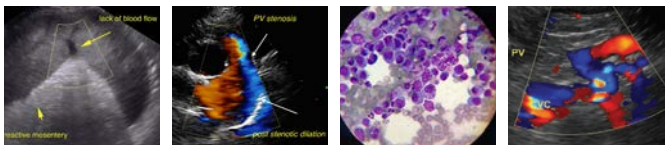
The right adrenal gland is normal in size measuring 0.52 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 an extremely large, irregular, mixed echogenic, cavitated cranial abdominal mass effect measuring >12.72 cm x 8.72 cm. This lesion appears associated with the spleen, but a direct vascular connection is not visualized.

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. There is a small, ill-defined, hyperechoic nodule visualized within the parenchyma measuring 2.87 cm x 1.93 cm. Additionally, there is a mixed echogenic,



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cavitated cranial abdominal mass described under spleen. I suspect this lesion is splenic, but cannot rule out possible hepatic origin.

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 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 moderate amount of free abdominal fluid. No lymphadenopathy. The omentum is hyperechoic around the large cranial abdominal mass.

Other

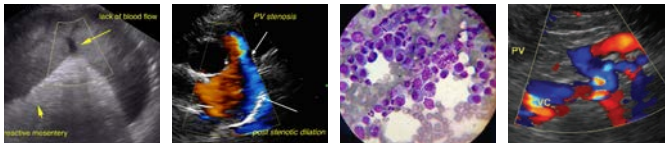
A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Large, mixed echogenic, cavitated cranial abdominal mass – This mass lesion appears most likely associated with the spleen, which is mottled and irregular. A direct vascular connection is not visualized. Alternately, hepatic origin would be possible.

- Shadowing stone visualized within the urinary bladder, and focal bladder wall irregularity – Minimal urine distention of the bladder impairs assessment of the intraluminal structures. A shadowing stone is visualized, but additionally there is an irregular focal area of wall that could be associated with an inflammatory polyp, artifact, or early mass lesion. Recommend urinalysis and culture, abdominal radiographs, and reevaluation of the urinary bladder with more distention.

- Mildly heterogeneous liver with hyperechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic



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hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Moderate/small amount of free abdominal fluid. There is concern for possible hemoabdomen. Recommend sampling.

SECONDARY FINDINGS

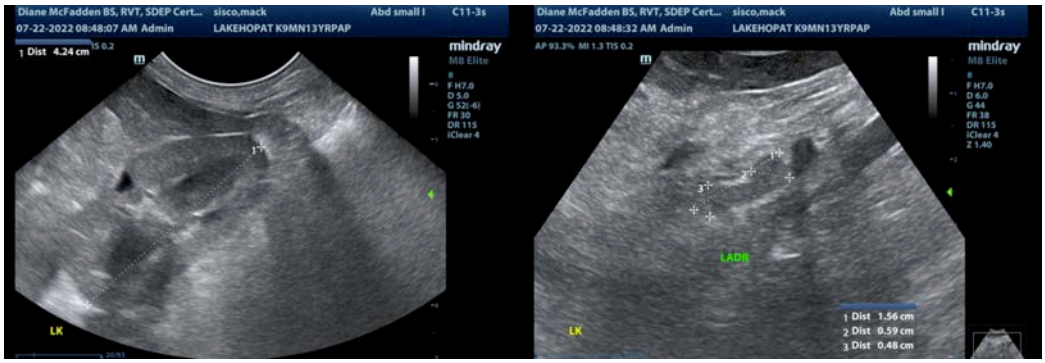
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

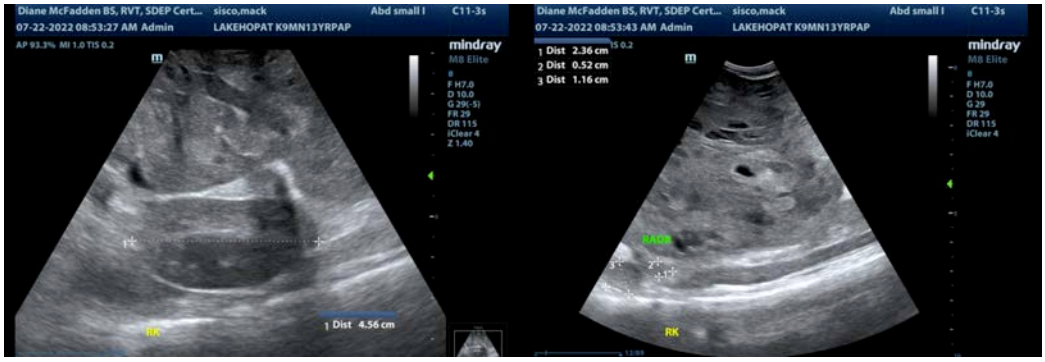
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, cavitated, mixed echogenic cranial abdominal mass that I suspect is of splenic origin. Unfortunately, I cannot confirm this, and hepatic origin would be a possibility. I am concerned that this may be a hemoabdomen, as there is a very superficial area of cavitation that is concerning. Recommend sampling and emerging surgery, as this could be the cause of the anemia and hypoalbuminemia reported.

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

There is a mineralization within the urinary bladder that is most consistent with a stone. Additionally, there is an irregularity to the urinary bladder wall. This could merely be focal inflammation or folding due to lack of urine distention, but reevaluation of the urinary bladder with distention is recommended to see if this lesion persist. Additionally, recommend a urinalysis and culture. If an infection is present, you can also treat this infection and recheck urinary bladder in 2-3 weeks. If emergency surgery is considered for the splenic mass lesion, you could consider cystotomy and biopsy of the urinary bladder wall. Recommend abdominal radiographs to confirm the presence and number of stones within the urinary bladder.





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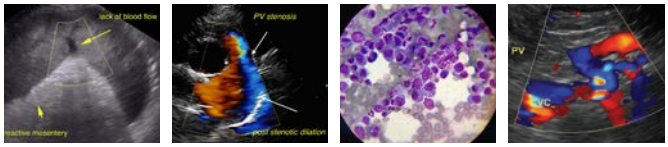

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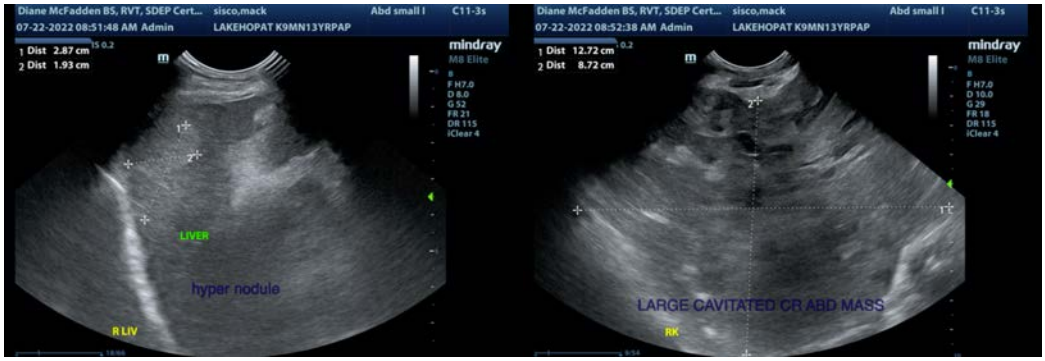

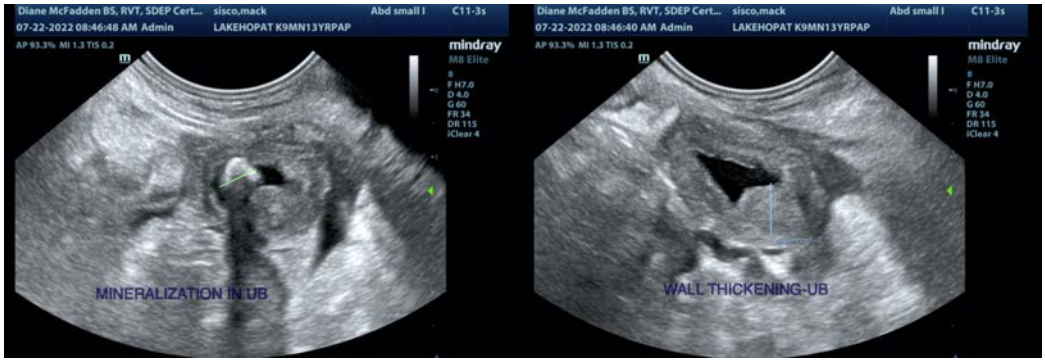

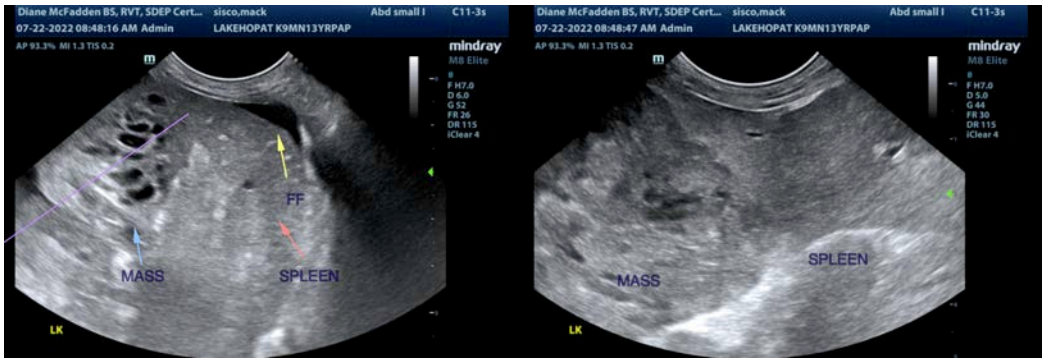

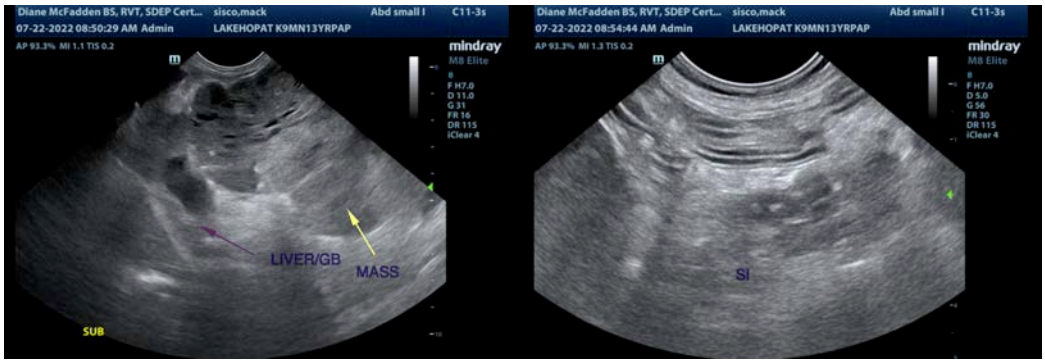

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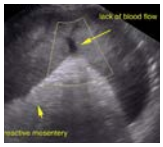
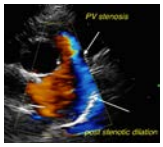
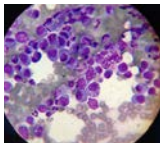
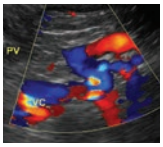

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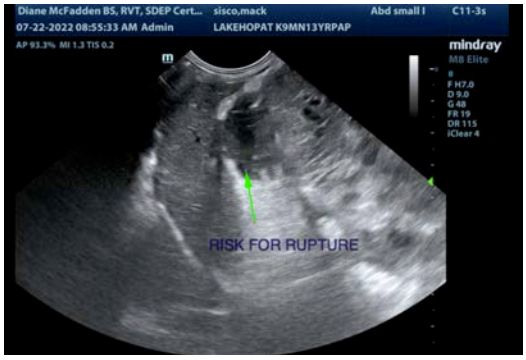

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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