

**DATE PRESENTING CLINICAL SIGNS**

8/12/21 Progressive weight loss.  
Current Medications: Rimadyl 25 mg PO BID started 8/7/21.  
Date of Previous IntraPet Ultrasound: No previous  
**PATIENT** Sedation: not needed  
Stat Report: not requested / declined

Casey Cobun

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**BREED**

Wheaten Terrier

**SEX**

Spayed Female

**AGE**

2007

**WEIGHT**

23.2 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Severna Park VH

**REFERRING VET**

Dr. Storm

**INVOICE**

91186

**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 has a normal shape and size (4.2 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. Non-obstructive stones were noted and measured 0.37 cm, 0.29 cm and mild pyelectasia measuring 0.35 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.48 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 0.57 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 0.63 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 a large, mixed echogenic, solid appearing mass in the left cranial abdomen that measured 6.03 x 5.12 cm and appears to be coming from the head of the spleen. There was no surrounding free fluid.

**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 gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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***

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.

### ***Thorax***

Rapid view of the heart revealed no pericardial effusion.

## **ULTRASONOGRAPHIC FINDINGS**

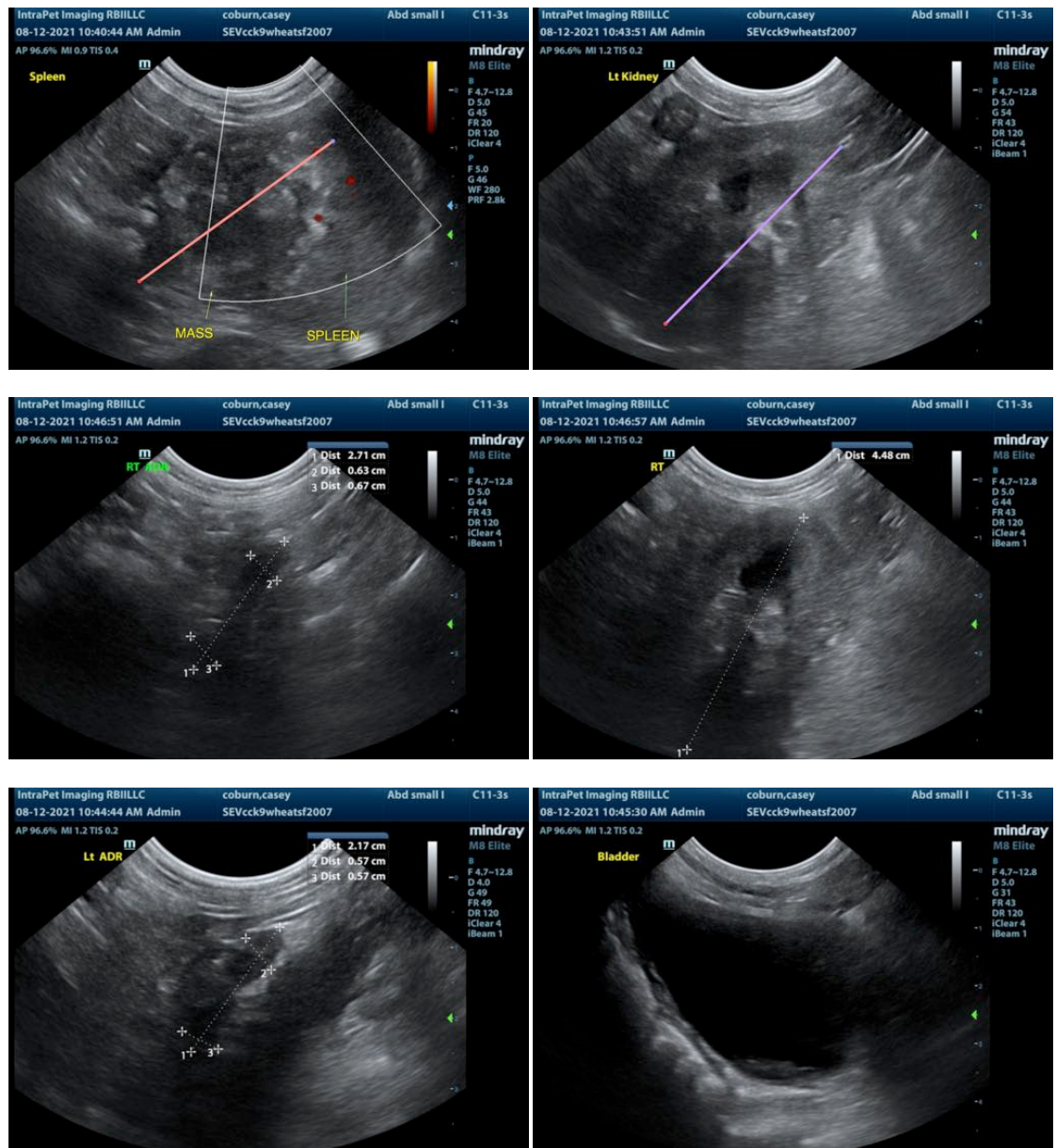
### **PRIMARY FINDINGS:**

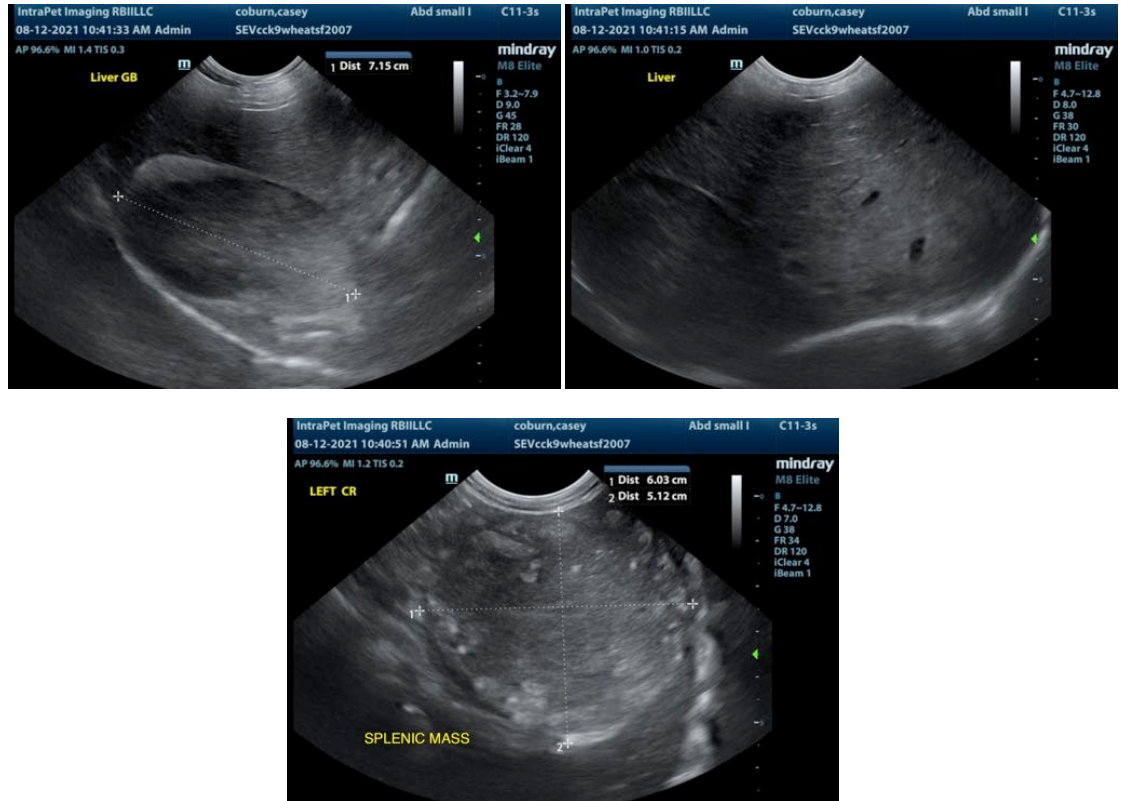
- Large, heterogenous splenic mass. A large heterogenous mass is present and appears to be arising from the splenic parenchyma (cannot 100% exclude this as hepatic in origin, but appears splenic). The mass distorts the splenic capsule. Differentials for the mass include neoplasia (example hemangiosarcoma, hemangioma), hematoma, abscess, other.
- Heterogenous 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.
- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia and non-obstructive nephroliths. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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

A large splenic mass is identified and is the likely source of the reported weight loss. I recommend splenectomy for both diagnostic and therapeutic purposes. I recommend three view chest radiographs.

Additionally, there are some likely age related changes associated with the liver and kidneys. Consider liver biopsy at the time of surgery if the liver values are abnormal or there are gross lesions. Additionally consider urinalysis and culture to look for any evidence of pyelonephritis.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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