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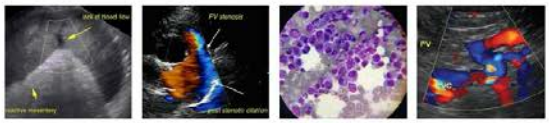

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Peewee Souza

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

24940

DATE

8/25/21

PRESENTING CLINICAL SIGNS

pale mm - had an episode of seizure/collapse
Abnormal PE/Chem/CBC/UA Results: PCV 29%. AL 1933, Glob 5.5, CBC 20,750

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 (0.88 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 (6.28 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 (6.3 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 in size measuring 0.70 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 0.68 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 large 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 very large, hypoechoic mass effect from the head of the spleen measuring >6.87 cm x 6.82 cm. This mass is surrounded by hyperechoic omentum and a small amount of free fluid.

Liver

The liver is large in size, with normal echogenicity and 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 large, solid, rounded, globoid mass effect on the left side of the liver measuring >5.2 cm x 8.77 cm.

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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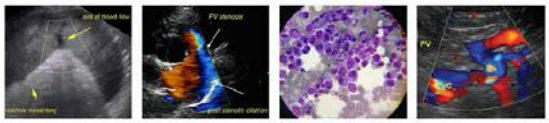

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Gastrointestinal

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 revealed a small amount of free fluid. No lymphadenomegaly present. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the splenic mass.

Other

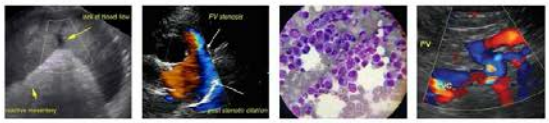
A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic splenic mass with surrounding free fluid – A large splenic mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials include neoplasia (hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Large, left-sided liver mass – most likely differentials include adenoma or large carcinoma. Other possibilities exist.
- Small volume free fluid in the abdomen – there is concern that this could be hemorrhage due to the anemia reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large splenic mass was visualized with some surrounding inflammation and free fluid. There is concern for possible early hemorrhage. Additionally there is a liver mass present. I am unable to visualize a narrow attachment or the complete scope of this mass. Options moving forward include referral to a board certified surgeon for splenectomy, and evaluation of the hepatic mass for removal (either at the same time or at a later date), or advanced imaging of the liver (CT scan) for better preoperative planning. Recommend 3-view thoracic radiographs.



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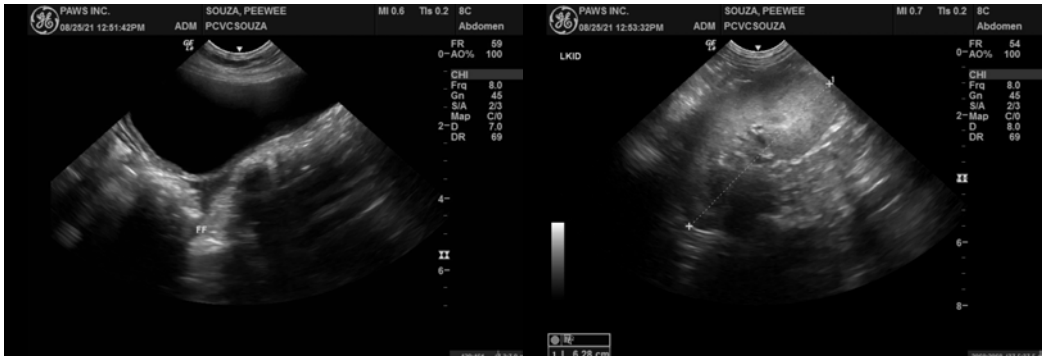
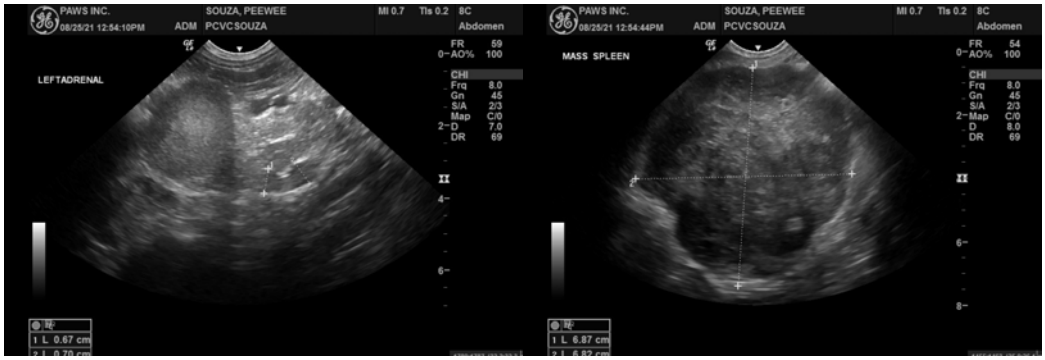
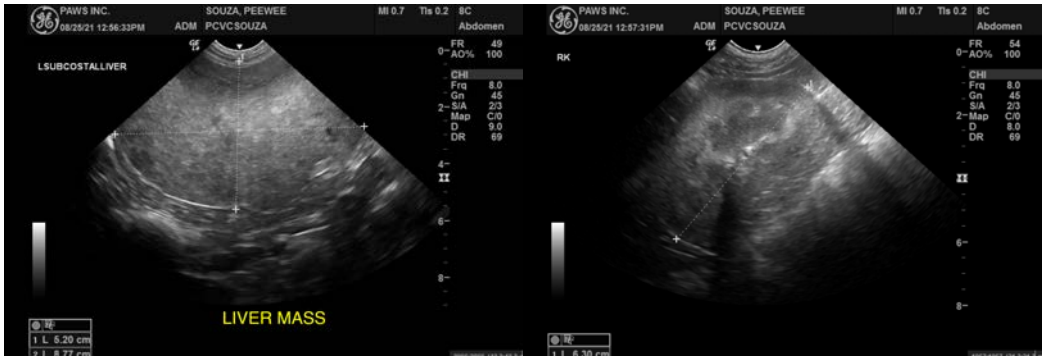
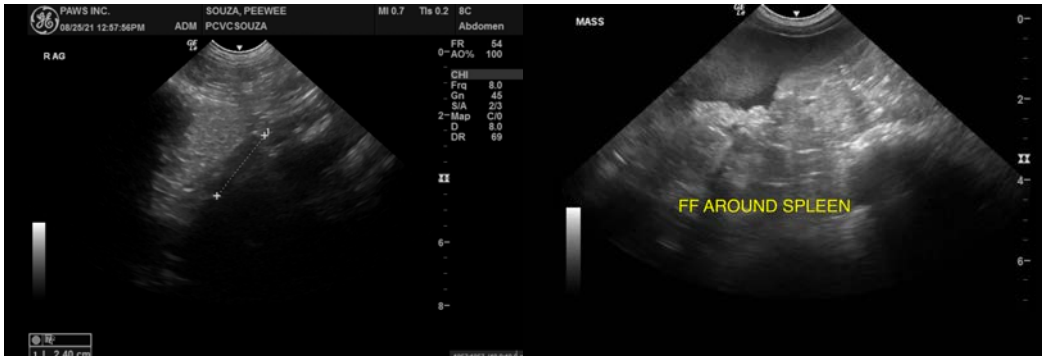
Some liver masses can be relatively slow growing and present with minimal clinical signs. Surgical removal can have a favorable prognosis, as some of these masses behave relatively benign. Unfortunately, the prognosis with the splenic mass is guarded.









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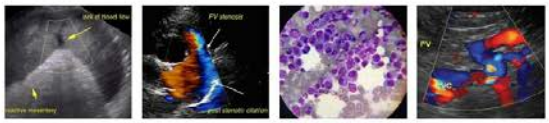

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com