

**DATE PRESENTING CLINICAL SIGNS**

8/9/23 Large abdominal mass, Anemic, Decreased platelets, Decreased albumin

PATIENT

Walter Ruocco

Current Medications: Phenobarbital 60mg 1 BID, Zonisamide 100mg 2 BID, Gabapentin 100mg 1-2, BID-TID, for anxiety

Lab Results: See attached.

Radiographs: See attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor prior to sonographer arrival.

Stat Report: Declined at this time.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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

9/7/10

The prostate is normal in size (0.89 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.

WEIGHT

56.2 Pounds

The left kidney has a normal shape and size (7.21 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)

The right kidney has a normal shape and size (7.36 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.

HOSPITAL NAME

AMC of Dulaney Valley

Adrenal Glands

The left adrenal gland is normal in size measuring 0.69 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.

REFERRING VET

Dr. Chrest

The right adrenal gland is normal in size measuring 0.79 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.

INVOICE

44513

Spleen

The spleen is large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, expansile, iso- to slightly hypoechoic solid mass effect arising from the cranial aspect of the spleen, measuring >9.24 cm x 10.57 cm. Additionally, there is a smaller hyperechoic nodule/mass lesion measuring 2.85 cm in diameter and numerous small hyperechoic nodules most consistent with benign myelolipomas.

Liver

The liver is large in size, and normal in 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 gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains mild shadowing 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. Jejunum wall measures 0.48 cm. 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 area of 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 scant free abdominal fluid. No lymphadenopathy. The omentum is generally of normal 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.

ULTRASONOGRAPHIC FINDINGS

- Large, solid, hypo- to isoechoic splenic mass – This mass distorts the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Smaller hyperechoic splenic nodule/mass effect – The appearance of these lesions trends more towards a benign process, although neoplastic lesions cannot be ruled out.
- Large, heterogeneous 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. These changes could be secondary to chronic phenobarbital therapy.

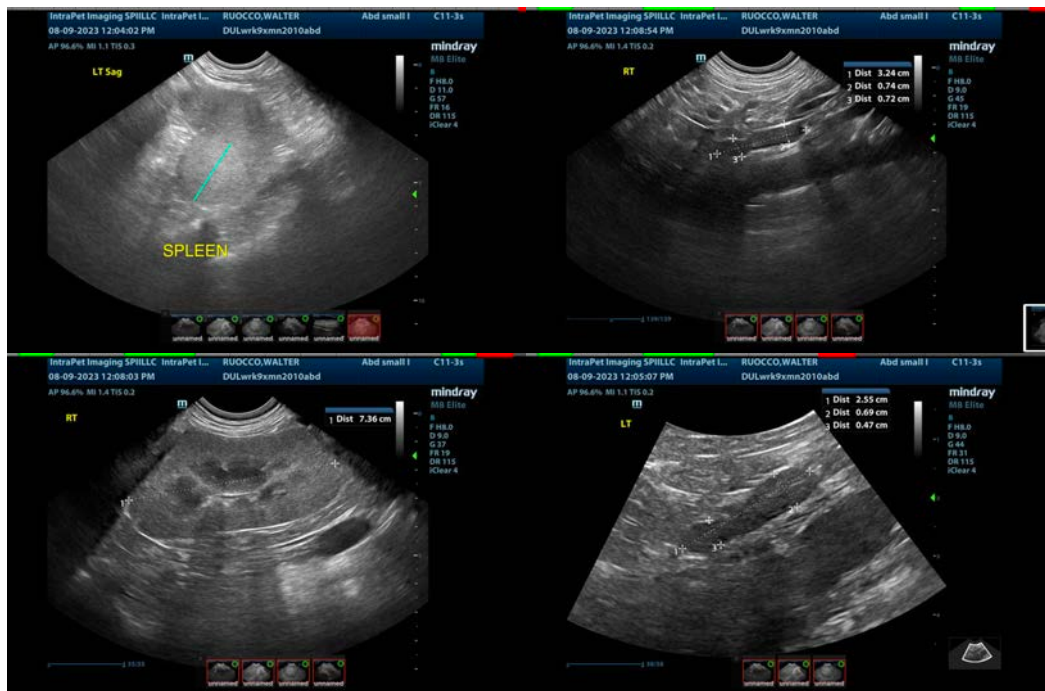
- Moderately distended gallbladder with a prominent gallbladder wall and a large amount of intraluminal debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Shadowing ingesta visualized within the gastric lumen – This could be consistent with morning medications.

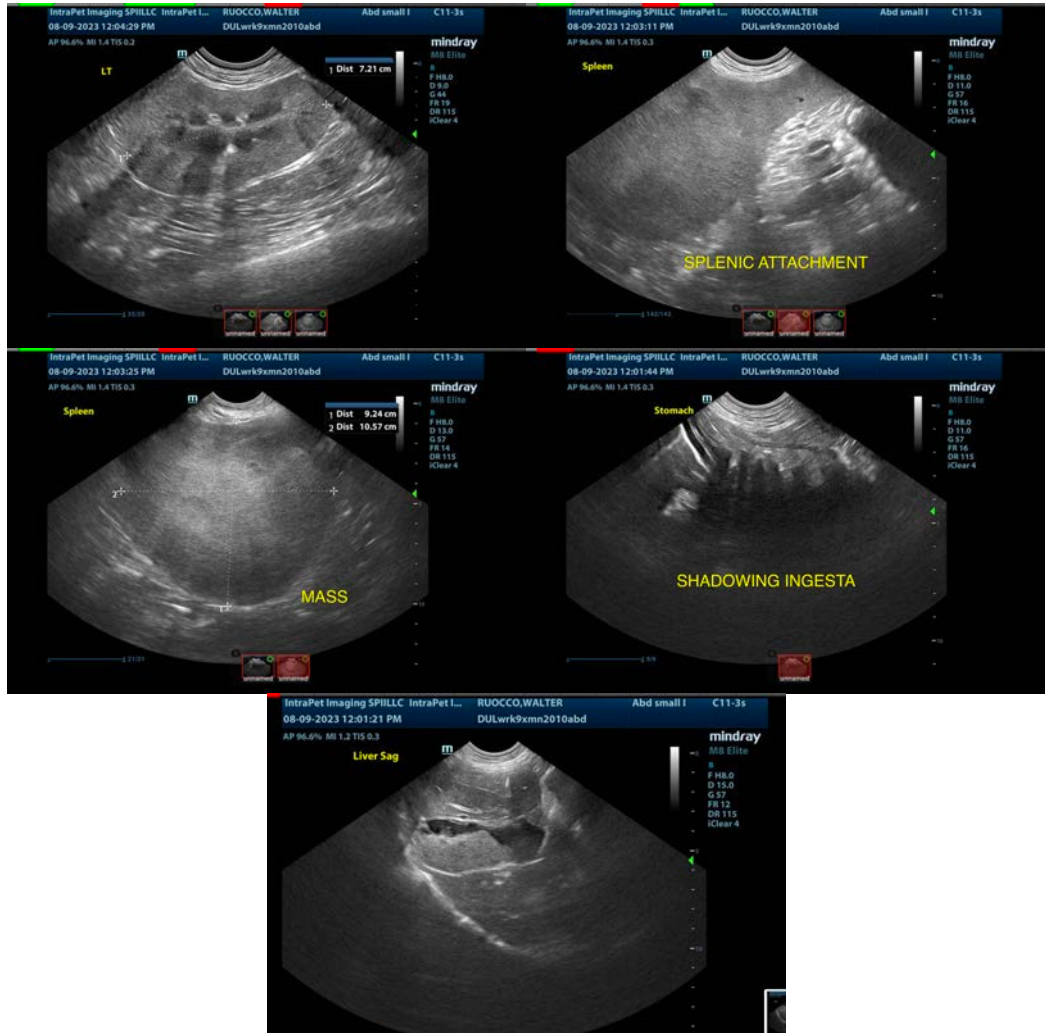
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, solid mass effect that appears to be associated with the spleen. This could represent a benign or neoplastic lesion. Consider splenectomy for both diagnostic and therapeutic purposes.

There is a scant amount of free abdominal fluid but no obvious evidence of previous hemorrhage. Given the anemia, hypoalbuminemia, and low BUN present, you could consider a liver function test prior to surgery. Coagulation testing would be strongly recommended.

There is a large amount of debris associated with the gallbladder and a slightly prominent gallbladder wall, but no surrounding inflammation. Consider chronic Ursodiol therapy and continued monitoring of the gallbladder.





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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