

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS****PATIENT**

History: P went to the vet today and reviewed history P has not been eating good and not jumping on things and has been lethargic. P has always had a cough and has been increasing. Xray Abdomen: Mass on spleen  
 Xray Chest: clear BW: - ALKP: 1382 - WBC - increased 56,000 - HCT: 23%

Maxx Coleman

**SPECIES**

Canine

Current Medications: Ondansetron, Cerenia.

Lab Results: AFAST: Splenic mass, no free fluid present. TFAST: Negative

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Imaging Performed By: Andi Parkinson, BS, RDMS.

Yorkie Poo

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder and prostate were not clearly visualized.

**AGE**

9/22/10

The left kidney has a normal shape and size (4.16cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Pinpoint nonobstructive nephroliths were present. There is no evidence of pyelectasia infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

8.3 Pounds

The right kidney has a normal shape and size (4.32 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Nonobstructive nephroliths were present. There is no evidence of pyelectasia 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 0.6 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**

Animal Emergency  
 Hospital

The right adrenal gland is normal in size measuring 0.66 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. Roper

**Spleen**

The spleen is large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a large expansile primarily solid irregular hypoechoic mass effect arising from the caudal portion of the spleen, measuring 9.69 cm x 3.96 cm. This lesion is surrounded by a small amount of free fluid and hyperechoic mesentery. Additionally, there is an ill-defined hypoechoic region in the cranial 1/3 of the spleen, measuring approximately 2.1 cm, which could represent an area of necrosis, be an ill-defined nodule, etc.

**INVOICE**

17311

**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. There is a small hyperechoic nodule visualized in the parenchyma, measuring 0.39 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of mildly hyperechoic debris, possibly containing sandy material/small mineralizations. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. In some images, the pylorus appears slightly irregular. The pyloric wall appears slightly irregular, measuring up to 0.93 cm.

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 (0.49 cm in wall thickness) and the jejunum measured as normal (0.25 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 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 small amount of free abdominal fluid. No lymphadenopathy is present. The mesentery is hyperechoic around the splenic mass.

## **ULTRASONOGRAPHIC FINDINGS**

- Large expansile solid splenic mass with smaller hypoechoic region in the cranial 1/3 of the spleen. 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.
- Decreased corticomedullary distinction in both kidneys with small stones/mineralizations. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Small hyperechoic splenic nodule. This lesion has the appearance of a benign nodule, but underlying neoplastic change cannot be excluded as a possibility.
- Moderate mildly mineralized gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Small volume free abdominal fluid
- Subjectively irregular pyloric wall. This could be secondary to inflammation, edema, infiltrative neoplasia or imaging artifact.

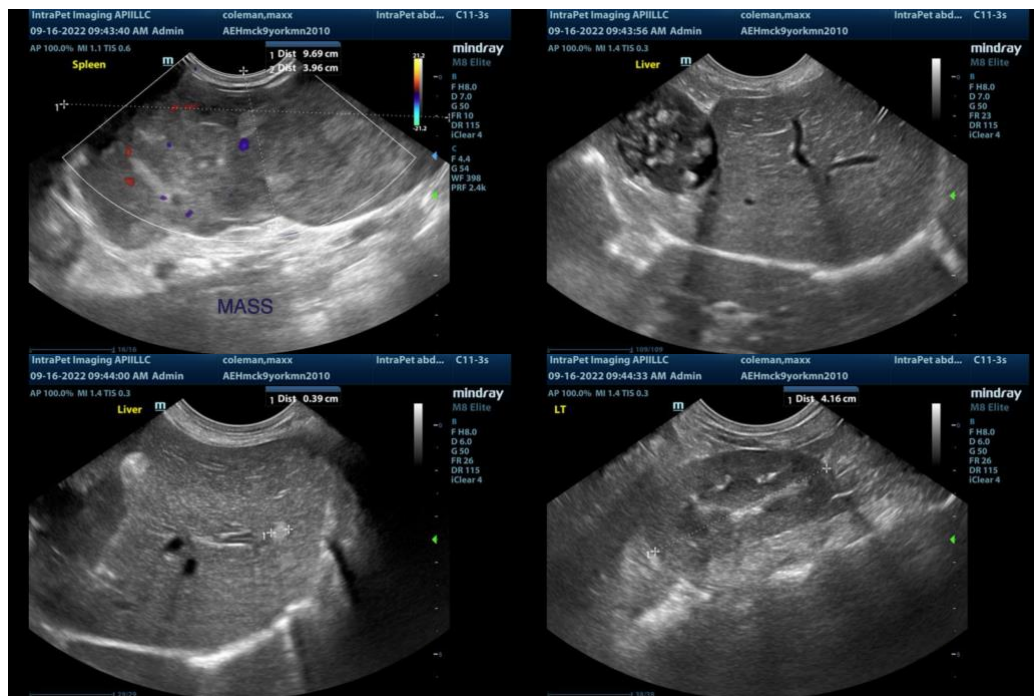
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

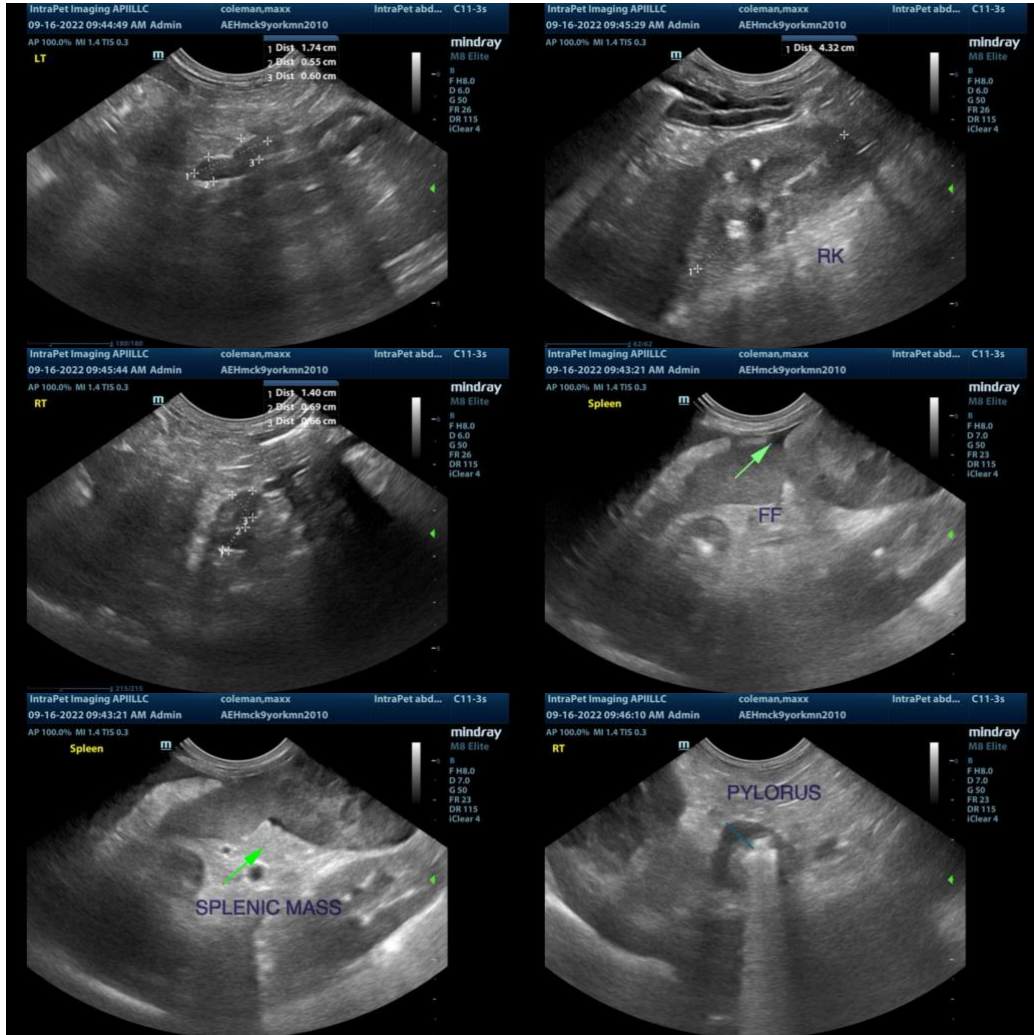
There is a large solid splenic mass arising from the caudal 1/3 of the spleen. Additionally, there is an ill-defined hypoechoic nodule in the cranial portion. I recommend splenectomy for both diagnostic and therapeutic purposes.

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

There are some aging changes associated with both kidneys with decreased corticomedullary distinction and small nonobstructive stones. I recommend a blood pressure evaluation, urinalysis and culture.

There is some moderate gallbladder debris with mild mineralization. There is no apparent thickening of the gallbladder wall or inflammation associated with this. Consider a biopsy of the liver at the time of splenectomy and palpation/visualization of the pyloric region. If thickening is appreciated, then consider a biopsy of this area (I suspect it may be normal). I recommend continued monitoring of the gallbladder +/- ursodiol therapy.





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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