

**DATE PRESENTING CLINICAL SIGNS**

9/21/22 Patient presents for evaluation of suspected urinary incontinence. On radiographs, which I took to check for bladder stones, large space-occupying mass noted on radiographs. Suspect splenic in origin.

PATIENT

Zelda Hall Current Medications: None current.

SPECIES

Canine

BREED

Pit X

SEX

Spayed Female

AGE

9/20/12

WEIGHT

60 Pounds

INTERPRETED BY

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MS, Diplomate ACVIM
(Small Animal Internal
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IMAGING PERFORMED BY

Stephanie Warga
RDMS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

41493

Radiographs: Large mid abdominal mass highly suspected to be secondary to a splenic mass. Splenic neoplasia such as hemangiosarcoma is a primary differential. At this time there is no evidence of a mass rupture. Metallic screw likely within the peritoneal space and the right cranial quadrant. This is of unknown clinical significance. Unremarkable geriatric thorax. Bilateral hip dysplasia with moderate arthritis. Stifle effusion and moderate arthritis compatible with a chronic cranial cruciate ligament rupture. Laterality cannot be definitively determined

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Declined at this time.

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 left kidney has a normal shape and size (7.26 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.

The right kidney has a normal shape and size (6.29 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.

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 0.64 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 and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a large mixed echogenic solid mass effect arising from the caudal aspect of the spleen, measuring >9.51 cm x 12.97 cm.

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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. Jejunum wall measures 0.35 cm. 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Large solid mixed echogenic mass effect arising from the caudal portion of the spleen – This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histocytic sarcoma etc..)

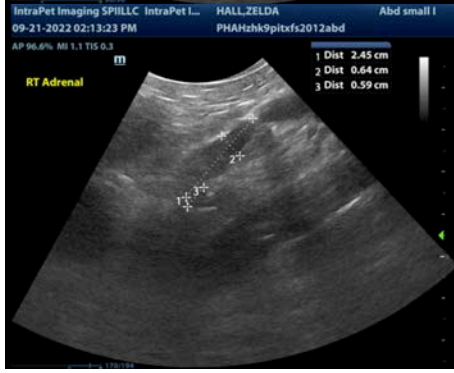
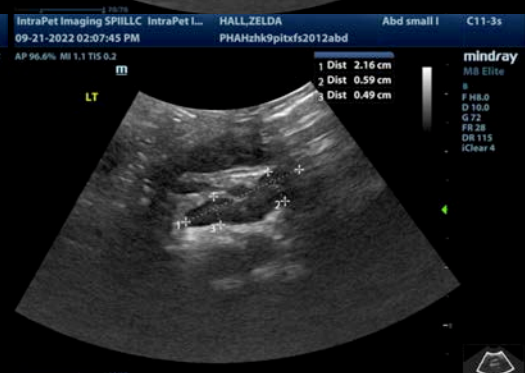
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

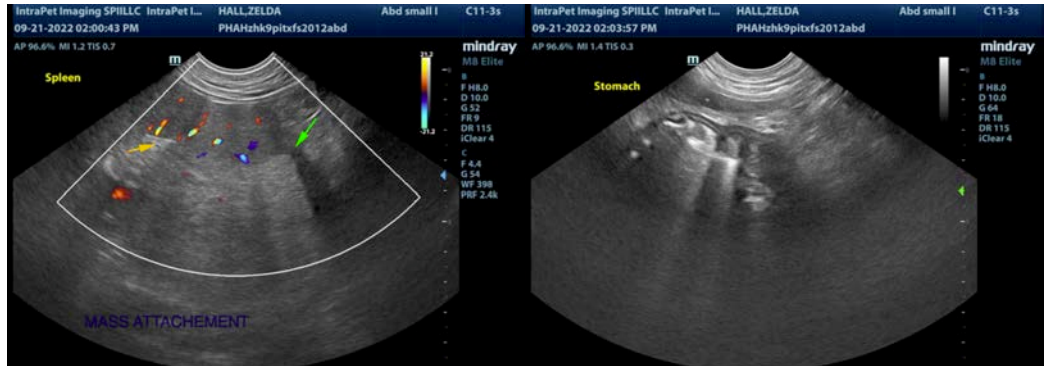
There is a large mass effect arising from the spleen. This lesion is non-cavitated but very large. Consider a splenectomy for both diagnostic and therapeutic purposes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

No lesions were visualized associated with the urinary bladder to explain the incontinence described. Could this possibly be secondary to the mass effect exerting pressure on the urinary bladder?

A metallic nail was not identified on the images provided. Recommend evaluation/possible removal (if located) if surgery is pursued for mass removal.





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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