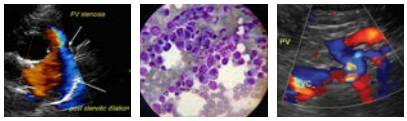
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/6/22

PATIENT

Cocoa Henson

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10/15/09

WEIGHT

19 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Sole

INVOICE

41050

PRESENTING CLINICAL SIGNS

Presented to ER for v/d- potential abdominal mass seen on radiographs.

Current Medications: None listed. Gabapentin 100mg prior to scan.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (4.58 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 (4.84 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 large measuring 0.61 cm at the cranial pole, 1.0 cm at the caudal pole, and 2.5 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat irregular in that the caudal pole appears enlarged and there is an irregular, ill-defined, hyperechoic region measuring 0.66 cm x 0.52 cm. There is on obvious evidence of vascular invasion. Findings are consistent with a hyperechoic leiosn on the caudal pole of the left adrenal gland.

The right adrenal gland is normal in size measuring 0.74 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. A cavitated splenic mass is noted measuring 4.33 cm x 5.93 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. There is a hyperechoic nodule visualized within the parenchyma measuring 1.16 cm x 0.96 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild to moderate fluid 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 0.34 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

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

- Mildly enlarged left adrenal gland with hyperechoic region in the caudal pole – This could represent an incidental finding or an early mass lesion (adenoma, carcinoma, pheochromocytoma, etc.).
- Large, cavitated splenic mass – 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.
- Hyperechoic nodule visualized within the liver – This could represent a benign or neoplastic lesion. The appearance of this nodule trends towards a more benign etiology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cavitated splenic mass. Recommend splenectomy for both diagnostic and therapeutic purposes.

Additionally, the caudal pole of the left adrenal gland has an irregular hyperechoic region. This does not appear to be a distinct mass at this time, but could develop into one. Options moving forward for this lesion include:

- If signs of Cushing's are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical

adrenal hormones as well as cortisol. (Other testing can suffice)

- If adrenal dependent Cushing's is suspected and supported by adrenal function testing, consider medical therapy with lysodren or trilostane or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)

- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma

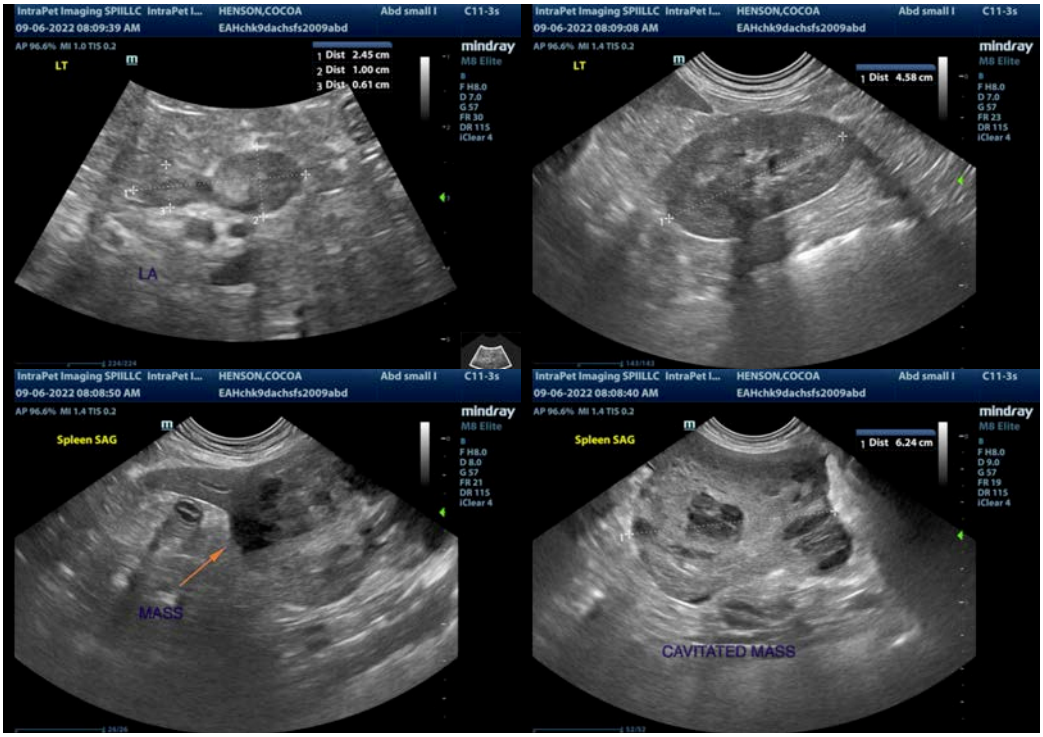
- If no symptoms of Cushing's are present, consider either referral for surgery or continued monitoring with ultrasound (in 3-4 months).

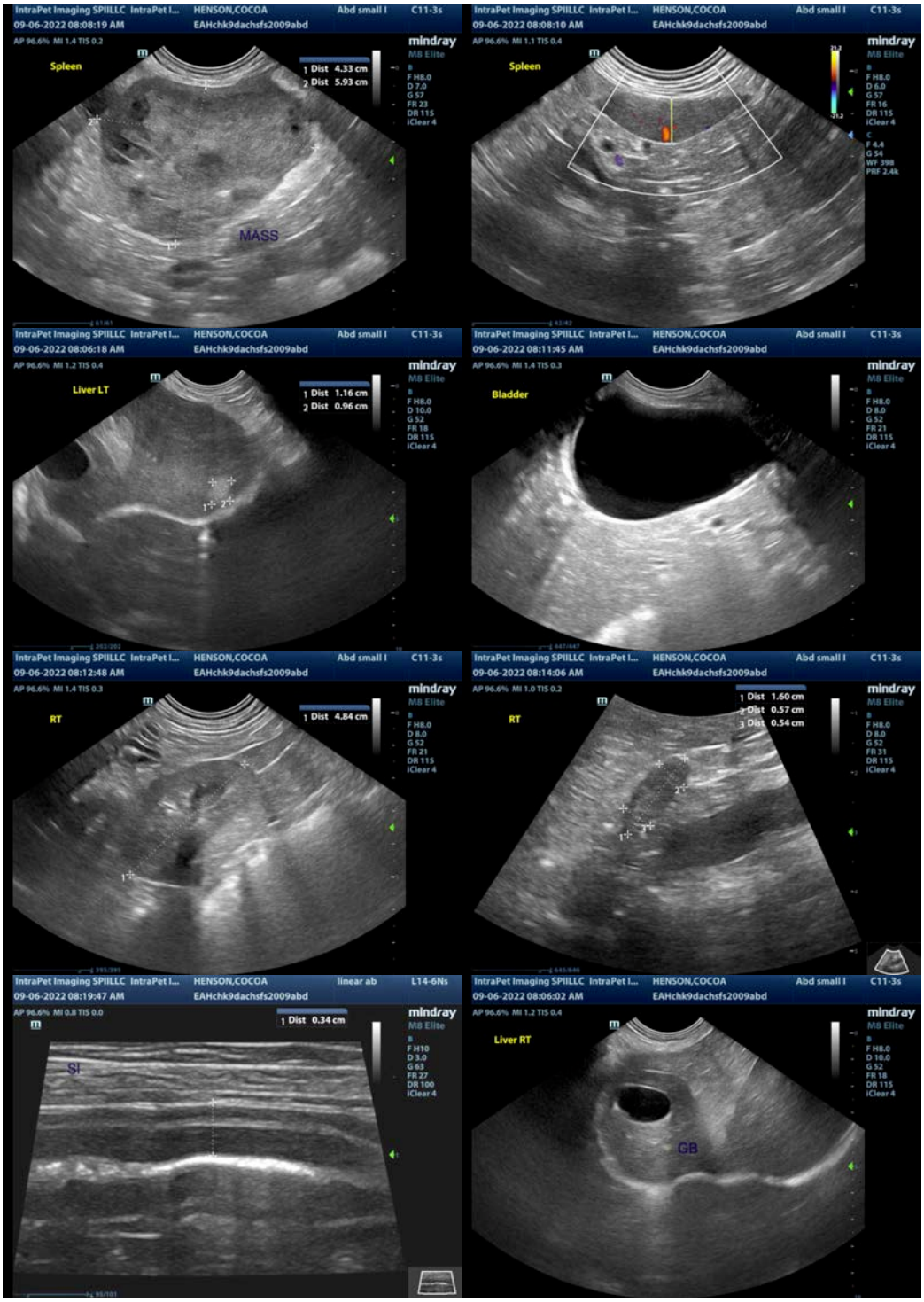
- Many of these nodules can be benign and incidental in nature, unfortunately that is difficult to determine with a single ultrasound.

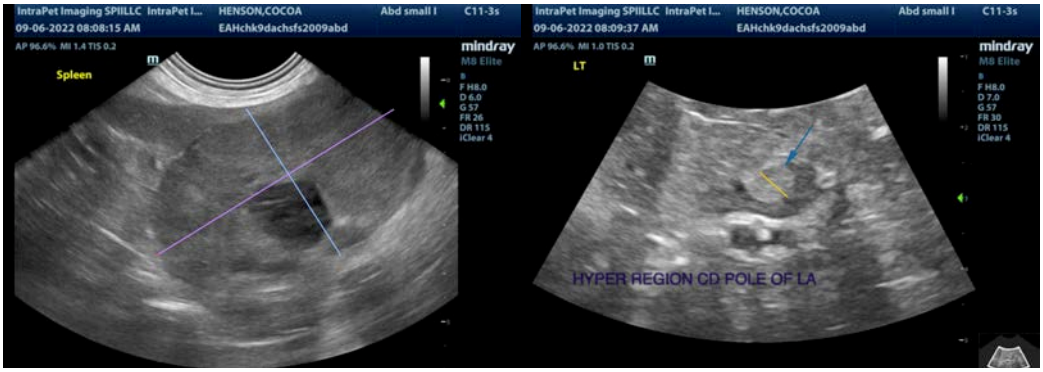
Additionally, you could consider referral to a veterinary surgeon for the splenectomy, and the adrenal could be evaluated and removed if it appears abnormal. Regardless, the adrenal should be visually evaluated at the time of surgery.

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

There is a small hyperechoic lesion visualized within the liver. This has the appearance of a regenerative nodule but continued monitoring is warranted, as a neoplastic lesion cannot be ruled out.




IntraPet Imaging SPIIILLC IntraPet I... HENSON,COCOA Abd small I C11-3s
09-06-2022 08:08:19 AM EAHchk9dachsfs2009abd
Spleen
MASS
1 Dist 4.33 cm
2 Dist 5.93 cm
mindray
M8 Elite
09-06-2022 08:08:10 AM EAHchk9dachsfs2009abd
Spleen
09-06-2022 08:06:18 AM EAHchk9dachsfs2009abd
Liver LT
1 Dist 1.16 cm
2 Dist 0.96 cm
09-06-2022 08:11:45 AM EAHchk9dachsfs2009abd
Bladder
09-06-2022 08:12:48 AM EAHchk9dachsfs2009abd
RT
1 Dist 4.84 cm
09-06-2022 08:14:06 AM EAHchk9dachsfs2009abd
RT
1 Dist 1.60 cm
2 Dist 0.57 cm
3 Dist 0.54 cm
IntraPet Imaging SPIIILLC IntraPet I... HENSON,COCOA linear ab L14-6Ns
09-06-2022 08:19:47 AM EAHchk9dachsfs2009abd
SI
1 Dist 0.34 cm
09-06-2022 08:06:02 AM EAHchk9dachsfs2009abd
Liver RT
GB



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com