



**PATIENT**

Avery Bowers

**SPECIES**

Canine

**BREED**

English Springer  
Spaniel

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

37 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Dr. Meghan Myers

**INVOICE**

37201

**DATE**

4/27/22

**PRESENTING CLINICAL SIGNS**

weight loss and decreased appetite, large abdominal mass found on palpation. 3 view chest rads - no mets, does appear to have mild cardiomegaly.

Abnormal PE/Chem/CBC/UA Results: cbc: mild non-regenerative anemia, stress leukogram chem: decreased albumin (1.8) , increased globulin (5.6) mild increased alkp t4- decreased 0.7 pt/ptt pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A mild to moderate amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 5.76 cm. The capsule is smooth, however, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Two hyperechoic structures, consistent with nephroliths, are noted within the cortex. They are located at, or toward the cranial pole. Both cast shadows. One of the nephroliths measures 8.9 mm. Mineralizations of the diverticulae and pelvis are present, without evidence of pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is considered adequate. The surrounding mesentery is mildly hyperechoic.

The **right** kidney measures approximately 6.63 cm. The capsule is smooth. A very mild loss of the normal definition of the cortico-medullary junction is present. A hyperechoic structure, consistent with a nephrolith, is present within the cortex at the caudal pole. Mineralizations of the diverticulae and pelvis are present, without evidence of pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is mildly hyperechoic.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

Not visualized due to the presence of the splenic mass.

**Spleen**

A heterogeneous mass, measuring at least 6.7 cm in diameter x 14 cm in length, is observed. The mass consists of anechoic, hypo and hyperechoic regions, as well as echogenic structures that cast acoustic shadows, i.e. suggestive of calcification. The surrounding mesentery is severely hyperechoic.

The "normal" splenic parenchyma has a very subtle, diffuse, miliary echotexture.

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is mildly to moderately coarse and granular. It is within normal limits in echogenicity. Focal lesions are not observed. No obvious abnormalities are noted with the hepatic vessels.

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.



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**Gastrointestinal**

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The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

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The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

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**Pancreas**

An in-depth evaluation of the pancreas is not possible due to the large size of the splenic mass. The left limb is not visualized, however, the portion of the right limb does not show obvious abnormalities.

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**Other**

**Lymph nodes**

A hypoechoic nodule, measuring 6.22 mm x 7.29 mm, is noted in the surrounding mesentery between the liver and spleen. A lymph node cannot be excluded. Other differential diagnoses include nodular hyperplasia, however, a metastatic lesion cannot be excluded.

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**Abdominal effusion** is not visualized.

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**Heart**

A short axis view shows normal contractility. The left ventricle is not dilated. There is no evidence of pleural or pericardial effusion. The right heart is not well visualized.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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- Splenic mass of unknown etiology, without signs of hemorrhage. The appearance of the mass is not typical of hemangiosarcoma. Differential diagnoses include a hematoma, extramedullary hematopoiesis, as well as severe nodular hyperplasia. The miliary echotexture observed in the more "normal" portion of the spleen may be due to extramedullary hematopoiesis, splenitis, hypersplenism and reactive hyperplasia. Other differential diagnoses include, lymphoma, mast cell tumour, or histiocytic sarcoma.

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- The liver's echotexture may be due to a reactive hepatopathy, however, there are no obvious signs of neoplastic involvement of the liver.

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- A small hypoechoic nodule is noted in the surrounding mesentery, between the liver and spleen. The most likely differential diagnoses include a lymph node or nodular hyperplasia, however, a metastatic lesion cannot be excluded.

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- Bilateral cortical nephrolithiasis is present, as well as mineralization of the pelvis, without signs of an obstruction. A component of the renal changes are suggestive of age related degeneration.

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- There are no signs of left ventricular dysfunction.



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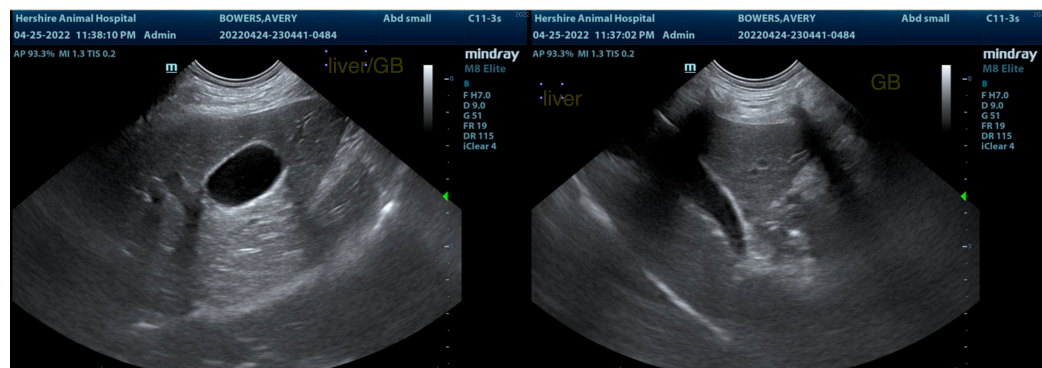
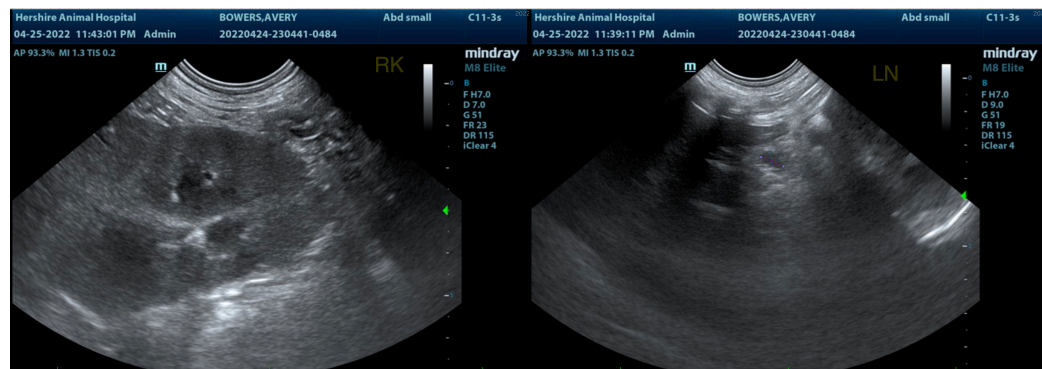
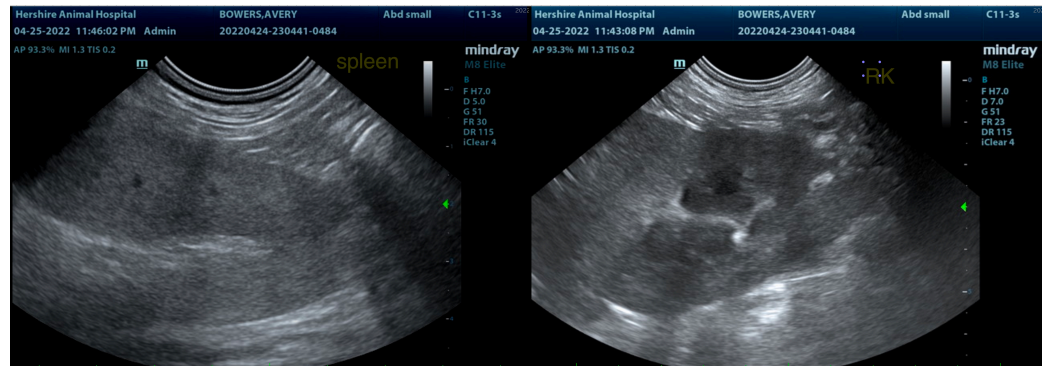
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A splenectomy has been scheduled for Thursday. Blood typing is suggested prior to performing the procedure, if possible.





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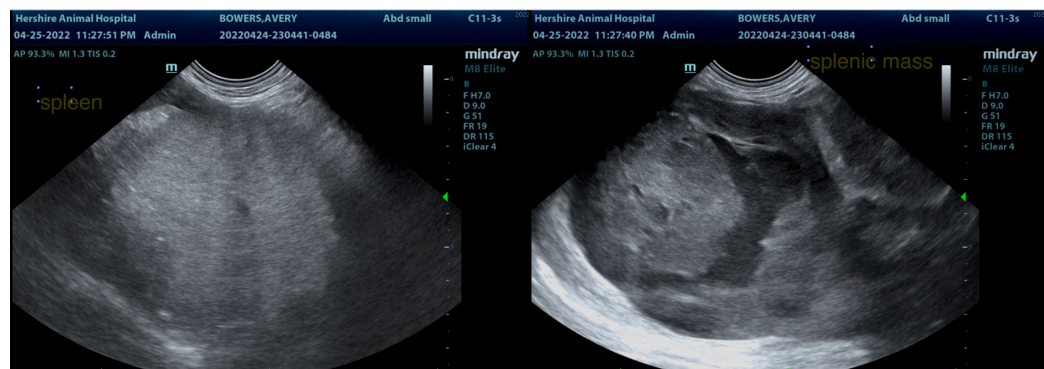
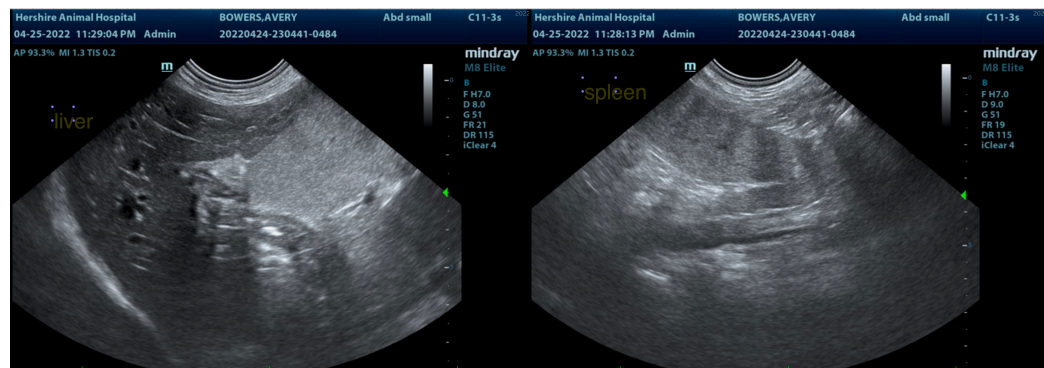
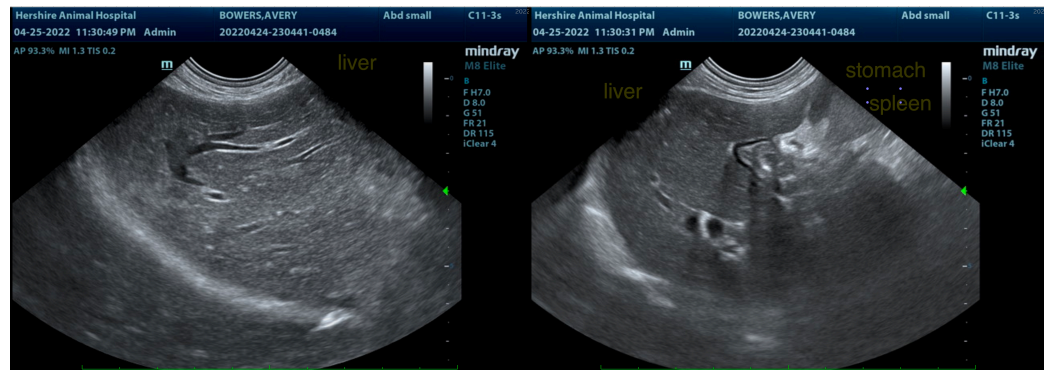
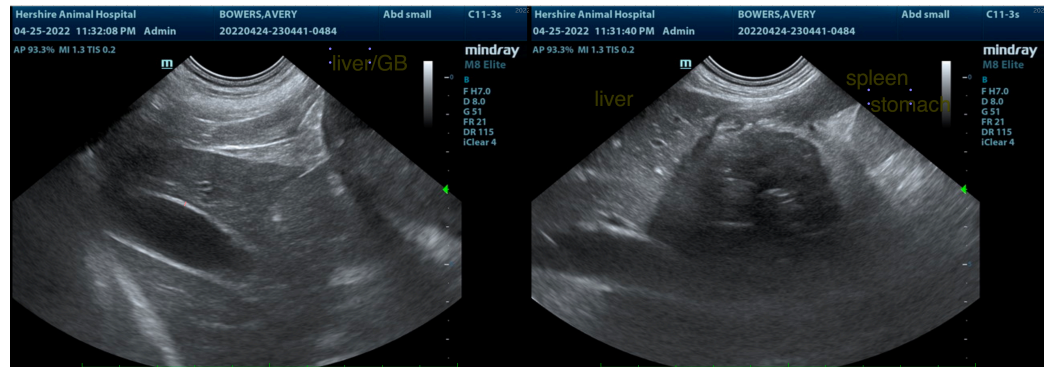
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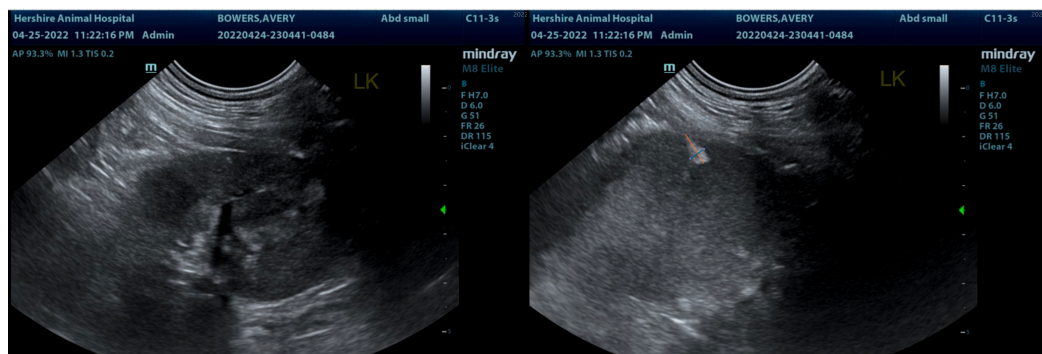
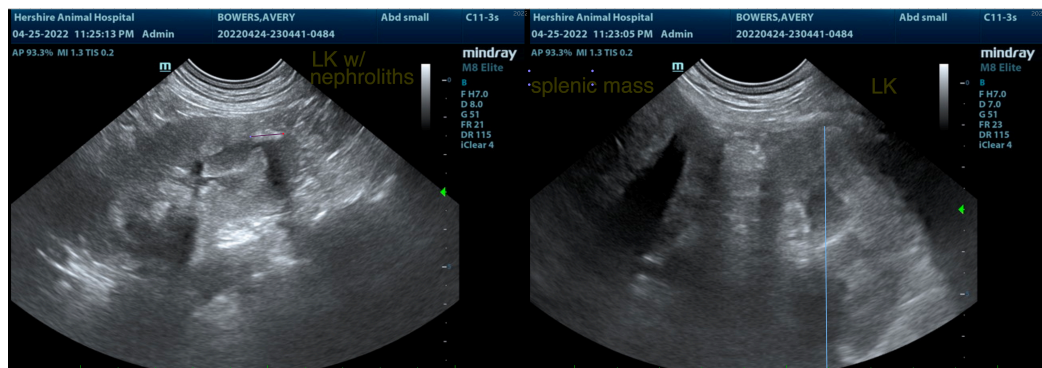
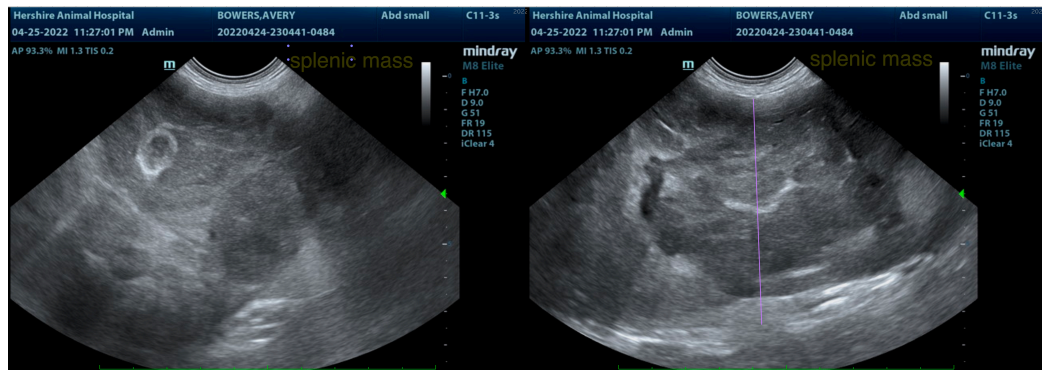
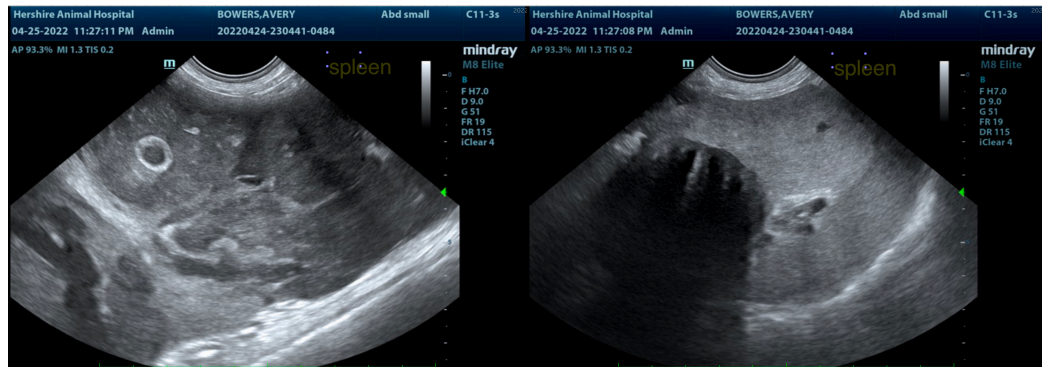
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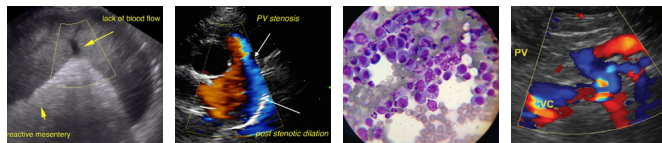
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

**Lisa Carioto, DVM, DVSc, Diplomate ACVIM**

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