

**DATE**

5/16/22

PRESENTING CLINICAL SIGNS

March 2022, seen for lump in neck, was determined that it was a lymph node. An abdominal mass was also discovered. Now has developed a lump on the other side of the neck. Will email xrays from march.
Current Medications: None listed.

PATIENT

Bodie Chappelle

Lab Results: See attached.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Canine

BREED

Chow Mix

SEX

Neutered male

AGE

1/10/10

WEIGHT

48.4 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

HOSPITAL NAME

Animal Medical Clinic
of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

30431

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Prostate

The prostate is homogenous and within normal limits for a neutered male.

Kidneys

The **left** kidney measures 5.83 cm. The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, in addition to very small nephroliths of the pelvis, without evidence of pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is within normal limits. The surrounding mesentery is very mildly hyperechoic.

The **right** kidney measures 5.63 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.45 cm at the cranial pole and 0.42 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.77 cm (mildly enlarged) at the cranial pole and 0.48 cm at the caudal pole. The cranial pole is plump and a discrete nodule is noted. The latter measures 1.00 cm in diameter x 0.77 cm in length. A mass is not observed. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A large, solid mass, measuring 7.33 cm in diameter x 7.57 cm in length, is observed at the head. It is isoechoic to the remainder of the parenchyma. The mass is avascular.

An ill-defined, avascular, hypoechoic elliptical nodule, measuring 1.65 cm in diameter x 1.41 cm in length, is noted mid-body, at the junction of the normal parenchyma of the spleen and the mass. The nodule may be artifact due to junction of the two different tissues, however, lymphoid or nodular hyperplasia, and extramedullary hematopoiesis cannot be excluded.

No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth, but mildly rounded. The liver's echotexture is mildly granular and coarse. It is mildly hyperechoic, i.e. it is isoechoic to the falciform fat. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A small to moderate amount of free floating echogenic material is present within the GB. 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.

Gastrointestinal

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

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.

The colonic wall is not thickened and mural detail is considered normal.

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

Pancreas

The pancreas is diffusely hyperechoic, however, the surrounding mesentery does not show any abnormalities. There are no signs of neoplasia or active pancreatitis.

Other

Lymph nodes

Multiple lymph nodes are mildly to moderately enlarged and hypoechoic, with mildly smooth to irregular contours.

For example, the gastric, pancreatic, sublumbar, and iliac LNs.

The mesentery surrounding the LNs is hyperechoic.

The pancreatic LN measures 1.34 cm in diameter and approximately 4 cm in length. It is mildly hyperechoic.

The LNs in the caudal abdomen: 1.34 cm in diameter x 3.32 cm in length. The mesentery surrounding the LNs is hyperechoic.

The sublumbar LN measures 3.21 cm in diameter x 3.60 cm in length. The mesentery surrounding the LN is hyperechoic.

Mesentery

The omentum in the cranial and mid-abdomen, particularly surrounding the stomach, is hyperechoic.

Abdominal effusion is not visualized.

Heart

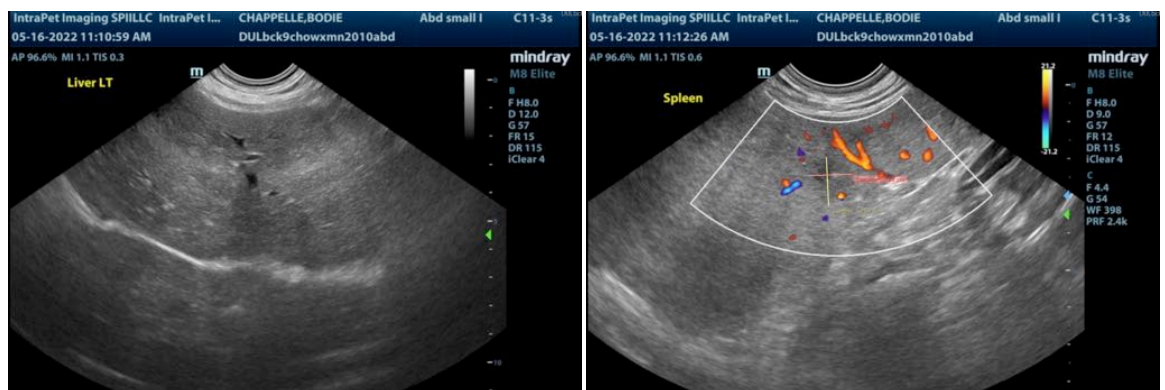
One video clip available for review. No obvious abnormalities observed

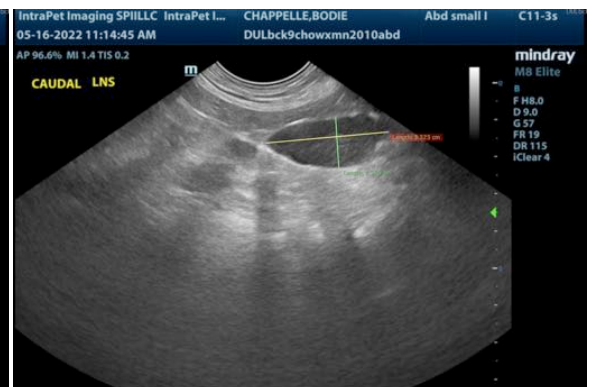
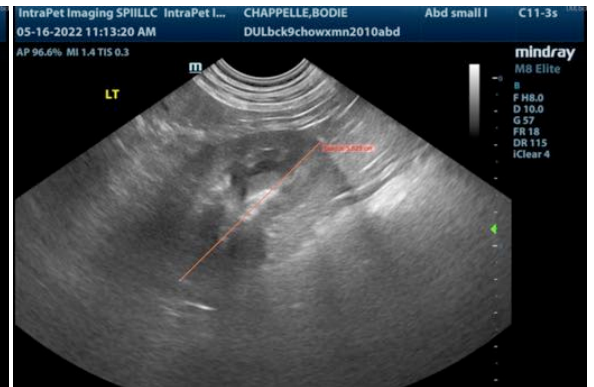
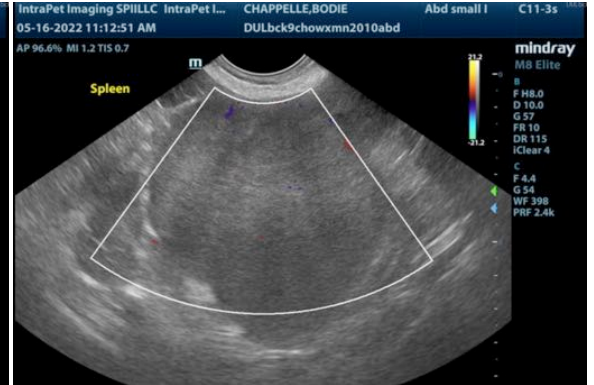
ULTRASONOGRAPHIC FINDINGS

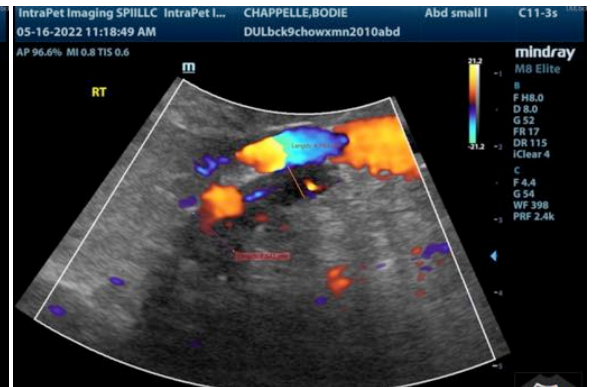
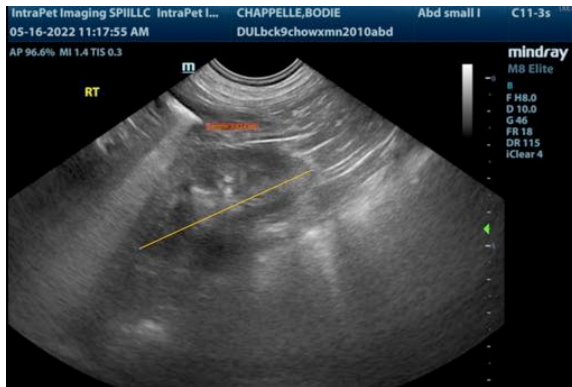
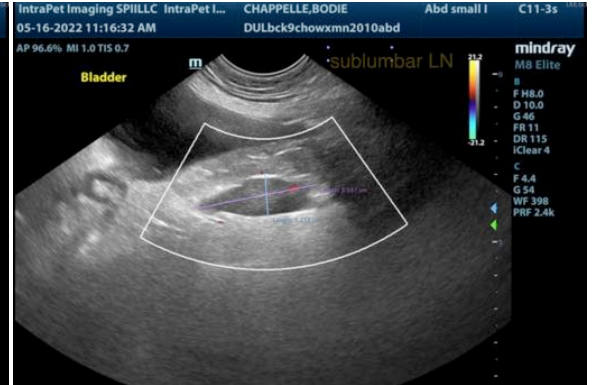
- The **solid splenic mass** is not consistent with hemangiosarcoma or a sarcoma. Extramedullary hematopoiesis, a hematoma that has become organized, nodular or lymphoid hyperplasia are possible differential diagnoses. A fine needle aspirate is required to obtain a definitive diagnosis. An atypical form of splenic lymphoma is less likely, but cannot be excluded.
- A discrete **nodule** of the **cranial pole** of the **right adrenal gland** is noted, however, there are no signs of neoplasia. A benign adenoma is the most likely differential diagnosis. Hyperplasia cannot be excluded, but is less likely.
- Differential diagnoses for the ill-defined, avascular, small, hypoechoic **splenic nodule** include measuring artifact due to junction of the two different tissues, however, lymphoid or nodular hyperplasia, and extramedullary hematopoiesis cannot be excluded.
- The **hepatic changes** may be due to a reactive hepatopathy. Infiltrative disease, such as lymphoma, is considered less likely, but cannot be excluded with certainty.
- **Lymphadenomegaly** of multiple lymph nodes. Lymphoma is considered likely based on the previous fine needle aspirate results of the “mass” in Bodie’s neck. Reactive hyperplasia is considered less likely.
- The **renal changes** are most likely secondary to age-related degeneration.

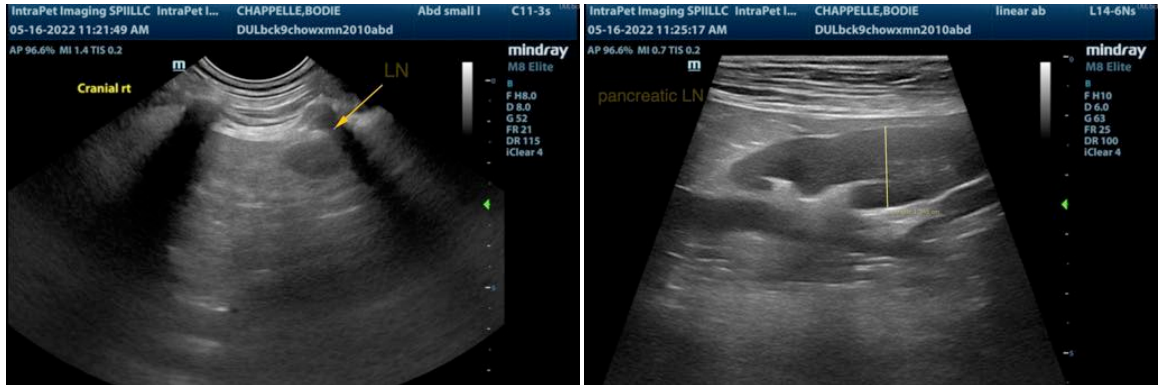
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the large splenic mass, splenic nodule, liver, and the enlarged lymph nodes are suggested to obtain definitive diagnoses, however, multicentric lymphoma is suspected.









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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