



PATIENT

Dixie Ferro

SPECIES

Canine

BREED

Cane Corso

SEX

FS

AGE

12yr

WEIGHT

96lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White

INVOICE

12730ag

DATE

01/18/2023

PRESENTING CLINICAL SIGNS

Reason for Visit: P not eating every other day & gets very lethargic on those days. O also worried about stomach seeming swollen. History: Patient is presented today b/c over the last month P has been having on & off days. On days that P is good we have lots of energy we are up & moving perfect eating & drinking fantastic but on our off days P does not want to eat & drinks alot of water gets very down & dumpy doesnt want to go on walks.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: Very nice calm dog EENT: Nucl scl ou Oral Cavity: mod tartar, mild gingivitis. Mild gingival hyperplasia upper canines Lymph Nodes: N Skin: long skin tag with approx 1cm base ventral thorax. Multiple smaller skin tags. Healed lick granuloma over both carpi CV/Respiratory: N Abd/GI: Large firm mass R caudal abdomen Uro/Perineum: N Musculoskeletal: BCS 5/9. Decreased ROM both hips, L > R. Stifles palpate normally. Crepitus and decreased ROM both carpi No back or neck pain. Reduced muscle mass rear legs Neurological: No CP defecits noted in rear legs today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited potential for generalized enlargement with generalized parenchyma heterogeneity. Several mildly expansive non-homogenous masses are present in the cranial and mid spleen. The masses appear to mildly distort the surrounding parenchyma. An example of a splenic mass measured 2.4 cm in diameter.

Liver/Gallbladder

The liver presented borderline enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized hepatic masses/nodules. The gallbladder was indistinctly visualized without overt pathology.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental to generalized non-shadowing ingesta/chyme empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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A moderately sized non-homogenous caudal abdominal mass measuring ~ 10 cm in diameter was present. The mass was not definitively connected to the spleen. Regional to generalized mild non-uniform omentum and moderate volume peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Unspecified non-homogeneous caudal abdominal mass
- Multiple mildly disruptive non-homogenous small splenic masses
- Overtly normal liver
- Mild chronic renal changes
- Generalized mild non-homogenous hyperechoic omentum and moderate volume peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The unspecified caudal abdominal mass may be of splenic origin without definitive connection given discernable similar appearing mid to cranial splenic masses. The possibility of unspecified intra-abdominal mass with secondary splenic metastasis or regional omental seeding and/or non-obvious metastasis cannot be definitively excluded. Abdominocentesis for cytology and C/S could be considered. Concern for hemoabdomen is indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Brief sonographic assessment of the heart is recommended to rule out cardiac tumors/pericardial effusion. Assuming no evidence of thoracic/cardiac pathology, exploratory laparotomy could be considered for gross assessment and potential splenectomy, however a very guarded to unfavorable long term prognosis is likely indicated.

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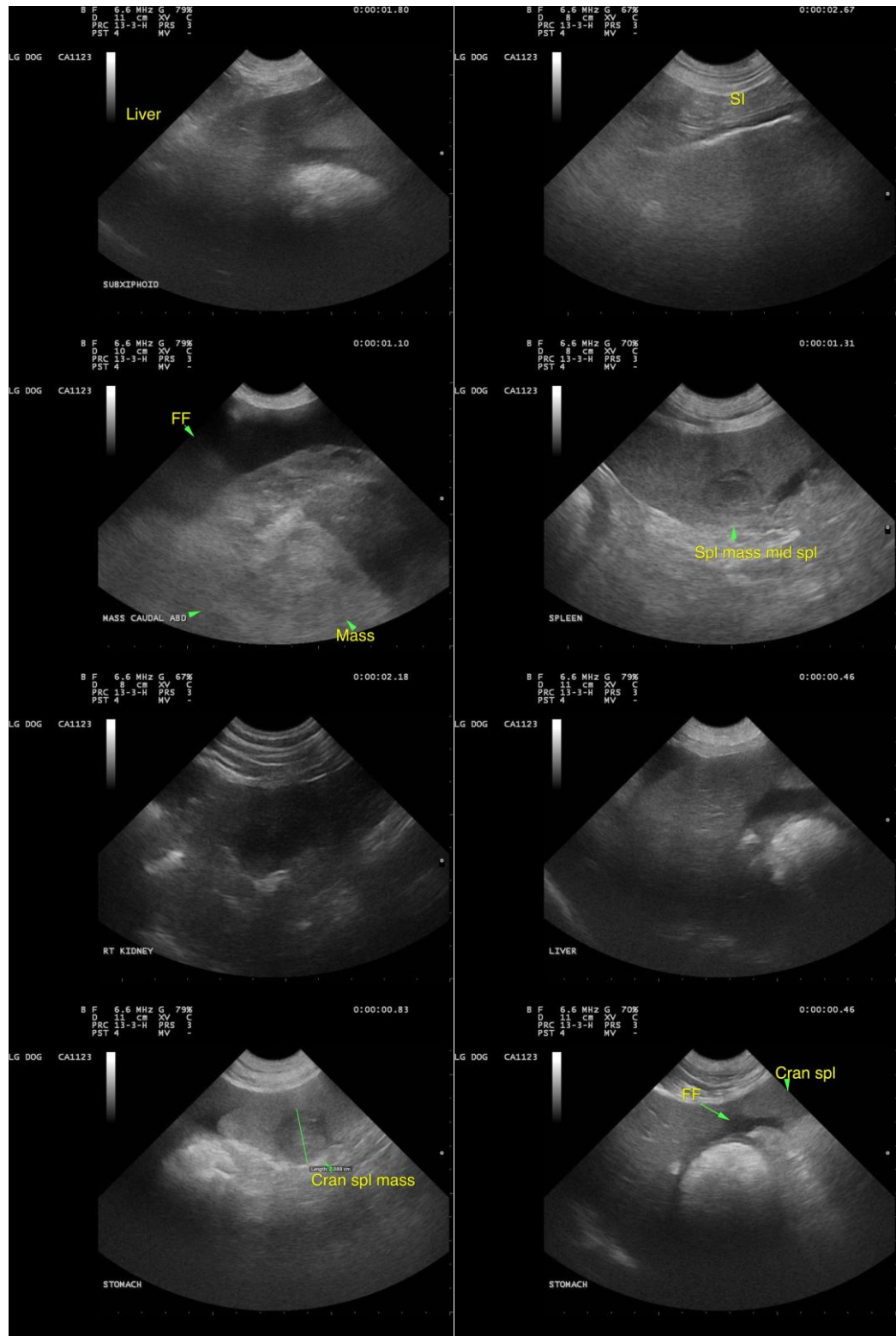
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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