



PATIENT

Charlie Rease

SPECIES

Canine

BREED

Cavapoo

SEX

MN

AGE

7 years

WEIGHT

18.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Lindsey Knouse

INVOICE

15932

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Charlie is a seven year old, MN, Cavapoo who was presented today for exam. Charlie is doing well at home with no clinical signs but his owner noticed a lump in his abdomen when he was laying on his back. Upon exam a caudal abdominal mass is palpable and movable in his abdomen, and is non-painful. He had a dental in the fall, in October reticulocytes were mildly elevated and his globulins were mildly elevated. He also had a history of Lyme disease. On radiographs the mass is visible on the left lateral more than other views, in the caudal abdomen. Recheck bloodwork was drawn today. Patient may have eaten a couple bites of food this morning but not a full meal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.45 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.49 cm width at the caudal pole.

Spleen

A small yet mildly expansive mass exhibiting well-demarcated mild irregular contour was present. The mass was primarily spherical in appearance exhibiting nonhomogeneous to mixed echogenic, non-cavitated parenchyma. No evidence of perisplenic or generalized increased omental echogenicity or evidence of perisplenic or peritoneal free fluid. The mass measured approximately 4.0 cm in diameter, located in the subjective cranial spleen. Some videos of the spleen exhibited potential for intermittent medial folding of the cranial spleen, potentially given the appearance of the mass within the mid-abdomen. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.



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Liver/ Gallbladder

Charlie Rease

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty 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 was 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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Pancreas

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 were evident.

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Free Abdomen

No evidence of perisplenic or generalized increased omental echogenicity or evidence of perisplenic or peritoneal free fluid.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Well-demarcated mixed echogenic splenic mass
- Otherwise, sonographically normal abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The mass is consistent with splenic origin with considerations including hyperplasia, hematopoiesis, granuloma, focal splenitis, hemangioma/ hematoma, with potential for malignant neoplasia such as sarcoma, round cell neoplasia, or other. No evidence of intraabdominal metastasis is noted. FNA cytology of the splenic mass for further assessment could be considered, yet if no evidence of thoracic pathology on radiographs, splenectomy with submission of tissue for histopathology and definitive diagnosis is recommended.

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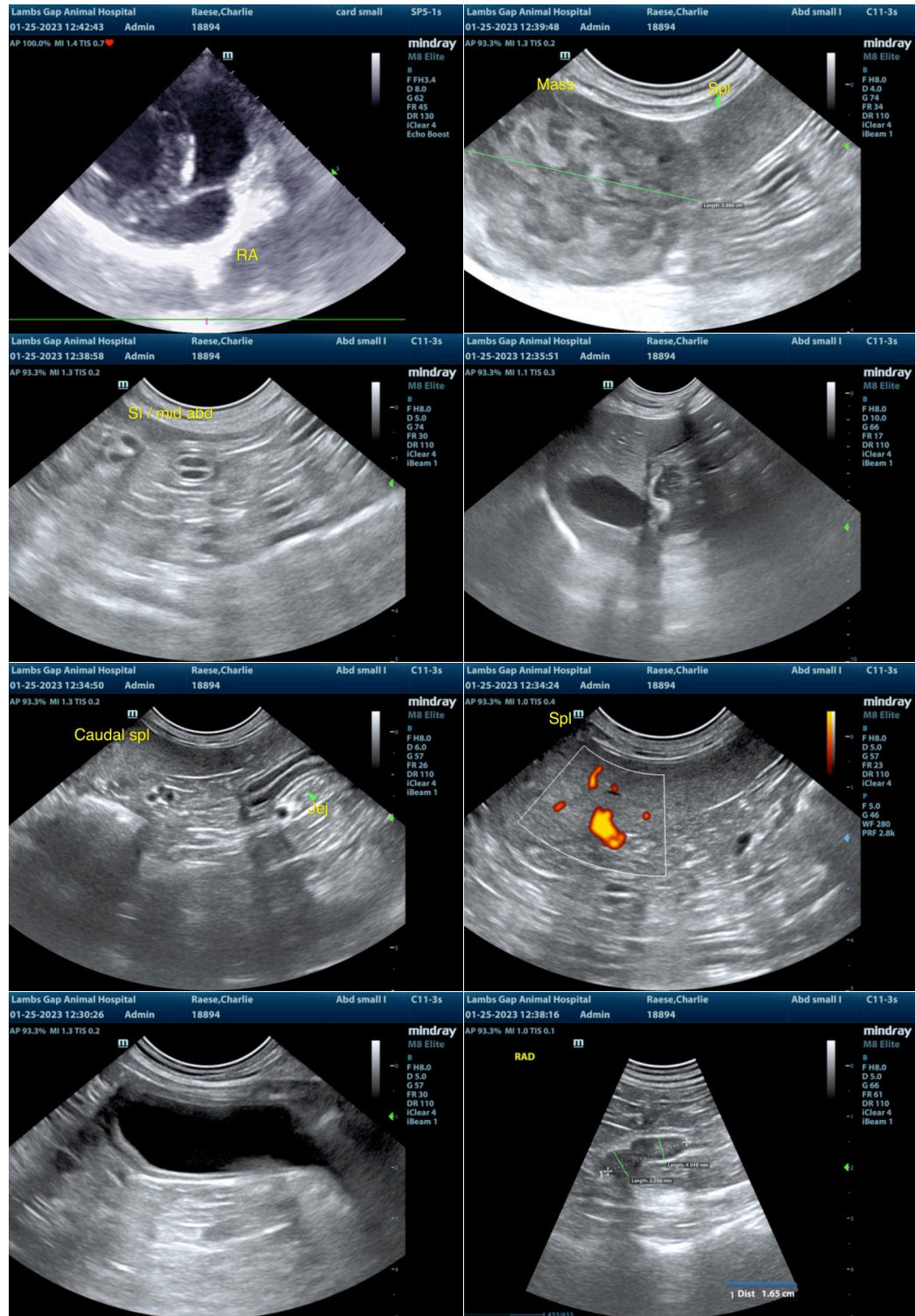
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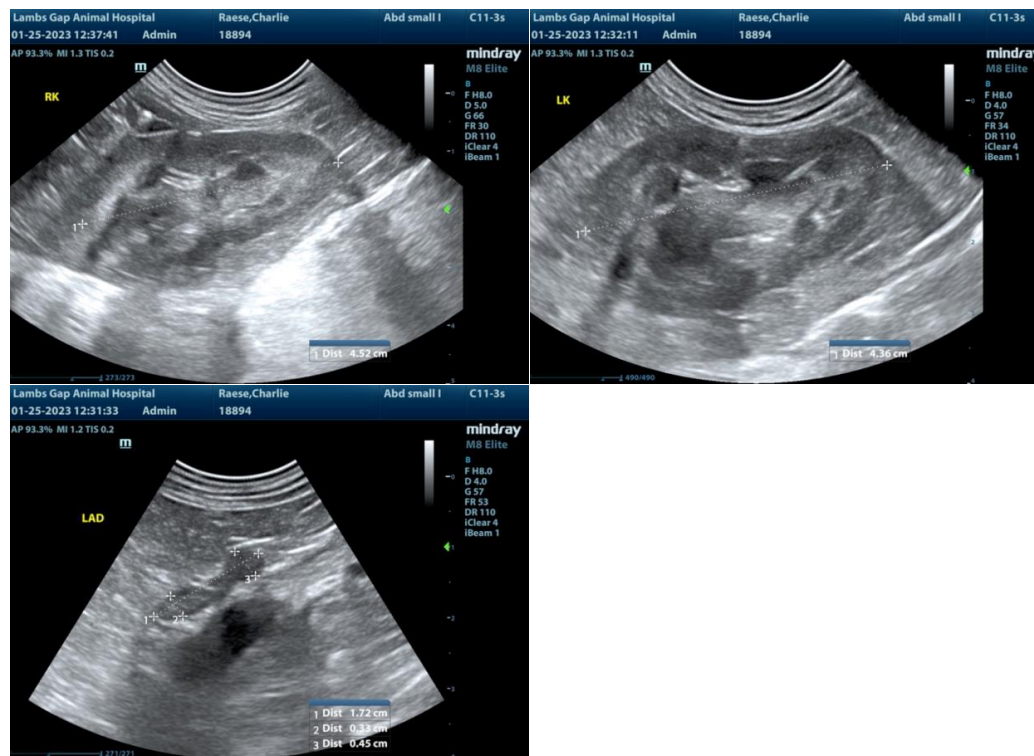
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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