

**PATIENT**

Luna Mezick

SPECIES

Canine

BREEDStaffordshire Bull
Terrier**SEX**

FS

AGE

6yr

WEIGHT

23.3kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists Dr Alucard**INVOICE**

12547ag

DATE

12/26/2022

PRESENTING CLINICAL SIGNS

Luna was adopted on Wednesday. She became progressively lethargic since that time. Today, she vomited one time and owners noted pale mucous membranes.

Abnormal PE/Chem/CBC/UA Results: Glu 180, HCT 48.3%, WBC 21.07k, Neu 18.03k, Mono 1.25k AFAST- Free fluid, suspect cranial abdominal mass. Abdominocentesis-hemorrhagic effusion

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 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 6.9 cm in length. The right kidney measured 6.4 cm in length.

Focal, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 2.3 cm x 1.2 cm.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole and 1.1 cm width at the cranial pole.

Spleen

A moderately sized irregular mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. Evidence of splenic mass rupture exhibited by moderate volume peritoneal free fluid with mild echogenic changes consistent with reported hemoabdomen was present. The spleen not involved with the mass exhibited mild capsule asymmetry, generalized mild heterogeneous parenchyma and intermittent separate non-disruptive hypoechoic nodules, an example measuring 0.63 cm.

Liver/Gallbladder

The liver presented 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.

The gallbladder was non-distended in size with 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 contained mild to moderate ingesta with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Mildly prominent duodenum walls were present with minor duodenal corrugation and minor ileus. 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 was evident.

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Free Abdomen

No omental masses were present.

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ULTRASONOGRAPHIC FINDINGS

- Cavitated splenic mass with concurrent separate non-disruptive splenic nodules
- Moderate volume peritoneal effusion-consistent with hemoabdomen
- Minor hepatic parenchymal remodeling-subjectively benign
- Intermittent nonspecific subjective benign mesenteric and medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Neoplastic criteria is favored. No obvious evidence of intra-abdominal metastasis was visualized. Potential for micrometastasis or omental adhesions cannot be definitively excluded. Assuming no evidence of pathology on three view chest radiographs, splenectomy could be considered. A very guarded prognosis pending splenic pathology if surgery is elected.

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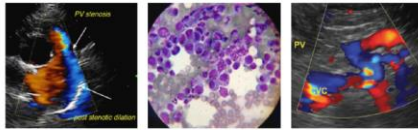
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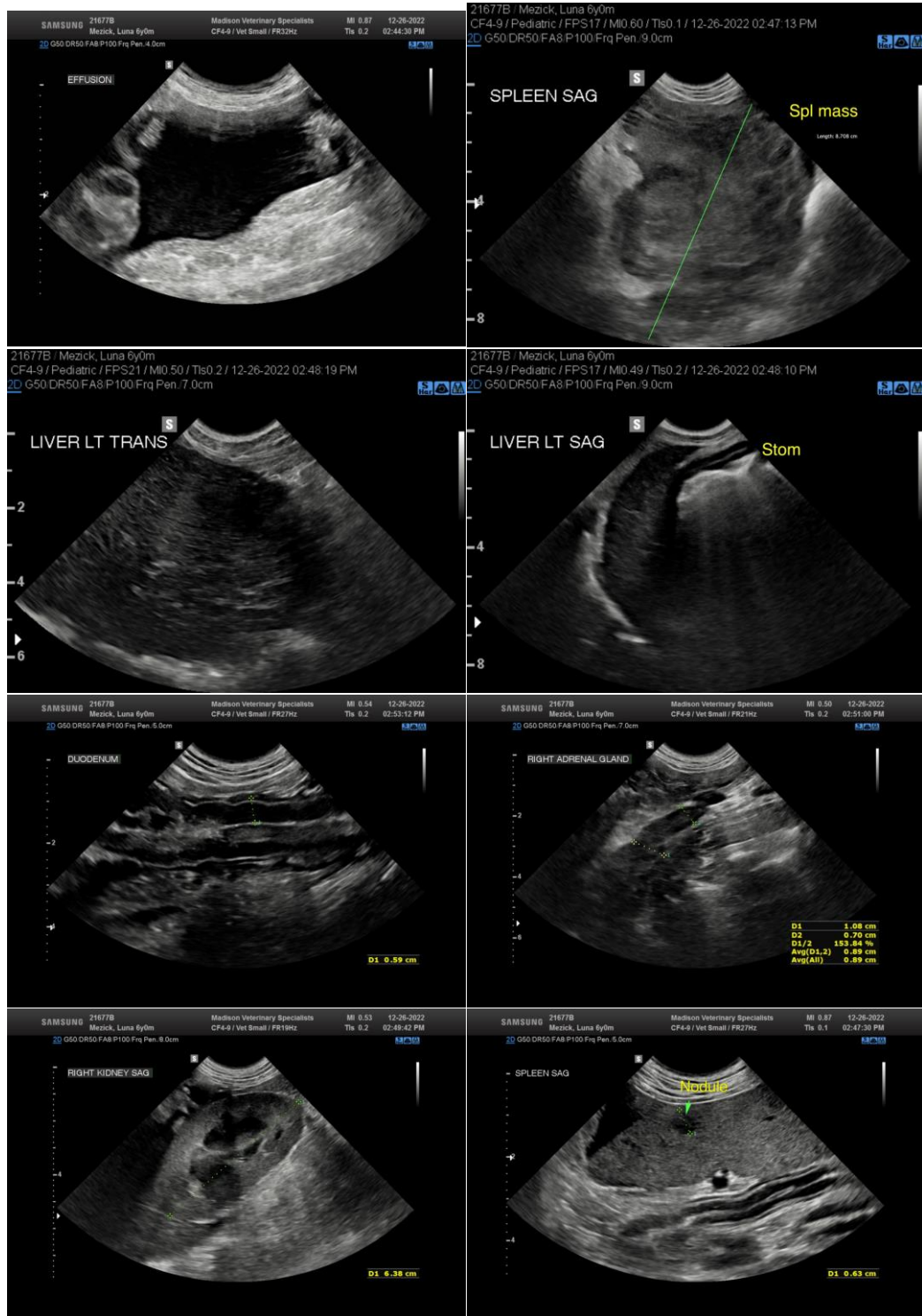
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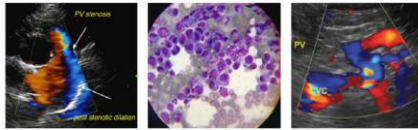
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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