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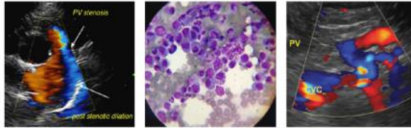
svsimagingkc@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Remy Sacco

SPECIES
Canine

BREED
Rottweiler

SEX
FS

AGE
9.5yr

WEIGHT
72lb

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

IMAGING PERFORMED BY
Rachel Runnells

HOSPITAL NAME
SVS Imaging KC

REFERRING VET
Dr. Wolff

INVOICE
12899ag

DATE
02/06/2023

PRESENTING CLINICAL SIGNS

Last saw Remy in Sept and she was having occasional vomiting and at that time we had talked about doing abdominal rads if it didn't resolve. The occasional vomiting has gotten a little better per O but she was bringing her in for having some blood in her urine. She has been eating wet only Blue Buffalo food, will not eat dry anymore. Drinking a lot but urinating normally other than the blood. Remy has lost some body condition since being in last and her coat is dry and dull. She hasn't lost much in weight but her vertebral spines are visible. Ab is distended and firm and she does act like she might potentially be painful when palpated.

Abnormal PE/Chem/CBC/UA Results: On lateral rad there is a large soft tissue opacity pushing intestines caudally and the stomach cranially, can't see any other structures well to say where it is originating right now. HCT 21.8 RETIC 62.6 WBC 16.1 w/neutrophilia and monocytosis Chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 8.0 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 adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was not definitively visualized owing to patient size and confirmation.

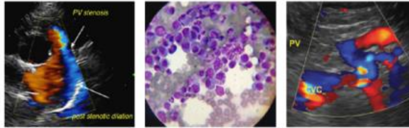
Spleen

A large expansive irregular mass involving the spleen was present and measured ~ 25 cm in diameter. The mass occupied the majority of the peritoneal cavity appearing to originate from the spleen. The mass extended cranially to directly efface portions of the caudal liver without overt evidence of hepatic origin. Regional omental inflammation was present around the mass.

Liver/Gallbladder

The liver was subjectively normal in size and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture and minor parenchymal remodeling. No visualized hepatic masses/nodules. 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.

Gastrointestinal



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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic fluid was present. Gastric displacement secondary to the splenic mass was present.

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. Intestinal displacement secondary to the splenic mass was present.

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

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.

Free Abdomen

Mild volume peritoneal free fluid which may suggest hemoabdomen was present. Subtle perisplenic hyperechoic omentum was present.

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

ULTRASONOGRAPHIC FINDINGS

- Large non-homogenous to cavitated splenic mass occupying the majority of the peritoneal cavity with secondary GI displacement
- Possible mild gastritis
- Overtly normal liver
- Mild age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for non-splenic origin of the mass given its size cannot be definitively excluded yet considered less likely. Benign etiologies are possible although neoplastic criteria such as sarcoma is favored. No obvious major organ or cardiac/pericardial metastatic disease present. Assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy, gross inspection of the perisplenic omentum and liver may be considered.

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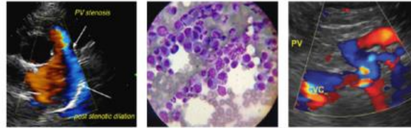

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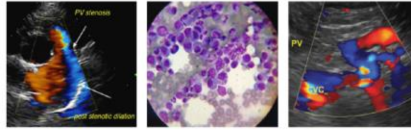

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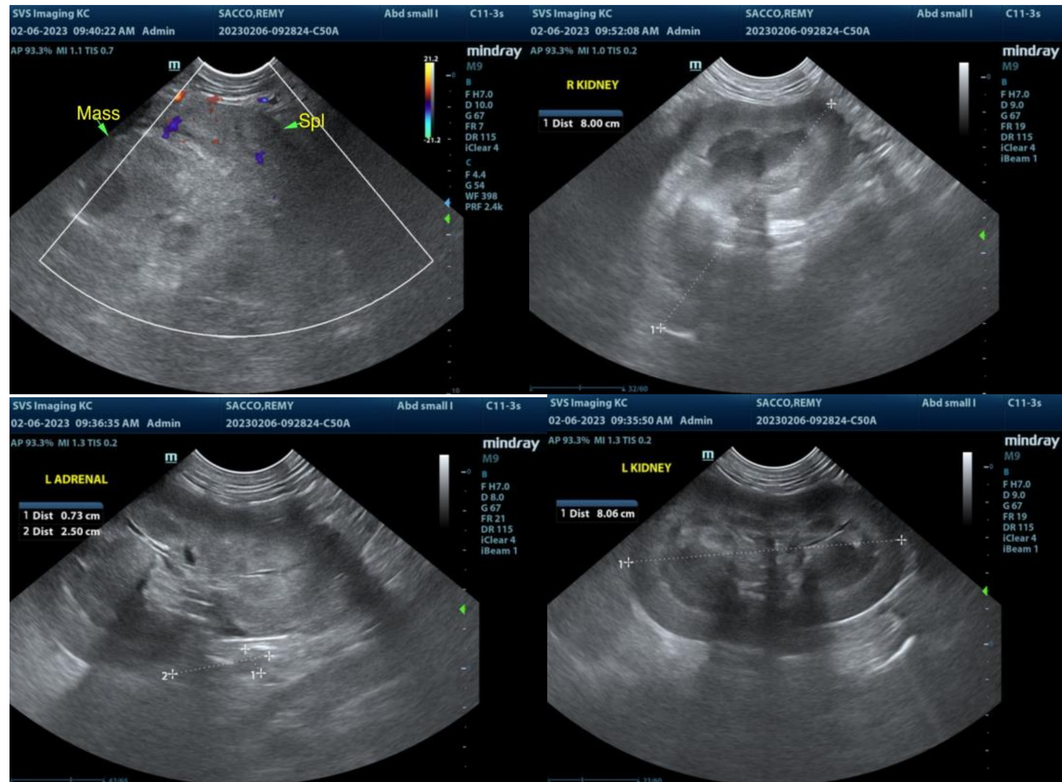

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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