



PATIENT

Gunner Hardy

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Neutered Male

AGE

8 Years

WEIGHT

33 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Ark Animal Clinic

REFERRING VET

Kevin Long, DVM

INVOICE

36143

DATE

3/13/22

PRESENTING CLINICAL SIGNS

Primary complaint and history for this visit: O brought P in for an ultrasound due to a potential splenic mass. O said P has been more down than normal. P did eat dinner last night but did not have breakfast. P is drinking still but will whine when he gets up/tries to climb on couch. O reported P is having normal stools. -RO Additional history: Historical pica-- dog has been known to ingest rocks, etc. Waxing/waning periods of profound lethargy-- an abdominal mass was noted several months ago (~6 months) via radiographs. Blood work performed ~ 1 week ago: RBCs were slightly abnormal; acanthocytes noted. Liver enzymes was wnl. PM

Abnormal PE/Chem/CBC/UA Results: PE: Worn dentition, moderate dental disease. Generalized muscle atrophy and prominent spinous processes. Palpable splenic mass mid abdomen. Dermal lesions. Routine blood work performed at primary care vet ~ 1 week ago-- do not currently have access to these results, but reported acanthocytes were documented. No reported anemia or elevated liver enzymes 3/13/2022 3-view thoracic rads: Normal VHS with mild, diffuse bronchointerstitial pulmonary parenchymal pattern and 2 discreet, radiodense (increased opacity) spherical nodules near the heart base and the right middle lung lobe that measure at ~ 1 cm3; *significant concerns for metastatic nodules*

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 were noted.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

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 right kidney measured 7.5 cm. The left kidney measured 6.5 cm. A focal area of caudal cortical mineralization noted in the left kidney, incidental.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm at the cranial pole and 0.72 cm at the caudal pole. The left adrenal gland measured 0.66 cm at the cranial pole and 0.74 cm at the caudal pole. A focal area of incidental dystrophic mineral was present at the cranial pole of the left adrenal gland, which is an incidental finding.

Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present, measuring approximately 10-11 cm in diameter. The mass was non-homogeneous to indistinctly cavitated, which may indicate areas of intramass hemorrhage or potential necrosis. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma and symmetrical capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional variably hyperechoic perisplenic omentum. Small pockets of scant perisplenic to peritoneal free fluid noted.



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Liver

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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.

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 overt lymphadenopathy.

Heart

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

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ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous, indistinctly cavitated splenic mass with regional perisplenic reactive mesentery. Potential for splenic omental adhesions.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, in light of strongly suspected pulmonary metastasis, the splenic mass is most consistent with malignant neoplasia with hemangiosarcoma considered the primary differential diagnosis. Overt evidence of intraabdominal metastasis was not definitively evident, yet potential for regional omental seeding or non-sonographically evident metastasis/micrometastasis may be possible. Unfortunately, an unfavorable long-term prognosis is likely indicated, given probability of splenic hemangiosarcoma with strong concern for pulmonary metastasis.

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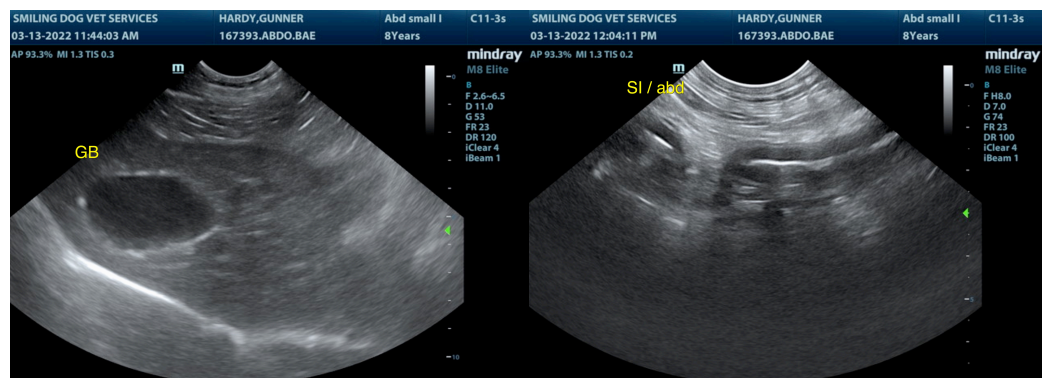
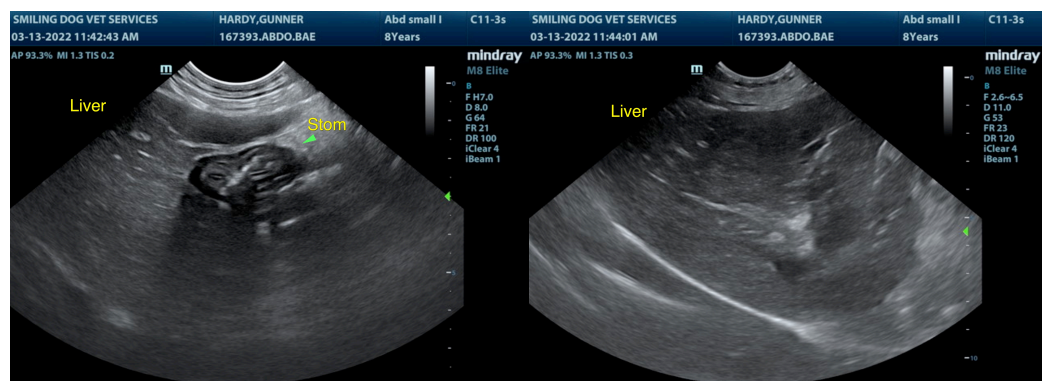
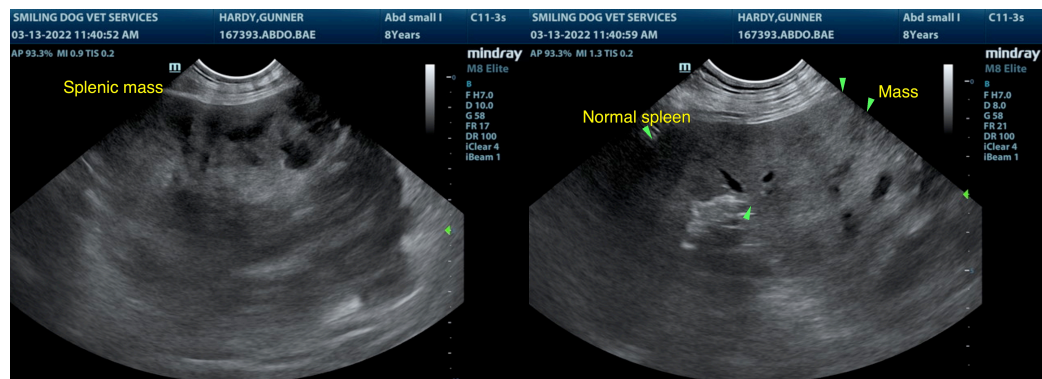
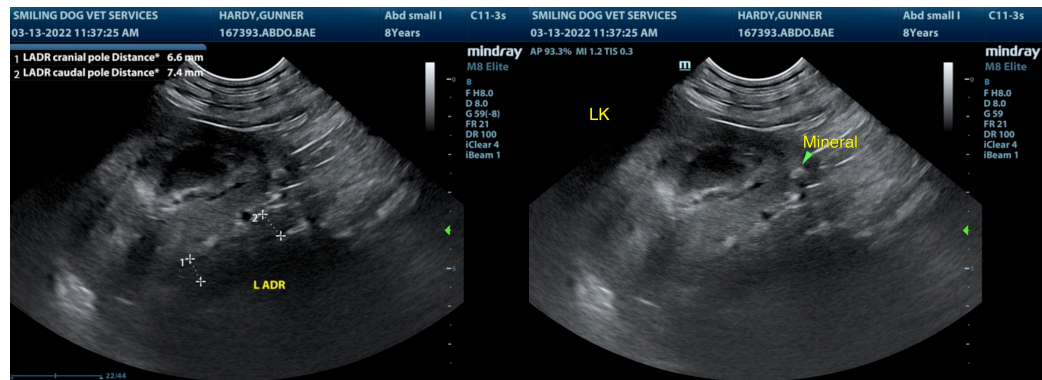
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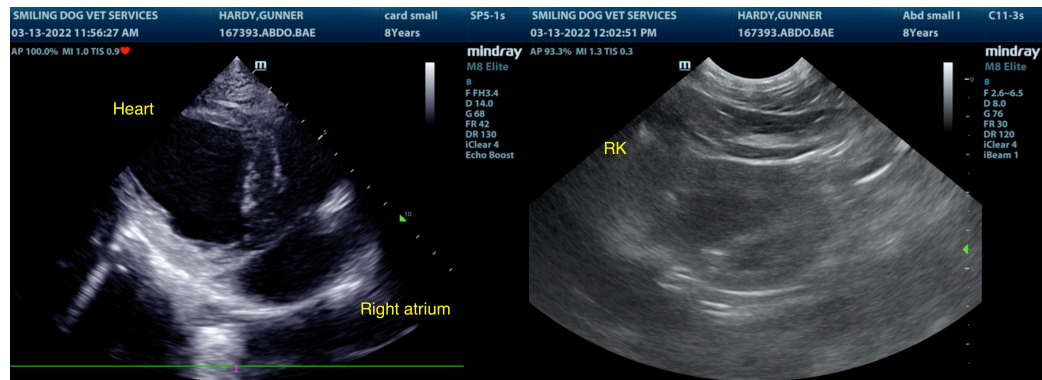
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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