


PATIENT

Maggie Cutrale

PRESENTING CLINICAL SIGNS

acute onset lethargy shaking vomiting , anemia, UTI present , Hx Cushings Current meds Trilostane 30 mg HCT 33.7%

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
BREED

Boxer

SEX

FS

AGE

13

WEIGHT

40.5

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.32	42	78	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	NM	0.73		3.2	3.1	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No overt MR present on Doppler. The left ventricle presented a normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to cor pulmonale or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. No evidence of cardiac or pericardial tumors. No overt arrhythmia was present.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

 Rockaway Animal
 Hospital

REFERRING VET

Dr. Ascot

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04/26/2023



PATIENT	evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.0 cm in length.
Maggie Cutrale	
SPECIES	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.
Canine	Adrenal Glands
BREED	Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. A non-disruptive well demarcated non-homogenous hyperechoic cranial left adrenal nodule was present measuring 0.96 cm x 0.72 cm. The left adrenal gland measured 1.2 cm width at the caudal pole and 3.5 cm length. The right adrenal gland measured 0.97 cm width at the caudal pole and 3.7 cm length.
Boxer	
SEX	Spleen
FS	A mass involving the cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured 6.8 cm x 4.8 cm. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. 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. Regional omental inflammation was present around the mass.
AGE	
13	Liver/Gallbladder
WEIGHT	The liver presented overall normal 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. Normal vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder and common bile duct were not definitively visualized with no overt pathology.
40.5	
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with retained non-shadowing ingesta was present.
IMAGING PERFORMED BY	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.
Jenn	
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
Rockaway Animal Hospital	Pancreas
REFERRING VET	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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13608ag	No overt lymphadenopathy present.
DATE	Mild to moderate volume peritoneal effusion and generalized primarily perisplenic hyperechoic omentum was present.
04/26/2023	ULTRASONOGRAPHIC FINDINGS



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- Overtly normal cardiac structure and function with minor age related myocardial remodeling.
- Non-homogenous to cavitated splenic mass-consistent with neoplastic criteria i.e., hemangiosarcoma or other.
- Minor hepatic parenchyma remodeling.
- Peritoneal effusion-suspect hemoabdomen.
- Bilateral chronic renal changes.
- Bilateral adrenomegaly consistent with PDH criteria with non-disruptive left adrenal nodule.
- Gastritis/gastroenteritis pattern with retained non-shadowing ingesta-ingesta consistent with food.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious intra-abdominal or cardiac metastasis secondary to the splenic mass which is highly probable for splenic neoplasia. The potential for possible non-sonographically evident regional perisplenic omental seeding or micrometastasis cannot be definitively excluded. Suspect small left adrenal adenoma although the potential for emerging primary or metastatic left adrenal neoplasia is technically possible.

A screening BP is advised to assess for evidence of hypertension which may allude to emerging left adrenal neoplastic criteria i.e., pheochromocytoma.

Assuming no pathology on three view chest radiographs and normal ECG/BP a splenectomy with gross inspection of the liver and perisplenic omentum could be considered however an extremely guarded to potentially unfavorable long term prognosis is indicated.

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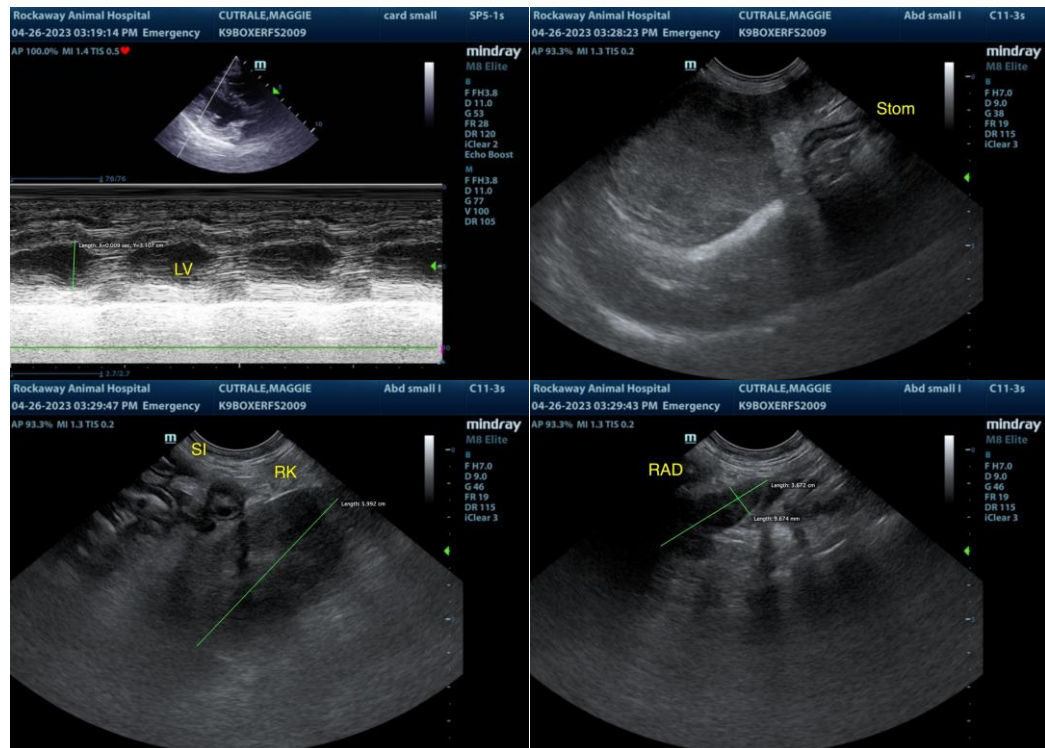
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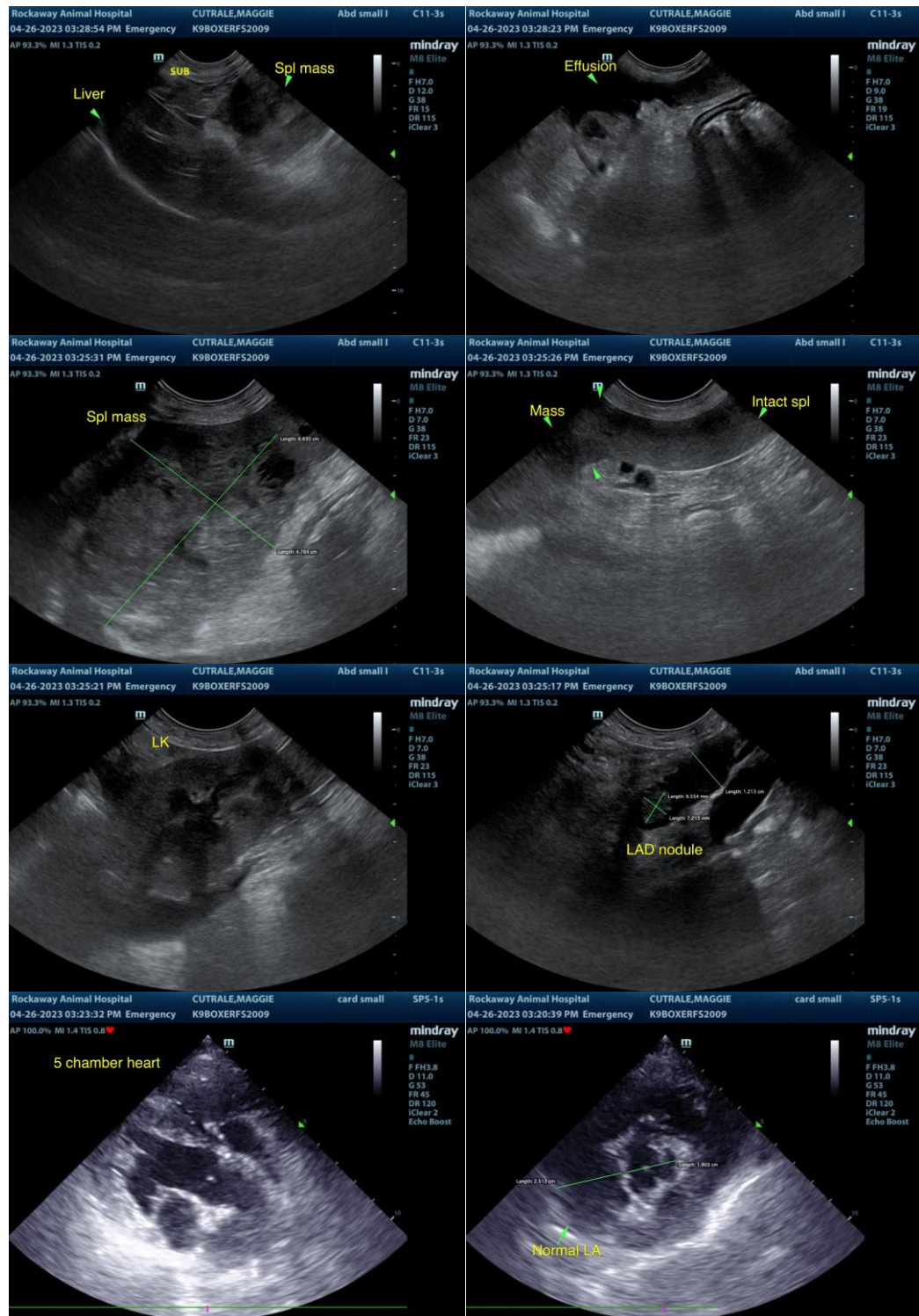
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

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