



PATIENT PRESENTING CLINICAL SIGNS

Haze Lancia History: History of several MCT SQ masses, recurrent pancreatitis Omeprazole, Cerenia, Meloxidan

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull

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.

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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 6.5 cm in length. The right kidney measured 6.1 cm in length.

AGE

2013

The area of the aortic trifurcation was free of pathology.

WEIGHT

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 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 0.45 cm width at the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
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 (Canine and Feline)

Spleen

The spleen exhibited normal size and contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary hypoechoic nondisruptive nodule in the craniomedial spleen measuring 0.79 cm in diameter was present.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

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.

Pancreas

DATE

08/08/2022



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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

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Canine

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Solitary discrete hypoechoic splenic nodule
- Unremarkable GI tract
- Unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Overall no overt evidence of significant visceral pathology was noted on this study which may indicate definitive intra-abdominal metastatic disease owing to history of mast cell tumor. Potential for structurally insignificant GI disease or low grade to chronic pancreatitis could be present. The splenic nodule was nonspecific with etiologies including focal hyperplasia, hematopoiesis, small hematoma, infarct, focal splenitis while the possibility of emerging primary vs metastatic neoplasia although considered less likely cannot be definitively excluded. Sonographic monitoring of the splenic nodule for evidence of progression +/- ultrasound cytology of the nodule assuming normal clotting status for further assessment would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered. As needed GI support is recommended.

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Although considered unlikely, a resting cortisol level to rule out occult Addison's disease could be considered given the patient's vague clinical signs and if persistent eosinophilia. Broad spectrum deworming is suggested even if fecal testing is negative.

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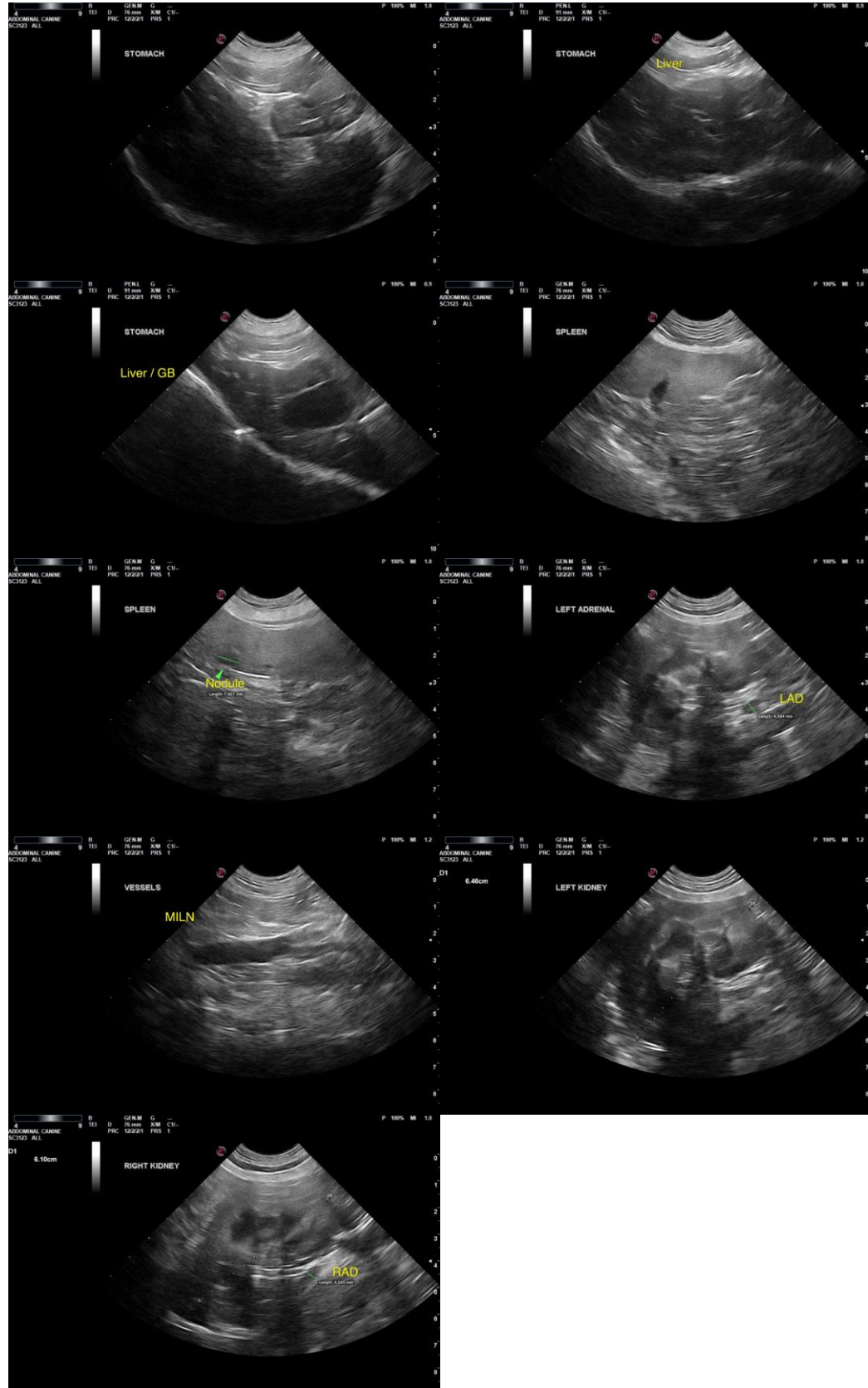
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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