



PATIENT

Dakota Cozine

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

10 years

WEIGHT

61.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Chun

INVOICE

12344

DATE

9/30/21

PRESENTING CLINICAL SIGNS

Vomiting, ecchymosis. Current meds: Apoquel 16mg 1/4t sid, Domalone ear oint. Cytopoint
Abnormal PE/Chem/CBC/UA Results: WBC 30.45, neu 27.83, PLT 49, ALT 521, ALP 1255, Cl 94

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. A solitary, subtly expansive, nonhomogeneous nodule was noted in the caudal lateral cortex of the left kidney, measuring 1.8 cm in diameter. Mild medullary mineralization was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the cranial pole and 1.1 cm width in the caudal pole. The right adrenal gland measured 1.1 cm width in the cranial pole and 0.55 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Multiple, mildly expansive, nonhomogeneous to cavitated masses were present. Concurrent, mildly expansive, nonhomogeneous parenchymal nodules were also noted. An example of a splenic mass measured 5.6 cm x 4.6 cm. An example of a splenic nodule measured 2.6 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver exhibited mild subjective decreased hepatic parenchyma echogenicity with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Generalized biliary tree mineralization was present. The gallbladder was mildly distended in size without overt evidence of mural inflammation. Primarily anechoic content was present with mild mineralized luminal debris. The common bile duct exhibited moderate yet variable



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dilation with at least one calculus noted within the common bile duct lumen. The calculus measured 1.2 cm in diameter. The common bile duct itself measured 1.5 cm in diameter.

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

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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.

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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 were evident.

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Free Abdomen

Regional perisplenic reactive mesentery along with mild generalized peritoneal free fluid were present.

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multifocal splenic masses to expansive nodules
- Chronic cholangiohepatitis liver pattern
- Dilated common bile duct with choledocholithiasis
- Nonhomogeneous left kidney nodule
- Primarily perisplenic reactive mesentery with mild peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the spleen is most likely consistent with multifocal to diffuse primary splenic neoplasia such as sarcoma or other. The potential for non-neoplastic etiologies i.e., hyperplasia, hematopoiesis, infection, or splenitis is considered less likely differential diagnoses.

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In addition, the potential for focal metastasis to the left kidney as well as pulmonary metastasis, given the radiographic findings, is warranted.

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Concurrently, although no evidence of cholestasis is reported, the potential for emerging post hepatic obstruction is of concern.



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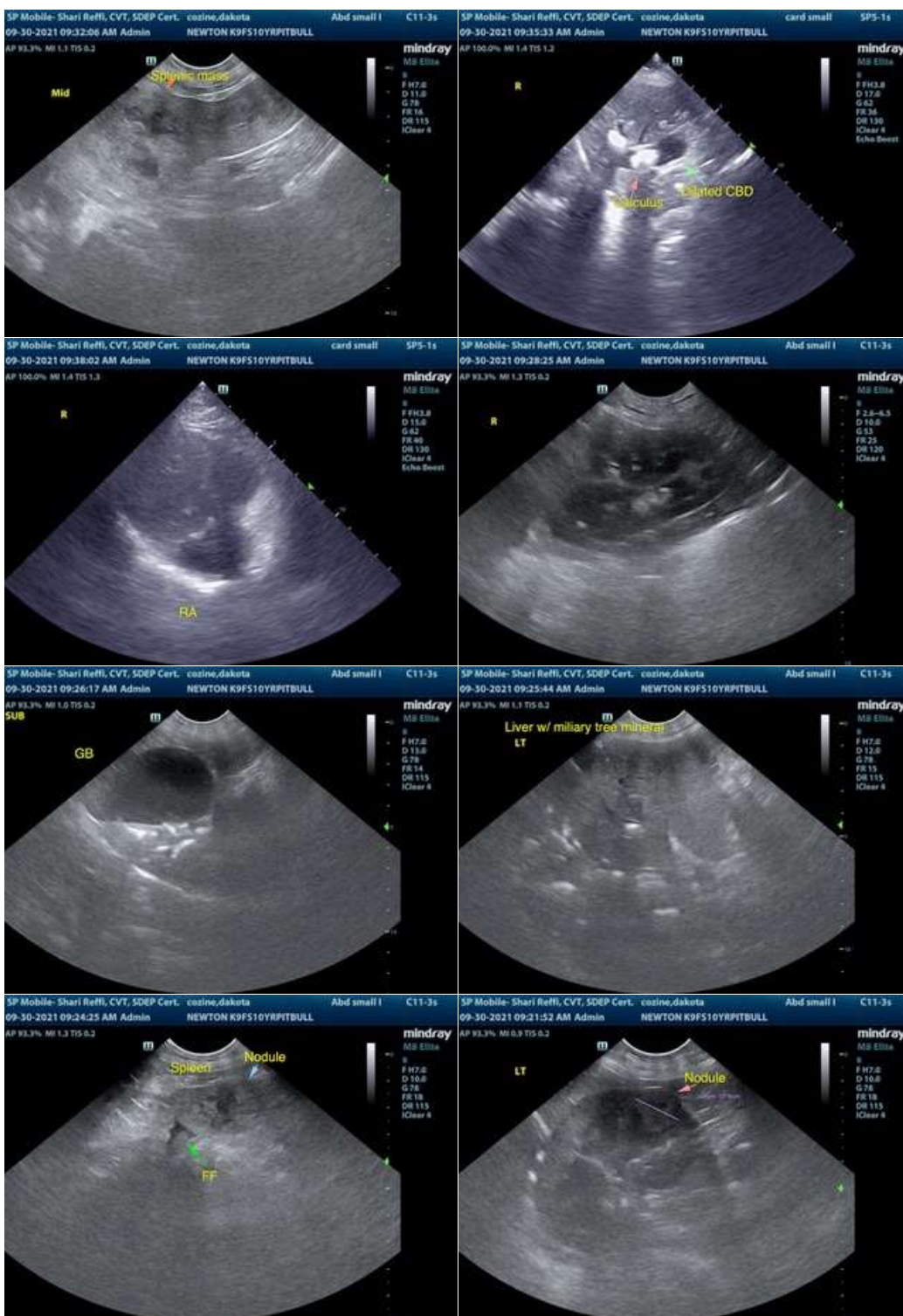
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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