


PATIENT PRESENTING CLINICAL SIGNS

Stewie Nell
SPECIES
 Canine
BREED
 Frenchie
SEX
 Neutered Male

History: Stewie has been diagnosed with thyroid cancer about 1.5-2 yrs ago. He has had radiation and chemotherapy. Before and since diagnosis he has suffered aspiration pneumonia repeatedly and currently has aspiration pneumonia. He presented very weak and shaky when moving. Mass effect seen on abdominal x-ray. Blood work is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 5.60 cm) (right kidney 6.10 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Reproductive System

Small hypoechoic prostate.

Adrenal Glands

Poorly visualized but appear to be of normal shape, echogenic appearance and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Irregular mottled echogenic parenchymal mass (measuring 1.00 x 1.40 cm) in the body of the spleen.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full, containing moderate amount of floating and adherent hyperechogenic sediment (some appearing in an early-stellate pattern). Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

INTERPRETED BY

Remo Lobetti, BVSc,
 MMedVet (Med),
 PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Cathleen Whitcraft, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Cathleen Whitcraft, DVM

INVOICE

13913

DATE

8.2.23



PATIENT *Free Abdomen*

Stewie Nell

Large, irregular, mottled echogenic mass (measuring 3.70 x 4.60 cm), possibly associated with either the head of the spleen or caudal liver lobe.

SPECIES

Canine

Small amount of acellular fluid around the mass, with a hyperechogenic appearance of the mesentery. Enlarged lymph nodes in the area of the mass, maintaining normal shape anechoic echogenic appearance. The rest of the mesenteric lymph nodes appear normal.

BREED

Frenchie

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Primary Findings

- Abdominal mass
- Splenic nodule
- Ascites
- Mesenteric inflammation
- Regional lymphadenomegaly

AGE

10 years, 10 mos

WEIGHT

30 lbs

Secondary Findings

- Emerging mucocele

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Remo Lobetti, BVSc,
MMedVet (Med),
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Etiologies for the abdominal mass would be granuloma and neoplasia.

Cathleen Whitcraft, DVM

Etiologies for the splenic nodule would be reactive, hematoma, granuloma and neoplasia.

HOSPITAL NAME

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The ascites, regional lymphadenomegaly and mesenteric inflammation can all be ascribed as secondary to the abdominal mass.

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Cathleen Whitcraft, DVM

Further assessment would be three-view thoracic radiographs, FNA cytology of the mass and splenic nodule, and possibly analysis of the effusion.

Specific therapy would be dependent on an etiological diagnosis. Laparotomy could be considered, as it could be both diagnostic and therapeutic.

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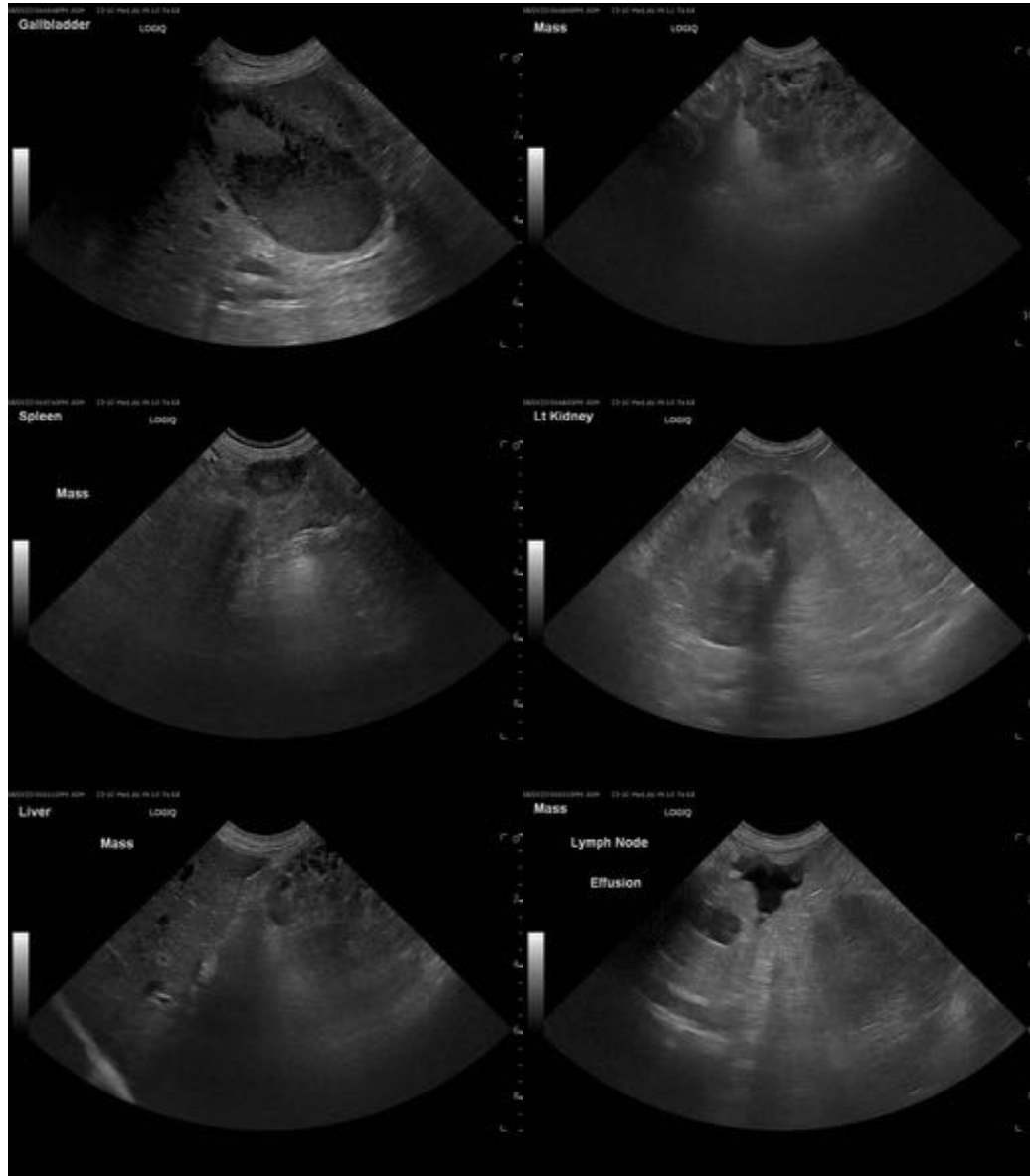
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE

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