



PATIENT

Iron Cardona

SPECIES

Canine

BREED

Dalmatian

SEX

Male Intact

AGE

13 Years

WEIGHT

37.4 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dra. Michelle Biello

INVOICE

48432

DATE

11-17-21

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate a possible abdominal mass. The mass was noticed on abdominal radiographs. This study is to determine if the mass can be removed surgically and if there is evidence of metastasis. BW showed mild anemia and moderate leukocytosis with neutrophilia.

Abnormal PE/Chem/CBC/UA Results: BW: CBC: HCT 34 (37-55), RBC 4.9 (5.5-8.5), WBC 41 (6-17), Neut 36 (3-12) CHEM: Amy 1300 (200-1200) rest was wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is mildly enlarged, bi-lobulated and shows hypoechoic cysts.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen presents a large, irregular mass with cystic and structured areas, severely protruding the splenic surface and having a significantly hyperechoic periphery. Splenic vein thrombosis is indicated.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

The gallbladder wall appears hyperechoic and subjectively mildly thickened. There is a small amount of sludge noted without signs of cholestasis.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric lymph nodes are mildly enlarged but inconspicuous in shape and periphery.

Pancreas

All pancreatic parts displayed show an irregular texture being iso- to hypoechoic to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted.



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Abdominal fat and great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS

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Primary

- Large splenic mass
- Significant hyperechoic splenic periphery

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Secondary

- Mild mesenteric lymphadenopathy
- Benign prostate hyperplasia with prostate cysts
- Age-appropriate degenerative changes pancreas

SEX

Male Intact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the spleen represent a large mass with suspected intra-splenic hemorrhage and indicated splenic vein thrombosis. The hyperechoic periphery speaks for an active, may be local infiltrative process or residual hemorrhage due to micro-ruptures. Malignant neoplasia such as hemangiosarcoma is very likely but benign nodular hyperplasia for example is possible as well. The enlargement of the mesenteric lymph nodes is not a compelling sign for metastasis and could still represent reactive-inflammatory changes. In case of splenic surgery evaluation of the chest (thoracic rads/CT and sonography heart base) and biopsy of the mesenteric lymph nodes are recommended.

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Changes of the gallbladder represent mild and chronic cholecystitis without signs of a cholestasis. This finding must be correlated with the clinical presentation (murphy sign?) and with the time of the last meal.

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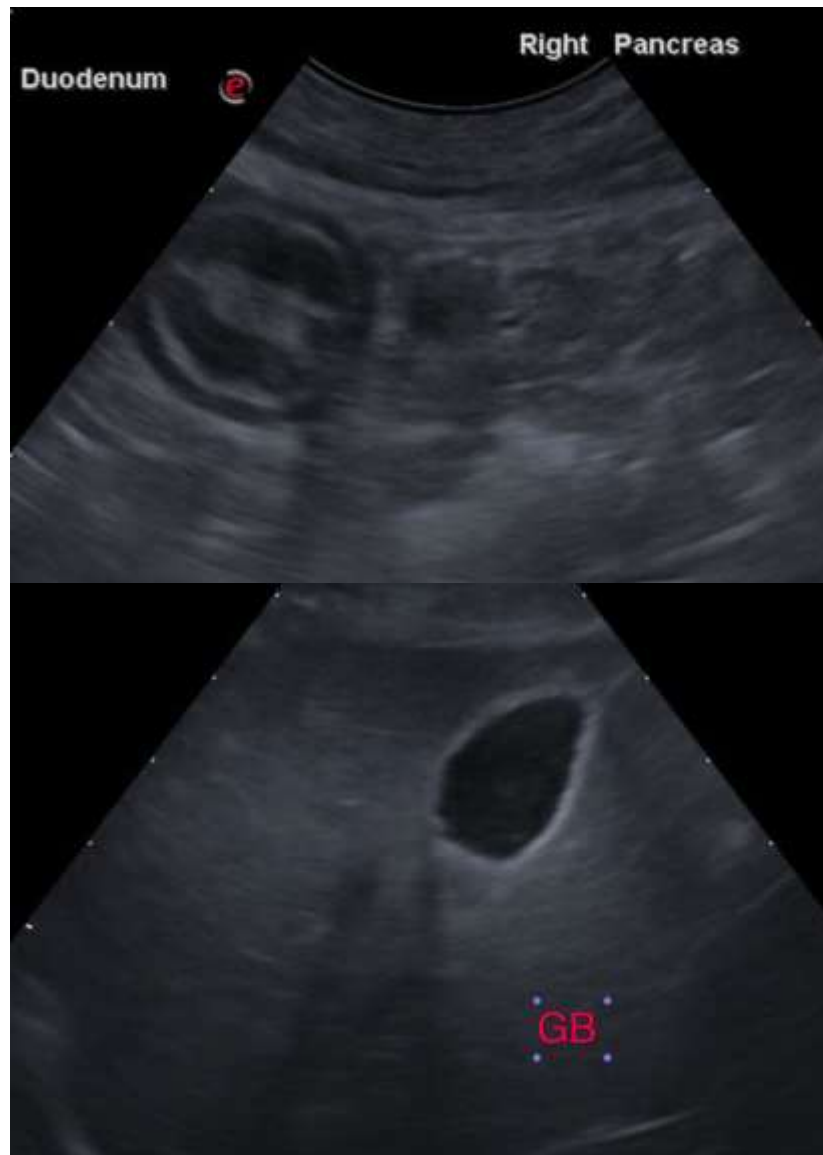
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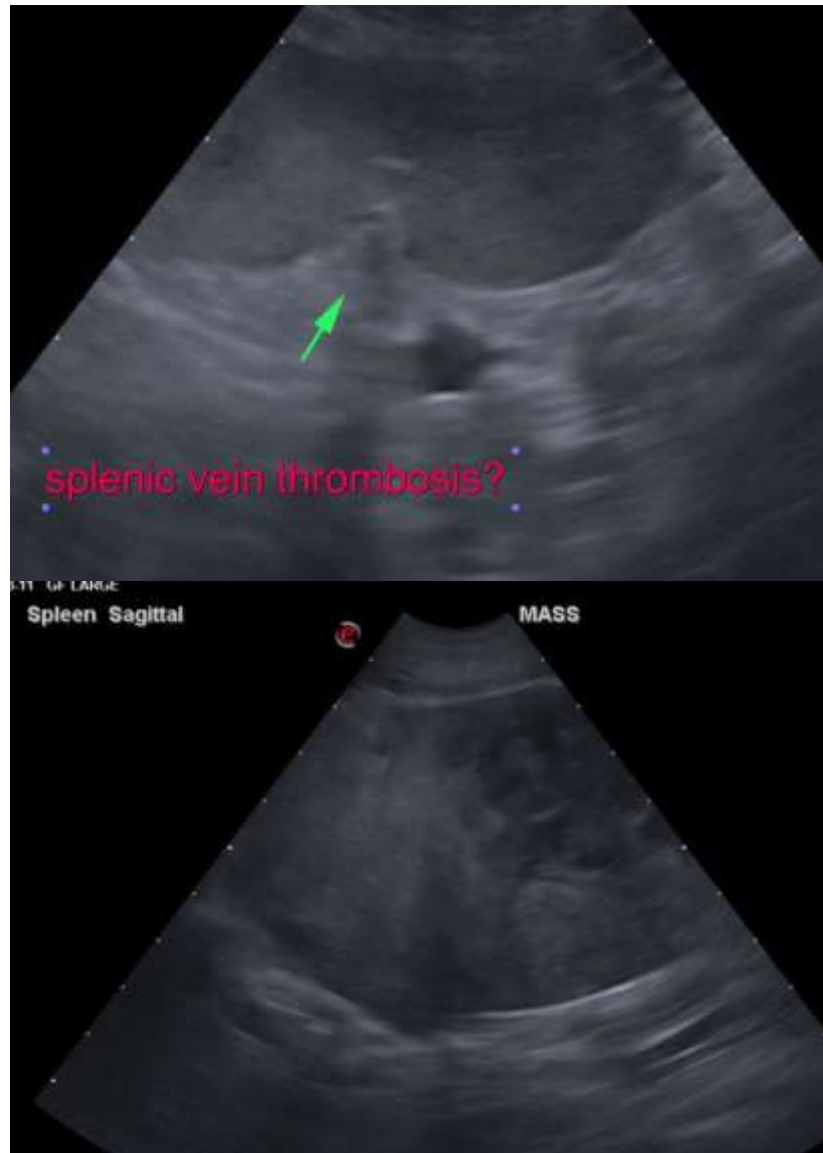
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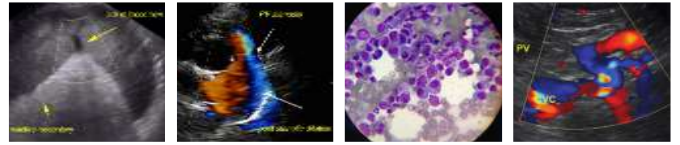
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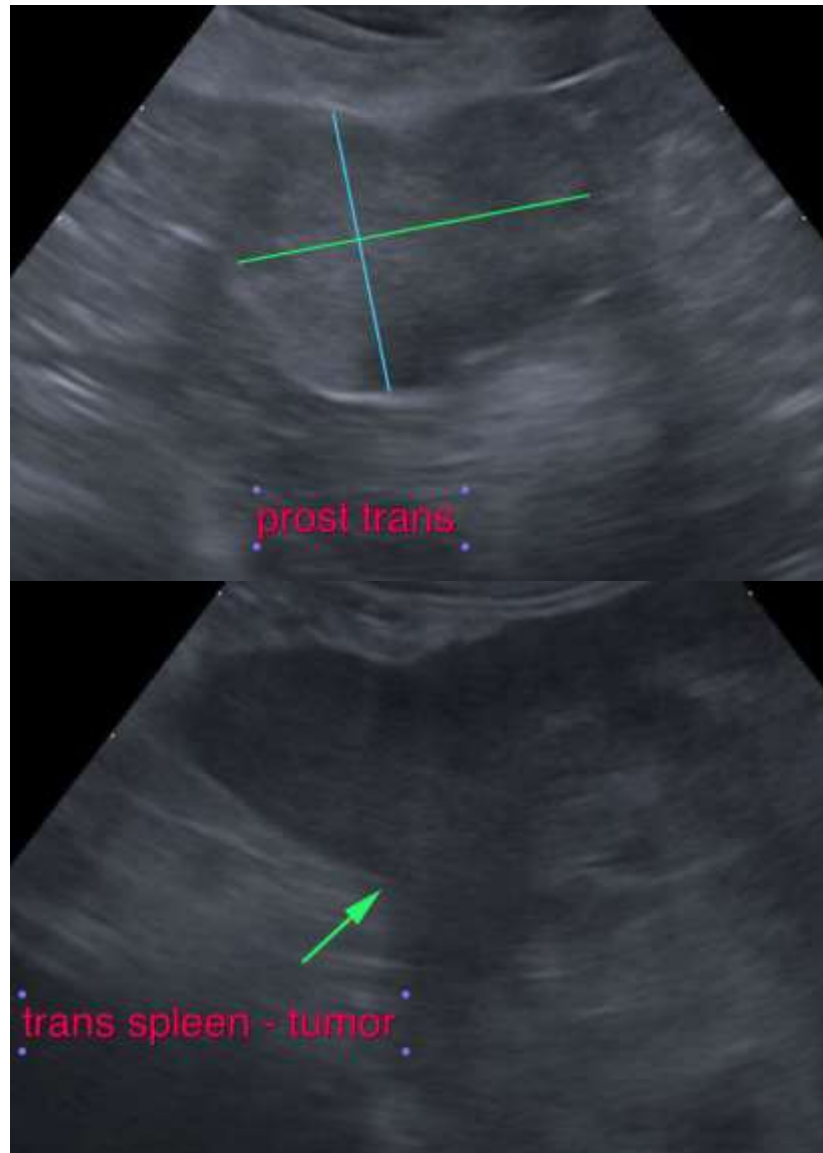
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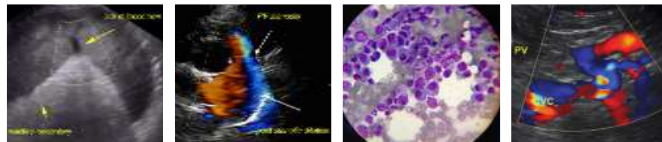
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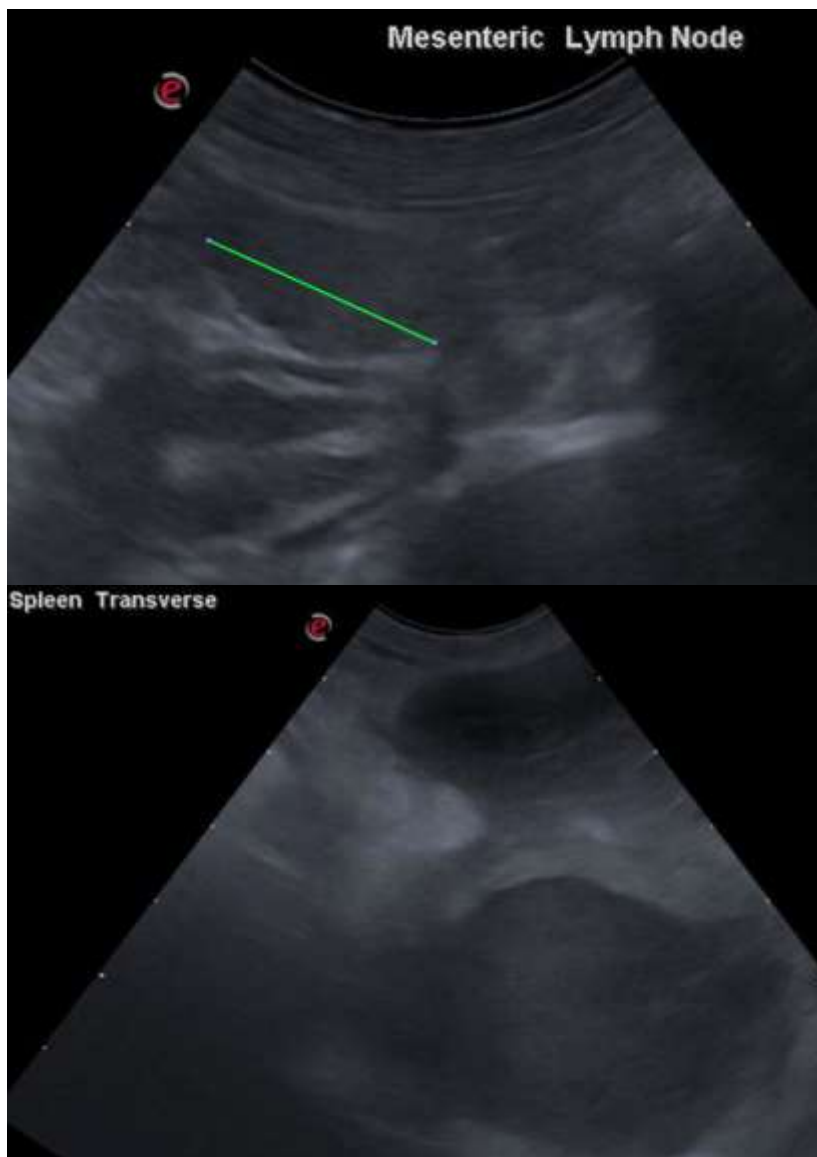
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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