



PATIENT

Chance Weaver

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

7 Years

WEIGHT

69 Pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Tam Mengine, DVM,
DABVP (canine/feline
practice)

HOSPITAL NAME

Stoney CVH

REFERRING VET

Tam Mengine, DVM,
DABVP (canine/feline
practice)

INVOICE

20372

DATE

1/4/22

PRESENTING CLINICAL SIGNS

History: 20-pound weight loss in last 5 months, however he has been on a strict weight loss diet over that time. 5 days of vomiting brown fluid daily, and anorexic for 48 hrs. CBC / Chem completely normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 7.7 cm in length. The right kidney is 7.0 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.1 mm at the cranial pole and 6.6 mm at the caudal pole. The right adrenal gland height is 9.5 mm at the cranial pole and 6.4 mm at the caudal pole.

Spleen

A 1.9 cm x 2.1 cm cavitated mass is noted in the body of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with normal ingesta. The gastric wall is 4.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 5.4 mm. The jejunal wall measures up to 4.4 mm. Intestinal motility appears normal.

The visible portions of the colon have increased thickness, up to 2.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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Pancreas

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- A small, cavitated splenic mass

Secondary Findings

- Diffusely thickened colon, suggestive of colitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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The mass in the spleen is concerning for neoplastic disease. While the appearance could be consistent with hemangiosarcoma or hemangioma, the dramatic weight loss noted also raises a concern for round cell neoplasia.

Recommendations include:

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- Three view chest radiographs to rule out metastasis
- Splenectomy with histopathology
- If surgery is not elected, initiation of therapy with Yunnan Bai Yao and l'm-Yunity may serve to decrease risk of acute hemorrhage. More information, including dosing for these therapies can be found here:

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- <https://penntoday.upenn.edu/news/compound-derived-mushroom-lengthens-survival-time-dogs-cancer-penn-vet-study-finds>

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- https://www.mspca.org/angell_services/yunnan-baiyao-to-use-or-not-to-use/

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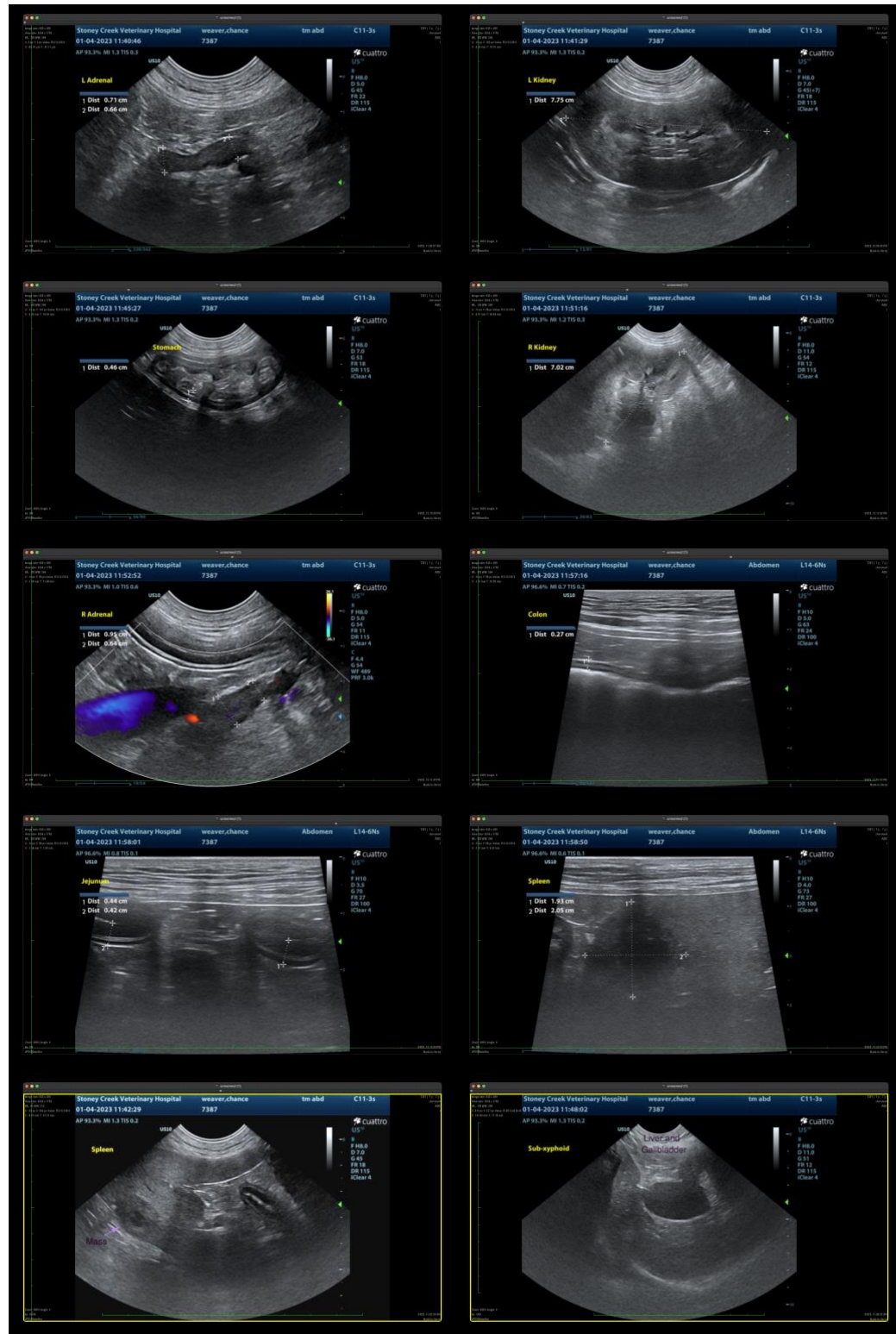
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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1/1/22