



PATIENT PRESENTING CLINICAL SIGNS

Rambler Jenkins

P presented on 6/16 for lethargy and not eating, Laying around all day, one episode of vomiting, not on any meds, history of falling off a waterfall 1-2 weeks ago. Fast scan on presentation- large amount of free fluid, non clotting blood

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 6/16 10pm CBC 32.7 (37-61), WBC 20 (5ths -16) Neu 16.9 (2.9-11.6) PLT 89 (148-484) Chem10 wnl 6/17 12 am PT 16.5 APTT 82.6 WNL 5am PCV 24% TS 5.4 5am and 10am BP 143/81 (88) 10am PCV 36% TS 6 12pm Lytes- wnl

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

AGE

6 Years

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).

WEIGHT

42.8 kg

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). Left measures 7.6 cm. Right measures 7.9 cm.

INTERPRETED BY

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

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. Left measures 6.0 mm cranially and 3.7 mm caudally. Right measures 4.9 mm cranially and 4.3 mm caudally.

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

Spleen

The spleen is of appropriate size and has a normal homogenous parenchyma with a smooth, continuous capsular surface. It is surrounded by hyperechoic omental fat and a small amount of free fluid. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

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Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There are two small hyperechoic nodules present, as well as a 2.9 cm x 1.8 cm inhomogeneous cavitated mass in the cranial most aspect of the right liver. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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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.

DATE

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Gastrointestinal

The stomach is mildly distended with normal ingesta. The gastric wall is normal at 4.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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. Intestinal motility appears normal. Duodenum wall measures 5.3 mm. Jejunum wall measures 3.4 mm.

SPECIES

Canine

The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction is visualized and normal.

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Pancreas

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.

SEX

Neutered Male

Free Abdomen

There is an undifferentiated inhomogeneous mass located between the right caudal aspect of the liver and the right kidney. There is no color flow noted on doppler interrogation of the mass. There is a mild to moderate amount of free fluid noted throughout the abdomen. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

AGE

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WEIGHT

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Heart

The visualized portions of the heart exhibit adequate systolic function with no evidence of a right auricular mass, and no evidence of pericardial effusion.

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PRIMARY FINDINGS

- Non-vascular mass located between the right liver and right kidney - most consistent with a blood clot.
- Cavitated liver mass – concerning for neoplasia.
- Hypoechoic fluid throughout the abdomen – consistent with the history of a hemoabdomen.

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SECONDARY FINDINGS

- Bilateral small adrenals relative to the size of the patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is possible that the mass in the liver is the source of the hemoabdomen. However, it is relatively small to have been the source of such a large amount of hemorrhage. Give the history of trauma and the likelihood of a clot located near the right caudal liver, trauma to the liver or other organ in this area would be another possible explanation. If the PCV continues to drop, then exploratory surgery would be warranted to assess for any traumatized/bleeding tissue, and for biopsy of the liver mass. Otherwise, supportive care is recommended with serial monitoring of the PCV.

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The adrenals are small for this patient, which may be an incidental finding. However, a resting cortisol is recommended to rule out the possibility of Addison's disease. If Addison's disease is present, this would not explain the presence of a hemoabdomen.

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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.

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.

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

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