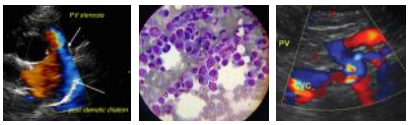
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/26/2022

PATIENT

Rocket Belcher

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Female Spayed

AGE

5-1-2009

WEIGHT

62 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Eldersburg Veterinary Hospital

REFERRING VET

Dr. James

INVOICE

101201

PRESENTING CLINICAL SIGNS

History: Patient presented for abdominal discomfort, lethargy, panting; low fat diet seemed to give some relief. Bloodwk revealed anemia, nrbcs, decreased plt.

Current Medications: Carprofen 75mg q 24 hrs + gabapentin 200mg bid for arthritis/djd.
Lab Results: Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

Additional History: Hematacrit 33.8%, not regenerative. Platelets 63,000. SDMA 16. ALT 166. ALP 233. Urine Specific Gravity dependent 1.012. No proteinuria. Anactive sediment. T4 low/normal. 4dx shows lime positive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.82 cm at cranial pole) (0.79 cm at caudal pole) (2.17 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.93 cm at cranial pole) (0.86 cm at caudal pole) (2.71 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively enlarged with irregular peripheral contours. At least 3 irregular heterogenous masses are observed throughout the parenchyma. Some of the lesions cause capsular expansion. The largest measures approximately 4 cm in diameter. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Numerous varying-sized heterogenous nodules/mases are observed throughout the organ, some of which are slightly cavitated. A few of the

lesions cause capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended and appears somewhat compressed by one of the hepatic masses. The wall is of appropriate thickness for the level of depletion. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperchoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
There is no obvious evidence of free fluid. Two prominent lymph nodes are observed in the cranial abdomen, the largest measuring 1.50 cm in length.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

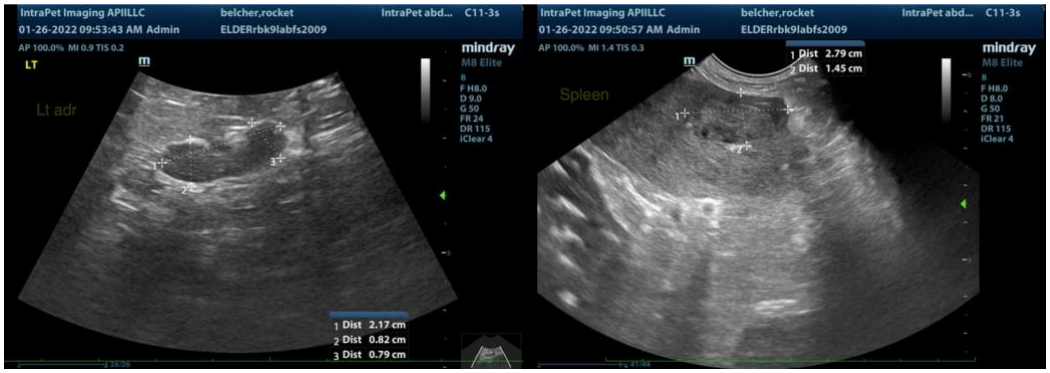
- Numerous hepatic and splenic masses. Neoplasia, (i.e, round cell tumor, adenoma, sarcoma), is considered likely, with a lower possibility of a multi-focal inflammatory process.
- The prominent cranial abdominal lymph nodes may be due to infiltrative neoplasia or reactive change.

Secondary Findings

- Moderate regenerative renal changes
- Age-related pancreatic remodeling +/- fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the hepatic and splenic masses if clotting status stabilizes. Twenty-five-gauge needles should be used. However, given the presence of multi-organ neoplasia, the prognosis for this patient is considered guarded.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D 9.0
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FR 24
DR 115
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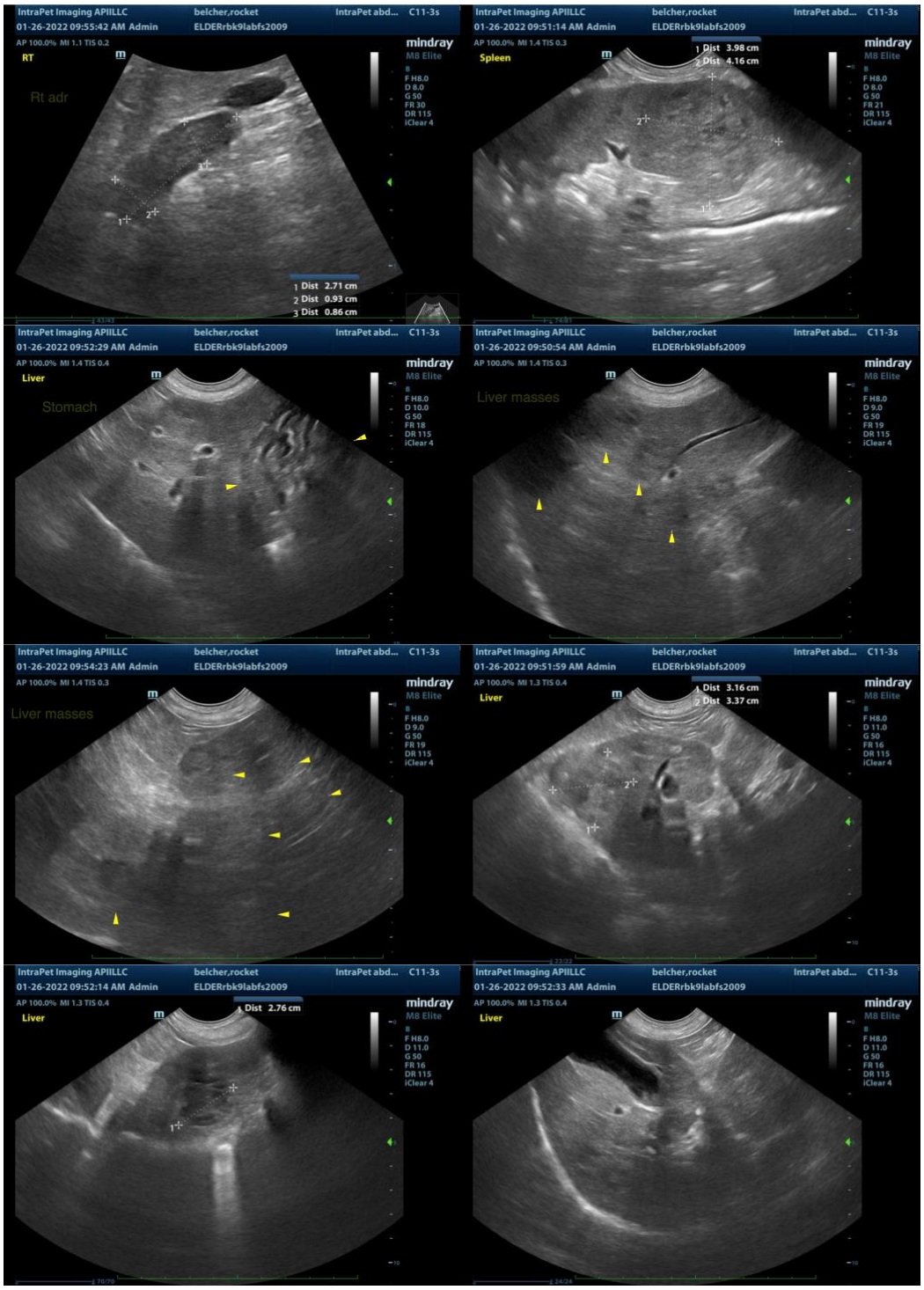
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Stomach
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Liver masses
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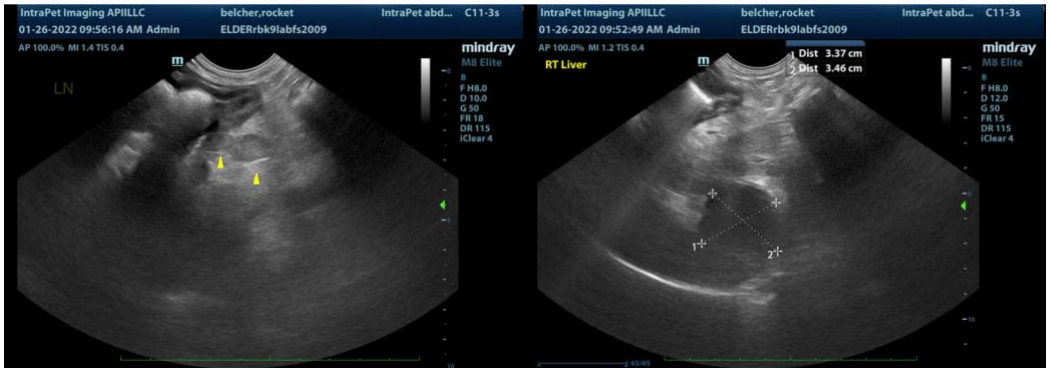

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com