IMAGING PERFORMED BY

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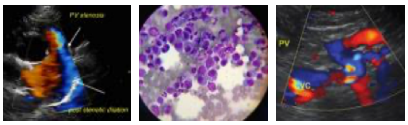

SonoPath
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DATE
1/19/2022

PATIENT
Prince Rosch

SPECIES
Canine

BREED
Schnauzer

SEX
Male, neutered

AGE
5/1/2010

WEIGHT
19 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Wu

INVOICE
12884

PRESENTING CLINICAL SIGNS

History: Vomiting, anorexia, lethargy - duration 48 hours.

Current Medications: Unasyn, Cerenia.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Pet was given Hydromorphone prior to sonographer arrival.
Stat Report: REQUESTED.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 mildly 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 prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.60 cm at caudal pole) (1.71 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.

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.52 cm at caudal pole) (1.72 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 contracted (0.66 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.25 cm) with a “double-walled” effect. Luminal contents are anechoic. 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 pyloric outflow tract is patent. 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 ileocecal colic junction is normal. The proximal colon is mildly thickened (up to 0.45 cm) with retention of the normal layering pattern. The colonic lumen is empty. No obstructive disease is noted.

Pancreas
The left limb/base of the pancreas is prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Free Abdomen
A small to moderate amount of anechoic free fluid is present. The mesentery in the cranial and mid-abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other
The caudal vena cava is subjectively dilated (0.90 cm in diameter).

A brief visualization of the thorax reveals the following:

1. A 3.84 x 3.32 cm irregular heterogeneous mass effect at the heart base.
2. Moderate to severe pericardial effusion
3. Moderate pleural effusion

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

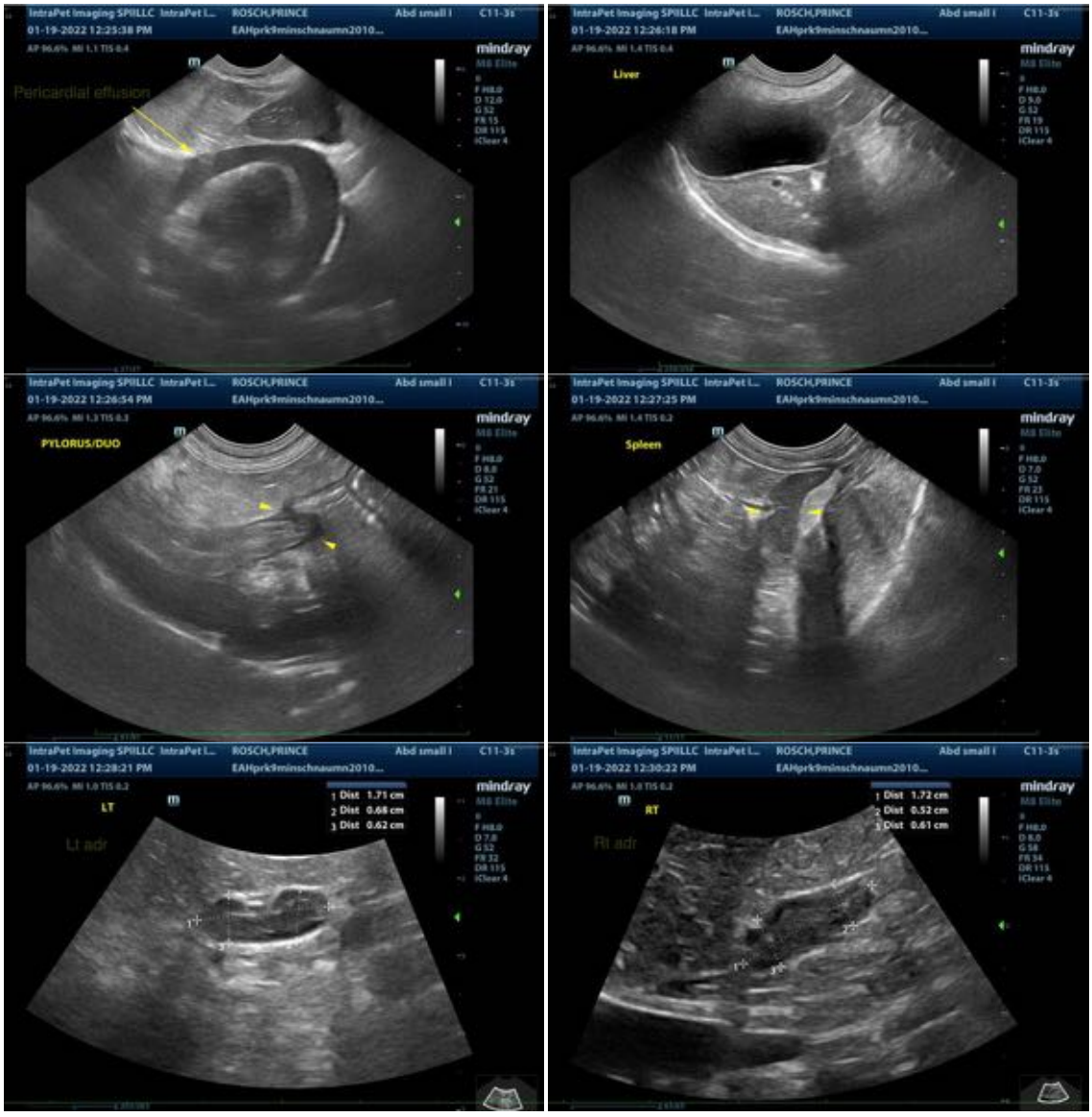
- Heart-based mass effect. Differentials include neoplasia (i.e., hemangiosarcoma, lymphoma, aortic body tumor, ectopic thyroid tumor, other), clot, granuloma, other.
- The pericardial effusion is likely secondary to the heart-based mass. The pleural effusion, ascites, gallbladder wall edema and dilated caudal vena cava are likely secondary to right-sided congestive heart failure resulting from the heart-based mass.

Secondary Findings:

- The pancreatic changes are suggestive of mild pancreatitis.
- The splenic contraction is likely due to dehydration.
- Minor geriatric renal changes.
- Borderline left adrenomegaly.
- The proximal colonic wall changes are most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Therapeutic pericardiocentesis +/- thoracocentesis with submission of the fluid for analysis and cytology is recommended.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Consultation with a board-certified oncologist should also be considered.

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Liver
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TRV
Heart base
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Dist 3.32 cm
mindray


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Ascites
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Stomach
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Bladder
Prostate
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Colon
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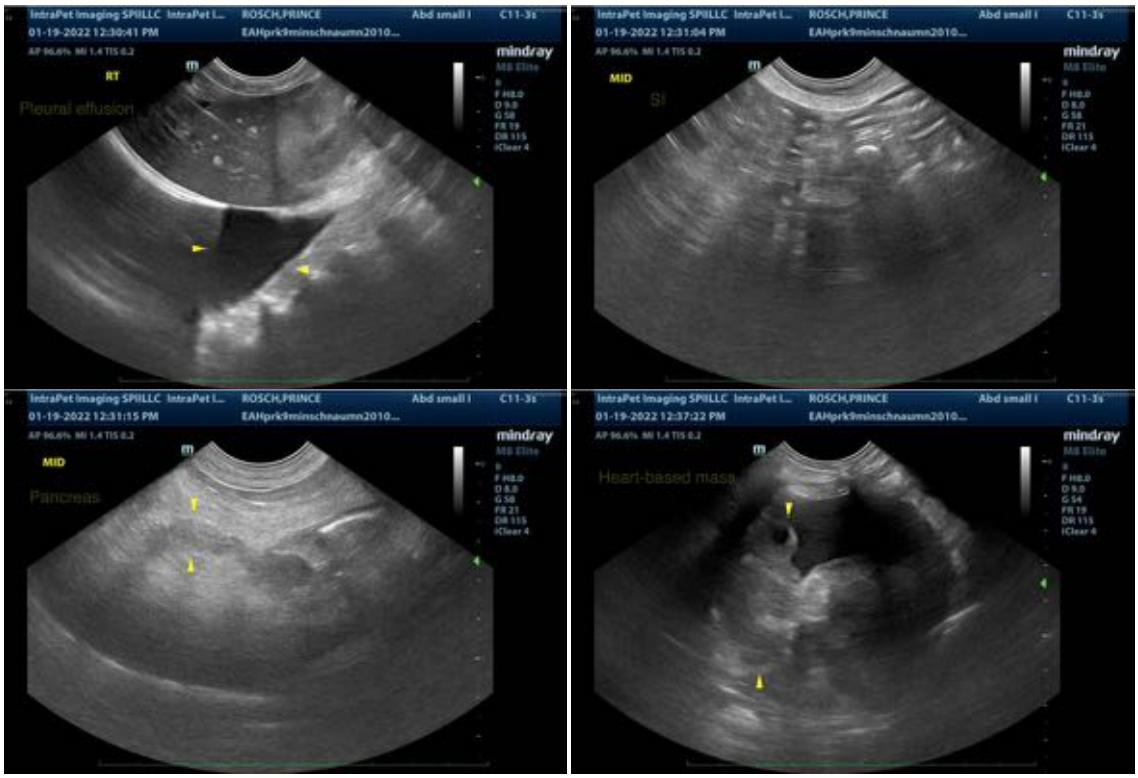

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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