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Clinical Sonography & Telecytology
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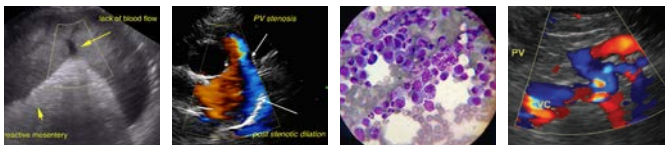

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kesler Richert

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

33927

DATE

1/2/22

PRESENTING CLINICAL SIGNS

Assessment/Differential Diagnosis: A) Hx of splenectomy 2019, presented with hemoabdomen, Histo ruptured hematoma B) heart murmur Previous Echo - Aug 2021- 1)DMVD Stage B1 2) Trace TR 3) Trace PI C) Lipomas D) Recent increased gut sounds and mild lethargy DDX: gastroenteritis, colitis E) detection of opacity in left cranial abdomen possible scar tissue from surgery or possible development of new mass.
Abnormal PE/Chem/CBC/UA Results: Presented on an emergency basis with hemoabdomen. HCT 26%, Chem all normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. A small to moderate amount of aggregated echogenic suspended debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.43 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is slightly hyperechoic. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.43 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. The cortex is slightly hyperechoic. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.51 cm at caudal pole) (2.79 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 (0.62 cm at cranial pole) (0.49 cm at caudal pole) (2.68 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

Previously splenectomized.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is of appropriate echogenicity and mildly heterogeneous in appearance. A 2.11 cm x 1.39 cm hypoechoic nodule is observed in deep left to mid liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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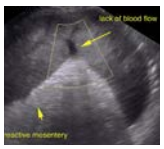
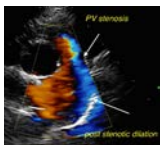
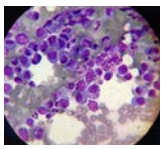
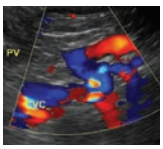

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Gastrointestinal

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 (xxx cm) 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 prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and is slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A moderate to large amount of echogenic free fluid is present. The mesentery in the cranial abdomen is hypoechoic. The abdominal lymph nodes are normal/not visible.

Other

An approximately 9.0 cm irregular, slightly heterogeneous, mildly cavitated mass is observed in the cranial abdomen. Surrounding mesentery is hyperechoic.

PRIMARY FINDINGS

- Cranial abdominal mass, the origin of which is unclear. It may be arising from mesentery, pancreas, lymph node, liver, other. Neoplasia (i.e., hemangiosarcoma, other) is suspected with a low possibility of benign pathology.
- Hemoabdomen (previously confirmed)
- The pancreatic changes are consistent with mild to moderate pancreatitis +/- infiltrative neoplasia from the adjacent mass.
- The hypoechoic hepatic nodule could be consistent with benign pathology (i.e., regenerative nodule). Alternatively, a metastatic lesion cannot be excluded. The diffuse hepatic parenchymal changes are non-specific and could be consistent with age related change (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy) with a lower possibility of infiltrative neoplasia.

SECONDARY FINDINGS

- Bilateral age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, and an aggressive approach is desired, and abdominal exploratory with mass removal could be considered along with supportive care for pancreatitis. Given the uncertainty of the mass' origin, consider referral to a board-certified surgeon, due to the potential for perioperative complications. An abdominal CT scan would be useful in pre-surgical planning.

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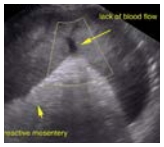
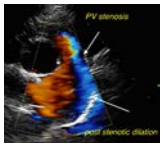
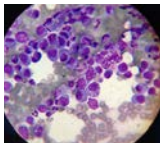
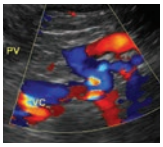

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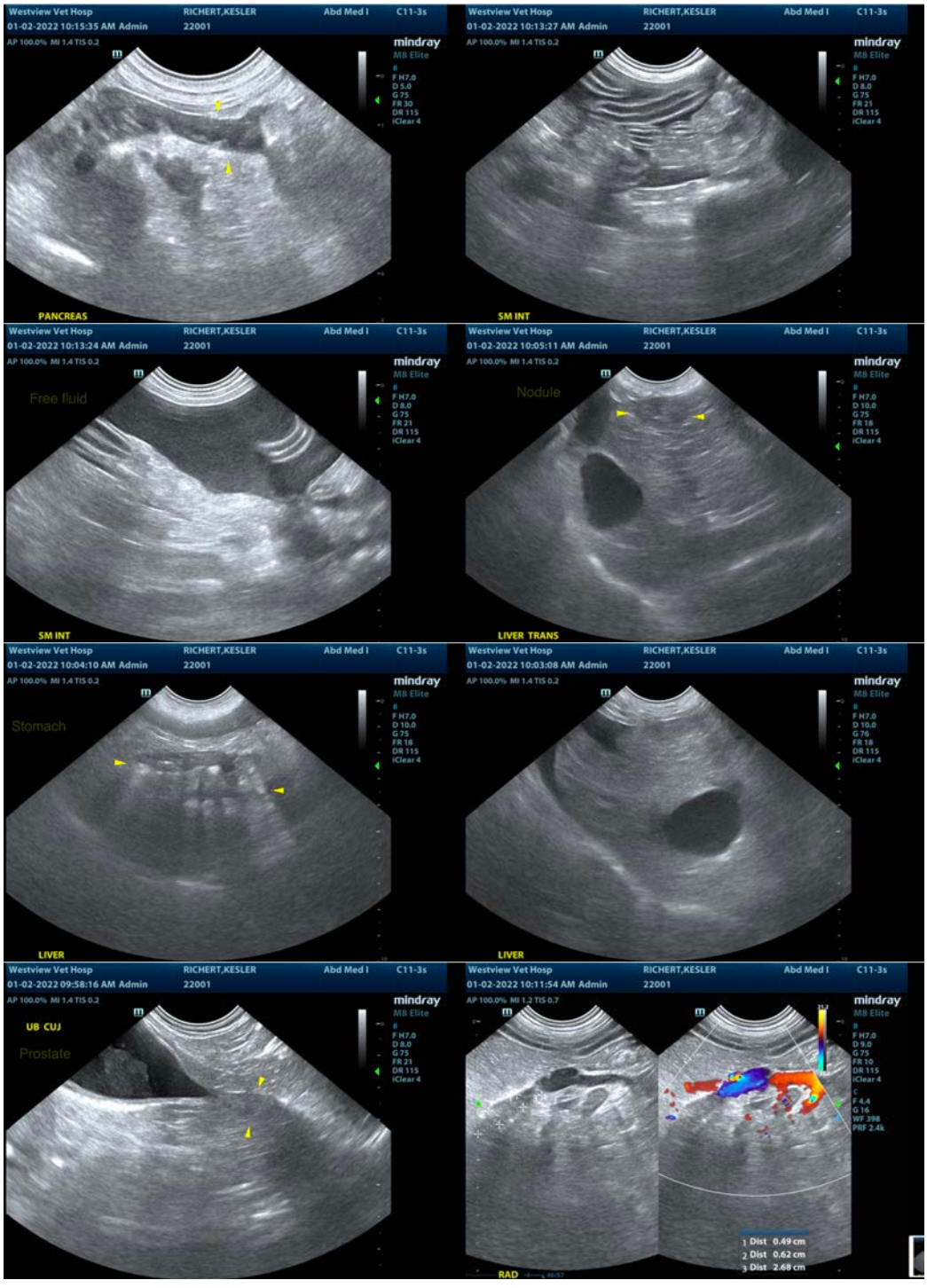

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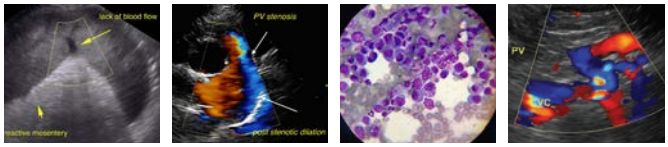

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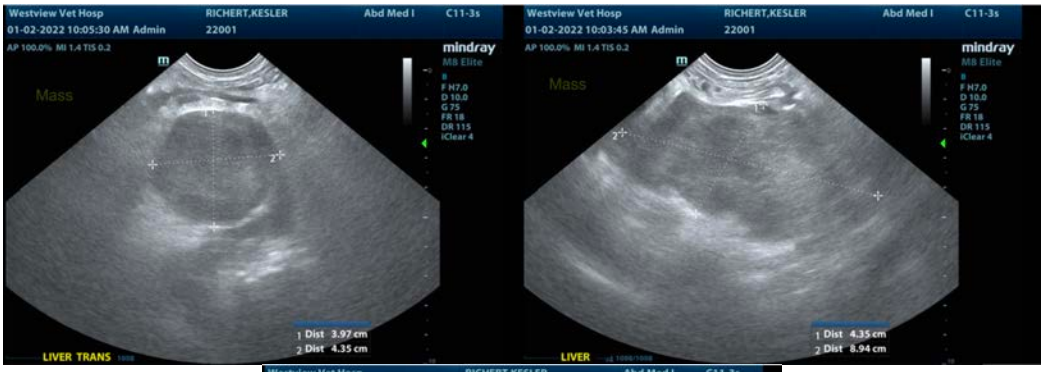

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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