IMAGING PERFORMED BY

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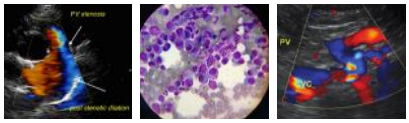

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DATE

10/27/21

PATIENT

Kooper Terrill

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Neutered Male

AGE

3/17/2011

WEIGHT

42.2 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Stevenson Village VH

REFERRING VET

Dr. Vinson

INVOICE

14034

PRESENTING CLINICAL SIGNS

History: Mass in abdomen, noted incidentally during effusion scan. Hx of diabetes; Hx of diabetic cataracts, cataract surgery with subsequent glaucoma. Chemical ablation performed with both eyes. Pet is blind. Hx of hypertension; Hx of PLN; Hx of Atopy and chronic otitis.

Current Medications: Novolin-N 20 units BID; Apoquel 8 mg PO SID; Zyrtec 10 mg PO SID; Amlodipine 7.5 mg PO SID; Telmisartan 20 mg PO SID; Welactin Omega 3's; Cort/Astrin - applied to both ears daily; Mal-A-Ket - ear wash once weekly.
Lab Results: Most recent chemistry Aug 2021 - ALP 1112 IU/L, Chol 585 mg/dL. UPC Oct 2021 - 0.9 after starting Telmisartan. Previously 1.9 in July 2021. BP - 130-135 mmHg Aug 2021
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested by the veterinarian.

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 prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (7.35 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is subtly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (7.10 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is subtly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.74 cm at cranial pole) (0.93 cm at caudal pole) (3.33 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 (1.11 cm at cranial pole) (0.73 cm at caudal pole) (2.89 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 normal in size (2.36 cm at the level of the hilus). Parenchyma is subtly mottled and exhibits mild heterogeneity with a few small ill-defined hypoechoic and hyperechoic nodules/areas. In the region of the hilus, a 1.48 cm x 0.88 cm isoechoic to slightly heterogeneous nodule is observed. The lesion causes mild capsular expansion. The splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is mildly distended with fluid and ingesta. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 1.11 cm) with retention of the 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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

Lymph node
See “Other” category.

Free Abdomen
There is no evidence of free fluid. A 0.90 cm echogenic nodule is observed in the right cranial quadrant adjacent to the gastroduodenal junction.

Other
A 5.53 cm x 2.96 cm mass/structure is observed in the left caudal abdomen. The lesion has a distinct wall and contains slightly echogenic fluid as well as a 4.31 cm x 2.36 cm aggregation of irregular echogenic avascular tissue. Surrounding mesentery is mildly hyperechoic.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the mass in the left caudal abdomen is unclear but appears to be arising from the mesentery and may represent an abscess or possibly a necrotic tumor (i.e., lipoma, liposarcoma, other). Regional peritonitis is present.

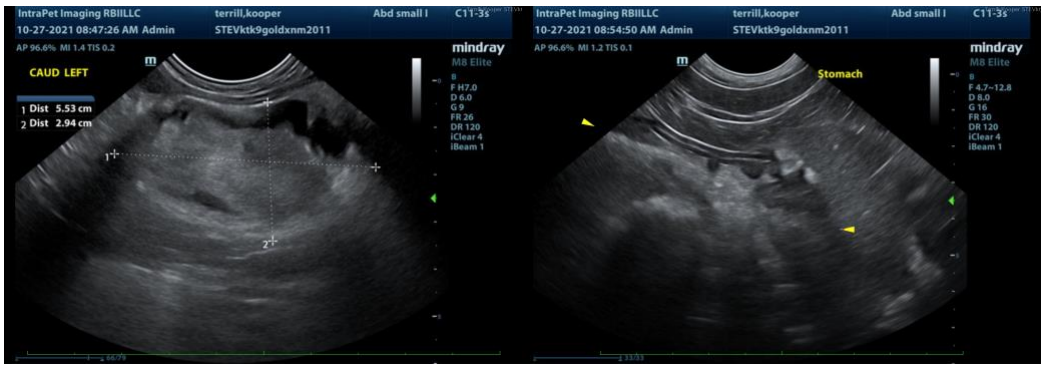
- The splenic nodule at the hilus may represent an early neoplastic process or benign pathology (i.e., focus of regenerative nodular hyperplasia or lymphoid hyperplasia). The diffuse splenic parenchymal changes most likely represent benign change.

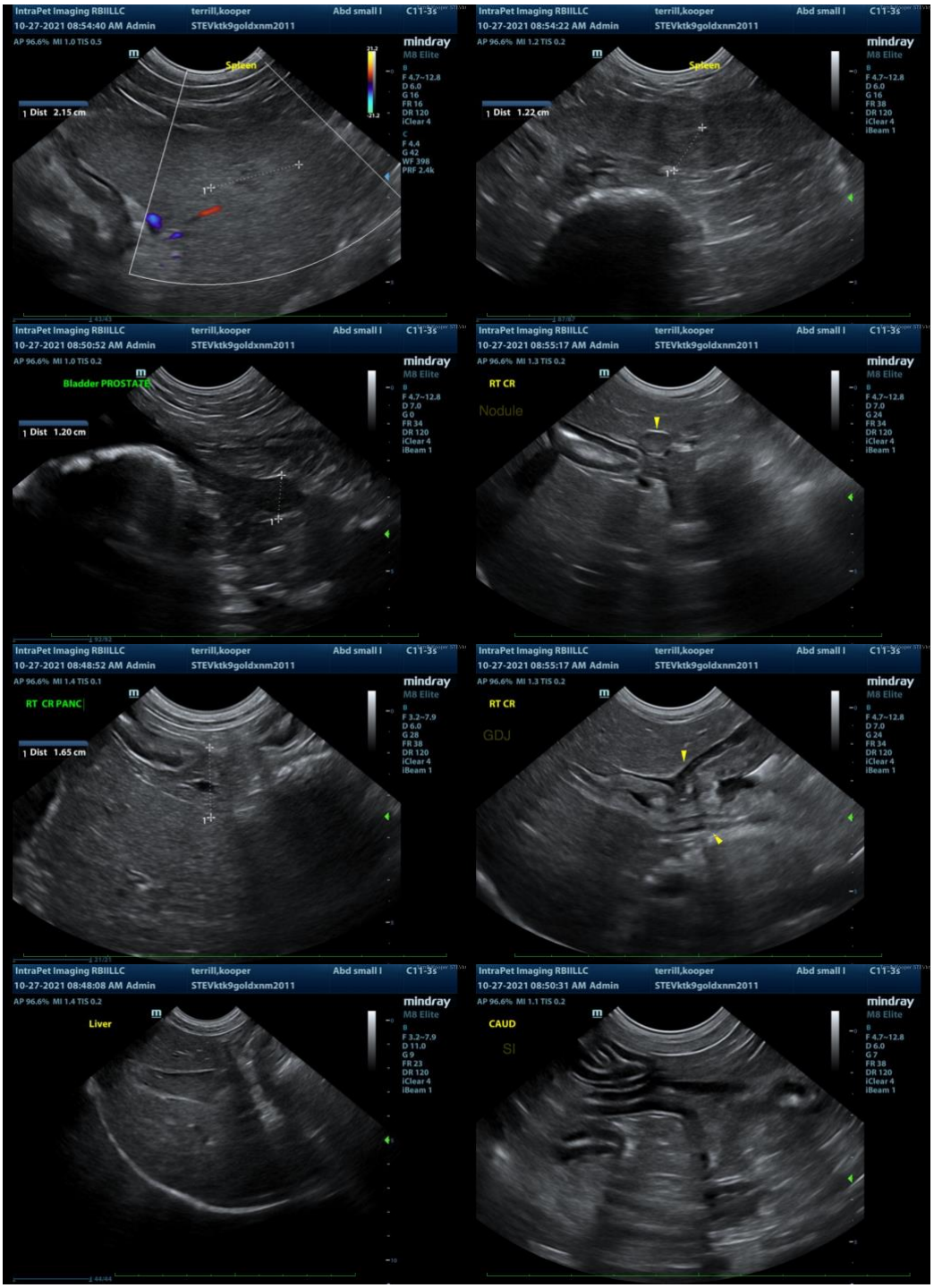
Secondary Findings

- Minor age-related renal pathology
- Mild left adrenomegaly
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.
- Gallbladder debris/sludge, non-mucocele
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The nodule in the right cranial quadrant may represent a hyperplastic nodule within the pancreas, a prominent lymph node, a nodule within the mesentery, other.

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, an abdominal exploratory with removal of the mass in the caudal abdomen with submission for histopathology is recommended as long as the patient is otherwise metabolically stable. If surgery is pursued, a splenectomy +/- liver biopsy can also be considered if the patient is stable under anesthesia.

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Liver
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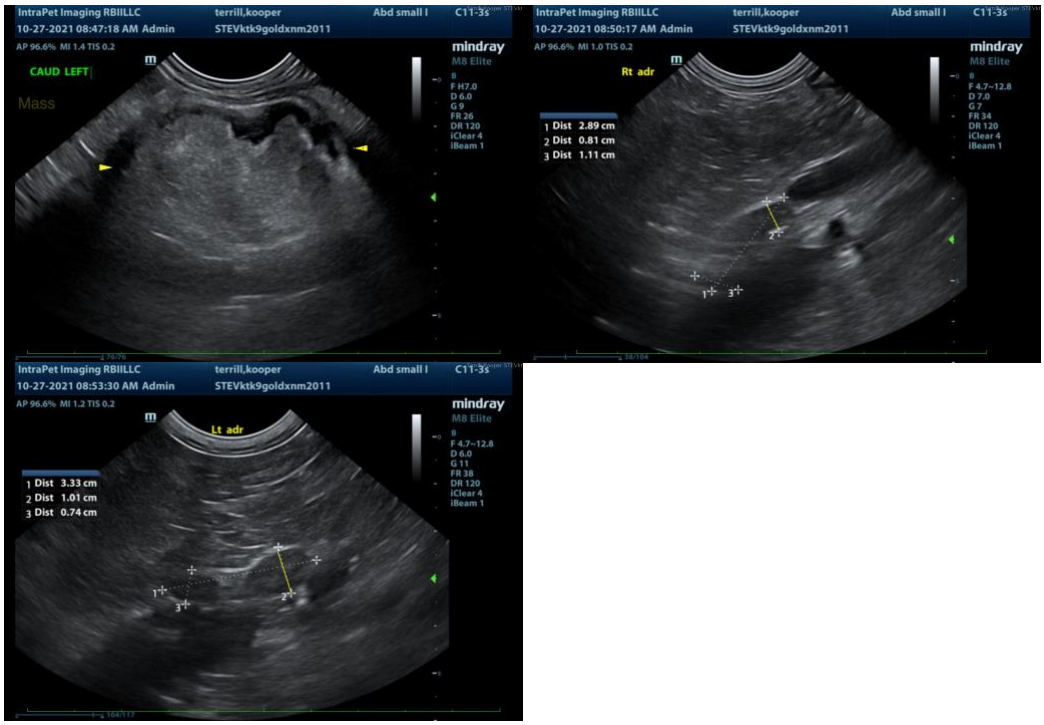

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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