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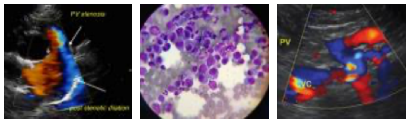

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DATE

11/16/2021

PATIENT

Daisy Perrone

SPECIES

Canine

BREED

Labrador

SEX

Female, spayed

AGE

2008

WEIGHT

82 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. McCourt

INVOICE
12554

PRESENTING CLINICAL SIGNS

History: Acute episode of inappetence and vomiting since yesterday. Pet has lost 10lb since Aug 2021. In Aug, presented for similar issue; full CBC/Chem at that time was WNL. PE- moderate to marked arthritis, muscle wasting. Not painful on abdominal palpation.
Current Medications: Cerenia 80mg PO SID 11/15/2021
Lab Results: CBC/Chem aug 2021 WNL.
Radiographs: from august 2021 and 11/2021- slight caudal displacement of stomach. no obvious effusion or masses noted.
Date of Previous IntraPet Ultrasound: No previous.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a slightly irregular mucosal surface in the region of the apex. A small amount of gravity-dependent mineralized sand +/- tiny calculi is observed within the lumen. In addition, a small to moderate amount of aggregated echogenic suspended debris is seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (8.20 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 (7.15 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 normal size (0.74 cm at cranial pole) (0.64 cm at caudal pole) (2.75 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 mildly enlarged with a normal shape and smooth peripheral contours. A 2.03 x 1.54 cm irregular hyperechoic nodule is observed at the cranial to mid aspect. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.08 cm in width at the level of the hilus) with a normal capsular contour. 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few ill-defined hyperechoic nodules are observed. Vascular 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 small to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately fluid distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly to moderately fluid distended. The remaining 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 disease is noted.

Pancreas

Within the region of the right limb, a >5 cm irregular cavitated structure/mass effect is observed. A few cystic lesions are visualized adjacent to the structure in the region of the body. Surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cavitated mass effect in the right cranial quadrant, suspected to be of pancreatic origin. Differentials include pancreatic abscess, necrotic pancreatic tumor, pancreatic cysts (less likely), other. Concurrent pancreatitis with regional peritonitis are also present.
- The gastric and proximal duodenal distention is likely secondary to ileus. However, partial proximal duodenal obstruction (i.e. secondary to extraluminal compression by the mass) cannot be excluded.

Secondary Findings:

- Urinary bladder debris/sand.
- Bilateral age-related renal changes.
- The right adrenal nodule could be consistent with benign nodular hyperplasia or an emerging neoplasia.
- The hepatic nodules trend toward the benign (i.e., regenerative nodules) with lower potential for a neoplastic process.
- Gallbladder debris, non-mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal or debulking/drainage. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, a jejunostomy tube should be considered to provide nutritional support post-operatively due to the presence of concurrent pancreatitis. The prognosis ultimately depends on whether this lesion is neoplastic. However, given the location, there is a high risk of perioperative complications.


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RT
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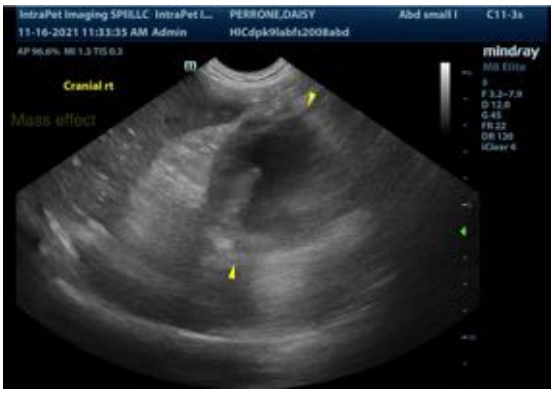
Pancreas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Cranial rt
Mass effect


IntraPet Imaging SPIILLC IntraPet I... PERRONE,DAISY Adult ABD C6-2Gs
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CRAN RTSAG
Mass effect


IntraPet Imaging SPIILLC IntraPet I... PERRONE,DAISY Adult ABD C6-2Gs
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mindray
GDJ

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 ACVIM (*Small Animal Internal Medicine*)
andrea.nicastro@sonopath.com