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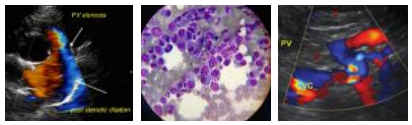

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/10/21

PATIENT

Scout Santoro

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed Female

AGE

12/1/20

WEIGHT

66 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

10034

PRESENTING CLINICAL SIGNS

History: decreased appetite/ anorexia. Vomiting 12/6.

Current Medications: owner unable to medicate since pet not eating well
12/9: Convenia injection, subQ fluids, oral Tramadol and oral Cerenia, Entyce.
Lab Results: abnormal PSL, high alkPhos (2586).
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 presented normal size (7.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.09 in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.92 cm at cranial pole) (1.18 cm at caudal pole) (3.41 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 (1.16 cm at cranial pole) (0.84 cm at caudal pole) (3.67 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 with irregular peripheral contours. Several hypoechoic nodules are observed throughout the organ, the largest measuring 1.96 cm in diameter. Additionally, one to two nodules, measuring approximately 1 cm in diameter, are observed at the medial aspect. It is unclear if the lesions are arising from the splenic parenchyma or from within the mesentery. The remaining splenic parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous irregular isoechoic to heterogenous nodules/masses are observed throughout the organ, the largest measuring approximately 4 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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/body is enlarged with irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and mottled in appearance. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. A 2.85 cm hypoechoic lymph node is observed just medial to left kidney.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

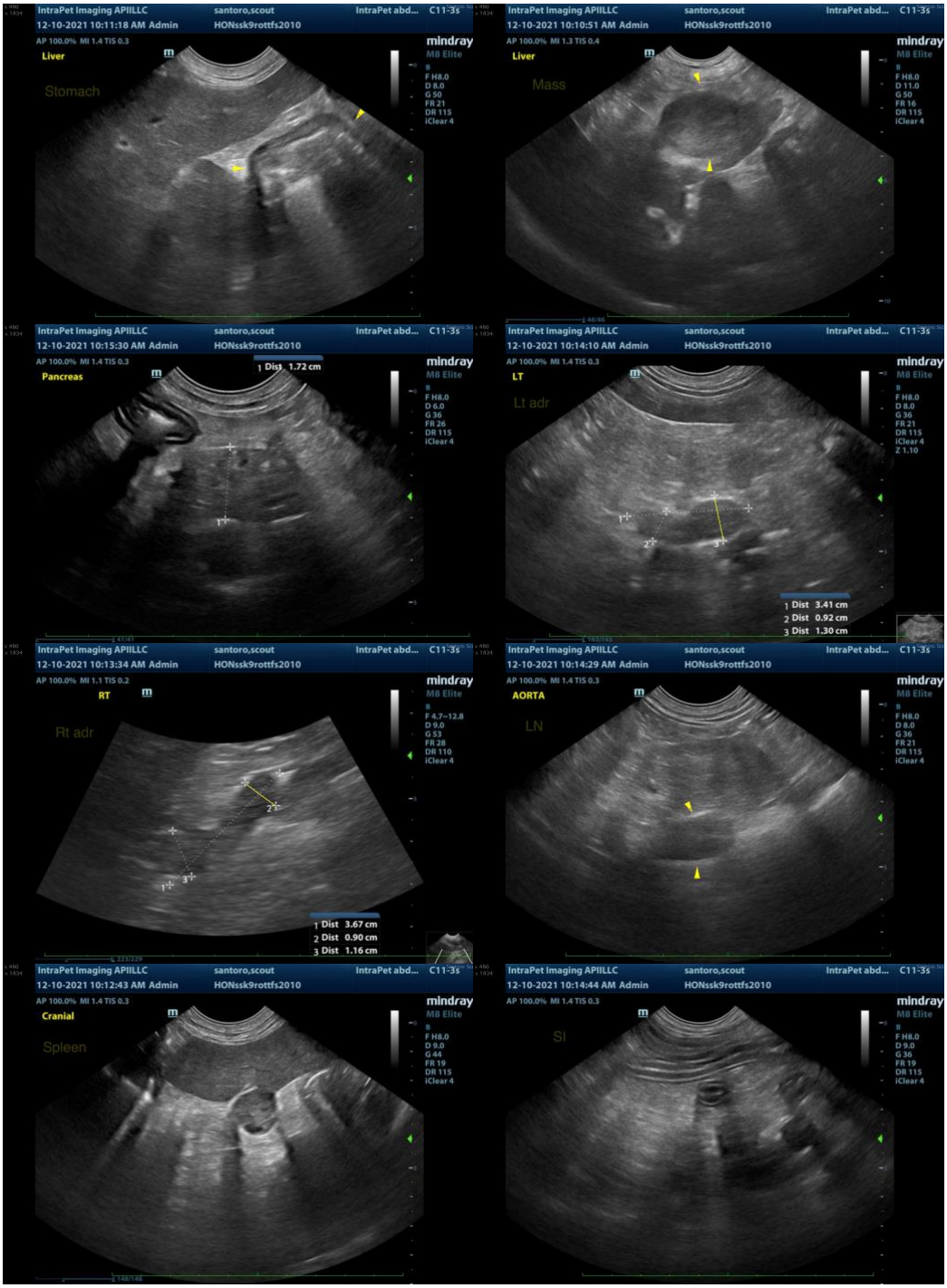
- Multiple hepatic masses/nodules. Neoplasia (i.e., round cell tumor), adenocarcinoma, sarcoma is suspected, with a lower possibility of benign pathology (i.e., multifocal inflammatory disease).
- The splenic nodules are concerning for metastatic disease, including the lesions at the medial aspect of the spleen, although benign pathology is possible.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphoid hyperplasia or reactive lymphadenitis. Neoplasia is favored.
- Cranial abdominal peritonitis, likely secondary to hepatic and splenic pathology

Secondary Findings

- Mild left adrenomegaly
- The pancreatic changes are consistent with chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the hepatic and splenic lesions can be considered if clotting status is appropriate. A 25-guage needle should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the multiorgan pathology, the prognosis for this patient is considered guarded.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2 Dist 0.90 cm
3 Dist 1.16 cm
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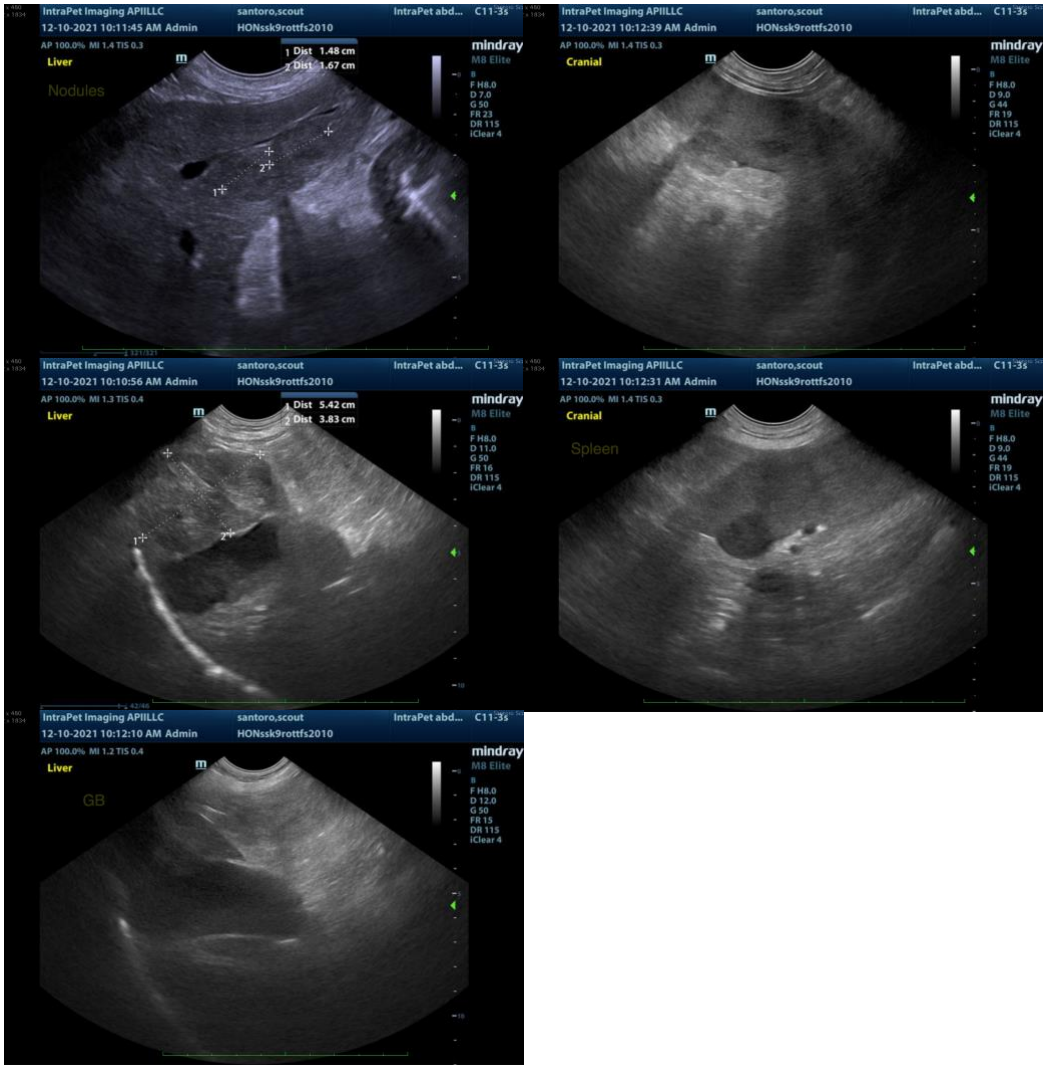

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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