

**DATE**

12/6/22

PATIENT

Skipper Gerred

SPECIES

Canine

BREED

Schipperke

SEX

Male, neutered

AGE

3/1/2008

WEIGHT

24.8 lbs.

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

Bel Air VH

REFERRING VET

Dr. Young

INVOICE

14314

PRESENTING CLINICAL SIGNS

Evaluation of gross metastasis. Rectal mass was biopsied (on 11/10/22) and then subsequently was diagnosed with a round cell tumor/presumptive large cell lymphoma. Since the procedure, Skipper's coughing has increased. 1 year history of an inducible tracheal cough (suspected tracheal collapse) which had been well controlled on Theophylline and a Flovent inhaler before the biopsy procedure. Minimal improvement in the cough despite Hydrocodone.

Current Medications: None listed.

Lab Results: 11/10/22 - CBC all WNL; Chem. ALP 690 U/L *Most recent lab. work done at specialty hospital – only have discharge notes as above

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Wagra RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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 (1.10 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 (5.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 1.23 cm cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.51 cm at cranial pole) (0.76 cm at caudal pole) (2.19 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.57 cm at cranial pole) (0.55 cm at caudal pole) (2.82 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 normal in size (1.62 cm in width at the level of the hilum) 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 enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary

tracts are of normal volume with no evidence of congestion. The gallbladder 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.

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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

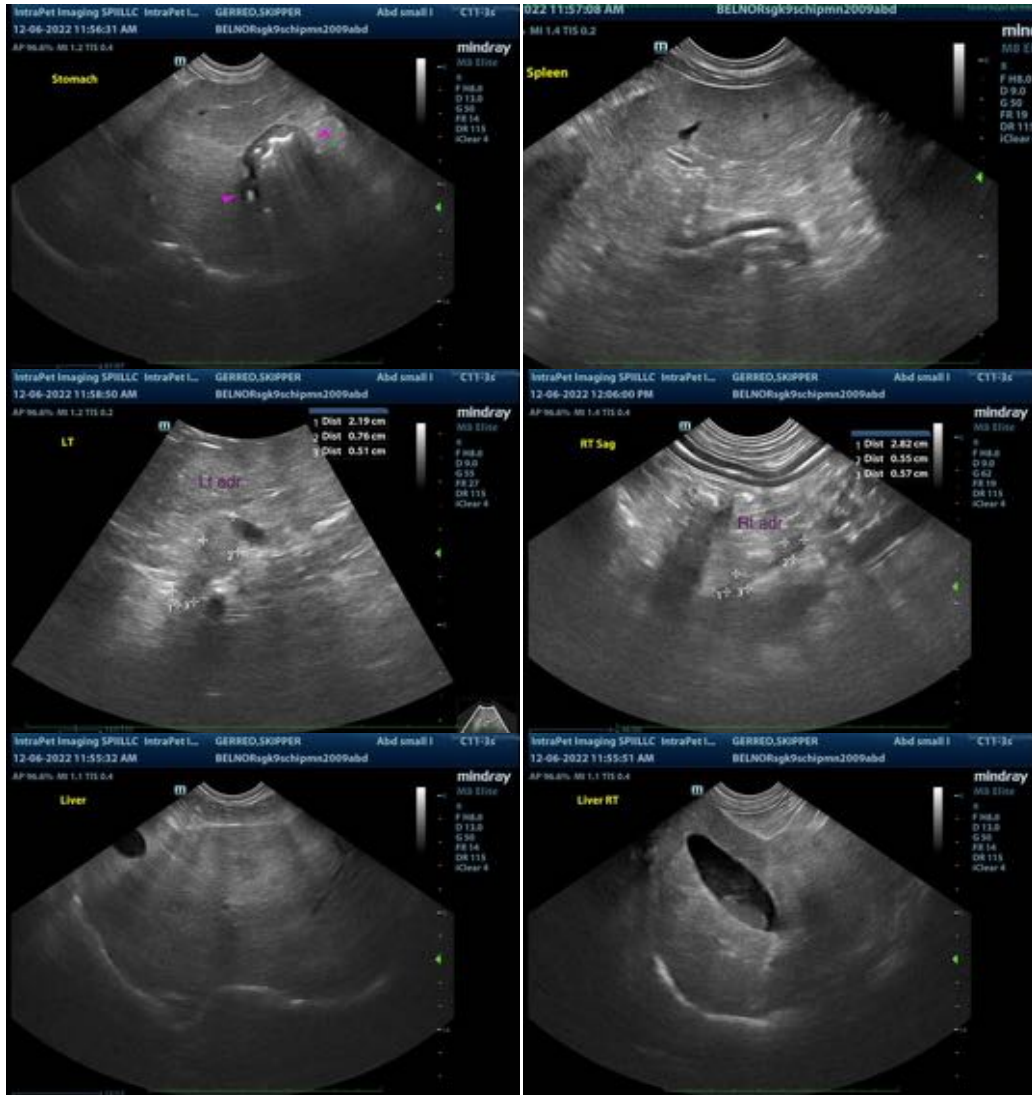
- The hepatic parenchymal changes are non-specific and could be secondary to benign, age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). However, infiltrative neoplasia (i.e., lymphoma) cannot be completely excluded.

Secondary Findings:

- Mild bilateral, age-related renal changes.
- The mild left adrenomegaly is likely secondary to early hyperplastic change with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the liver can be considered to help assess for infiltrative neoplasia. Clotting status should be assessed prior to the procedure. A 25 gauge needle should be used for aspiration.
- Three-view thoracic radiographs are also recommended to complete the metastatic checks, if not already performed.
- Consultation with a board certified oncologist is recommended.



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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