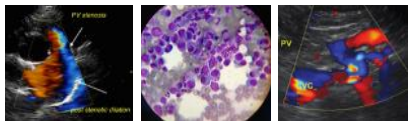
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/4/2022

PATIENT

Matilda Roberts

SPECIES

Canine

BREED

Tibetan Spaniel

SEX

Female Spayed

AGE

10-11-2010

WEIGHT

25 Lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Stephens

INVOICE

10289

PRESENTING CLINICAL SIGNS

History: Ongoing heart murmur and dental disease. Elevated liver values on pre-dental blood panel.

Current Medications: Amoxicillin started on 1/28/22.
Lab Results: GGT 18, ALP 225, ALT 253, Rods and cocci on urinalysis.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

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 is normal size (5.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.29 cm in the transverse plane).There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild t moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.31 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.64 cm at caudal pole) (1.99 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 (0.72 cm at cranial pole) (0.55 cm at caudal pole) (1.78 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 overall normal in size with slightly irregular contours. A 2.01 x 1.71 cm heterogenous cavitated mass is observed approximately mid-spleen. Th lesion caused mild capsular expansion. The remaining splenic parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with a few ill-defined hypoechoic nodules. 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. A moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The distal common bile duct is dilated (0.41 cm in diameter), as it enters the duodenal papilla. There is no obvious evidence of an intraluminal obstruction.

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 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.

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

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. Neoplasia (i.e, sarcoma, round cell tumor), is considered likely with a lower possibility of benign pathology.
- Non-specific diffuse hepatopathy with hypoechoic nodules. Differentials include inflammatory/immune-mediated disease, hepatotoxicosis (i.e, copper), neoplasia, other hepatopathy, +/- concurrent regenerative nodular hyperplasia and/or vacuolar hepatopathy.

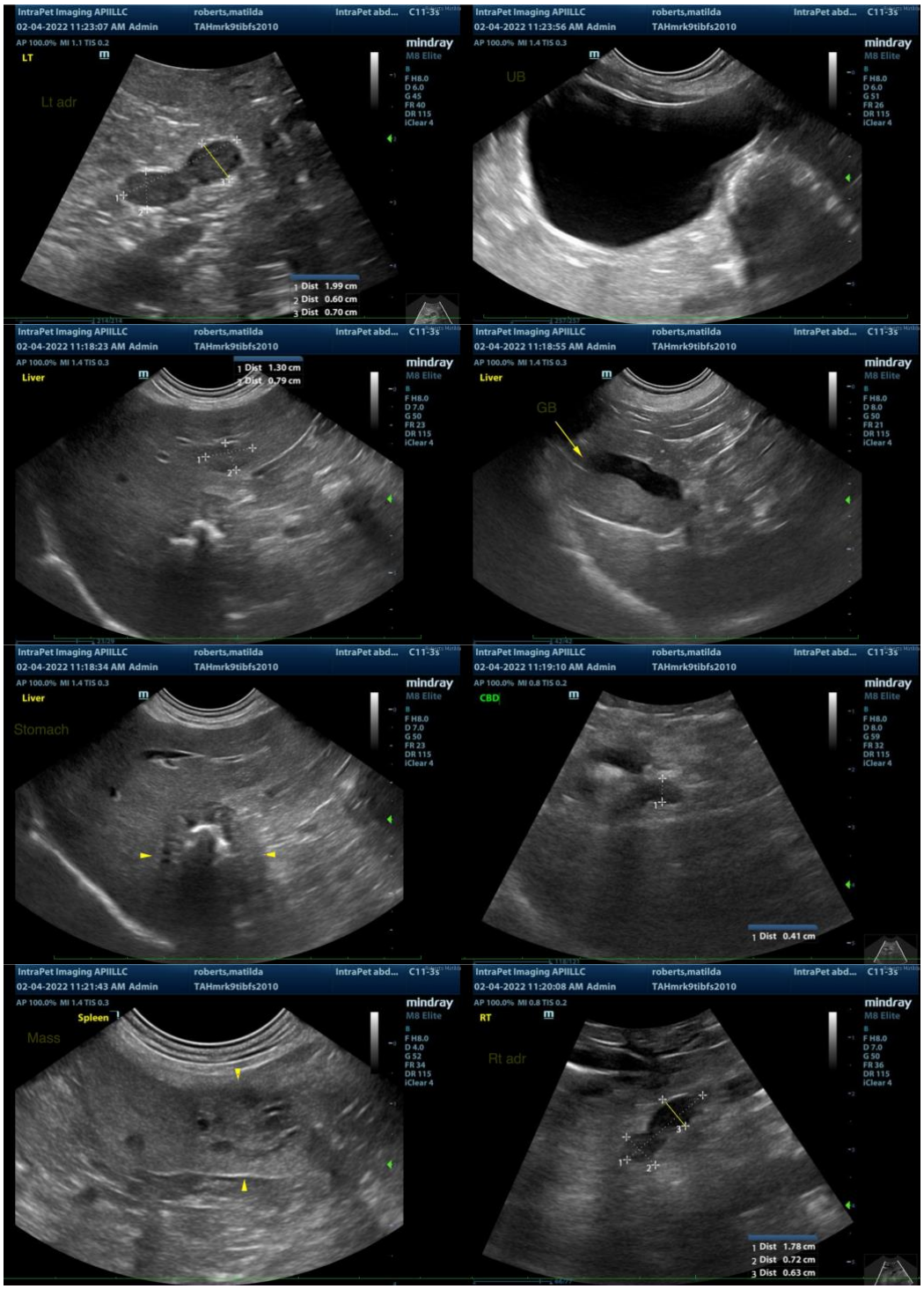
Secondary Findings

- Age-related renal and pancreatic changes
- Gall bladder sludge, non-mucocele

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, a splenectomy with submission of the spleen for histopathology as well as liver biopsies are recommended. Aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for potential copper quantitation should also be considered at the time of surgery.

- If the liver enzyme elevations are acute in nature, consider leptospirosis testing (blood-in-urine PCR, serology), as well.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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