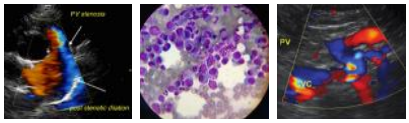
IMAGING PERFORMED BY

IntraPet.com



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DATE

3/16/2022

PATIENT

Saxon Cook

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10/06/2014

WEIGHT

73lbs

INTERPRETED BY

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

HOSPITAL NAME

Northwind Animal Hospital

REFERRING VET

Dr. Jones

INVOICE

10539

PRESENTING CLINICAL SIGNS

P presented on 3/10 for lethargy and inappetence and just ADR. P had pale mucus membranes but no free fluid on abd fast scan.

Current Medications: Metronidazole 500mg BID.
Lab Results: See attached.
Hematocrit 33%. Regenerative anemia. Elevated white count with a neutrophilia. Thrombocytopenia. SDNA 16. BUN 36. T4 normal

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed By: Andi Parkinson

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 mostly 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 not definitively visualized due to its pelvic location.

The left kidney presented normal size (7.06 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 is prominent in size (7.75 cm in length); with an irregular shape. A 5.45 x 4.00 cm irregular, echogenic lesion with anechoic areas is observed at the lateral aspect and is invading into the cortex and medulla, causing disruption of the normal renal architecture. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.83 cm at cranial pole) (0.95 cm at caudal pole) (2.54 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.95 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 small in size with slightly irregular peripheral contours.The parenchyma is hypoechoic relative to the spleen. Numerous small, ill-defined, coalescing hyperechoic to slightly heterogenous nodules are observed throughout the organ, the largest measuring 3.05 cm in diameter. 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 small amount of mostly gravity dependent, echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. In the region of the lesser curvature, the gastric wall is borderline thickened, up to 0.49 cm, and slightly irregular, with thickening of the muscularis layer. A 3.60 x 2.99 cm well-circumscribed lesion containing echogenic to anechoic material is adhered to the lesser curvature. Surrounding mesentery is hyperechoic. The small intestinal lumen is segmentally dilated with gas. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

(See GI Tract).

Free Abdomen

A moderate to large amount of echogenic free fluid is observed within the abdomen. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

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

Several ring down lesions are observed within the thorax.

A 1.37 x 1.82 irregular, echogenic lesion is observed in the mesentery in the midabdominal cavity.

ULTRASONOGRAPHIC FINDINGS

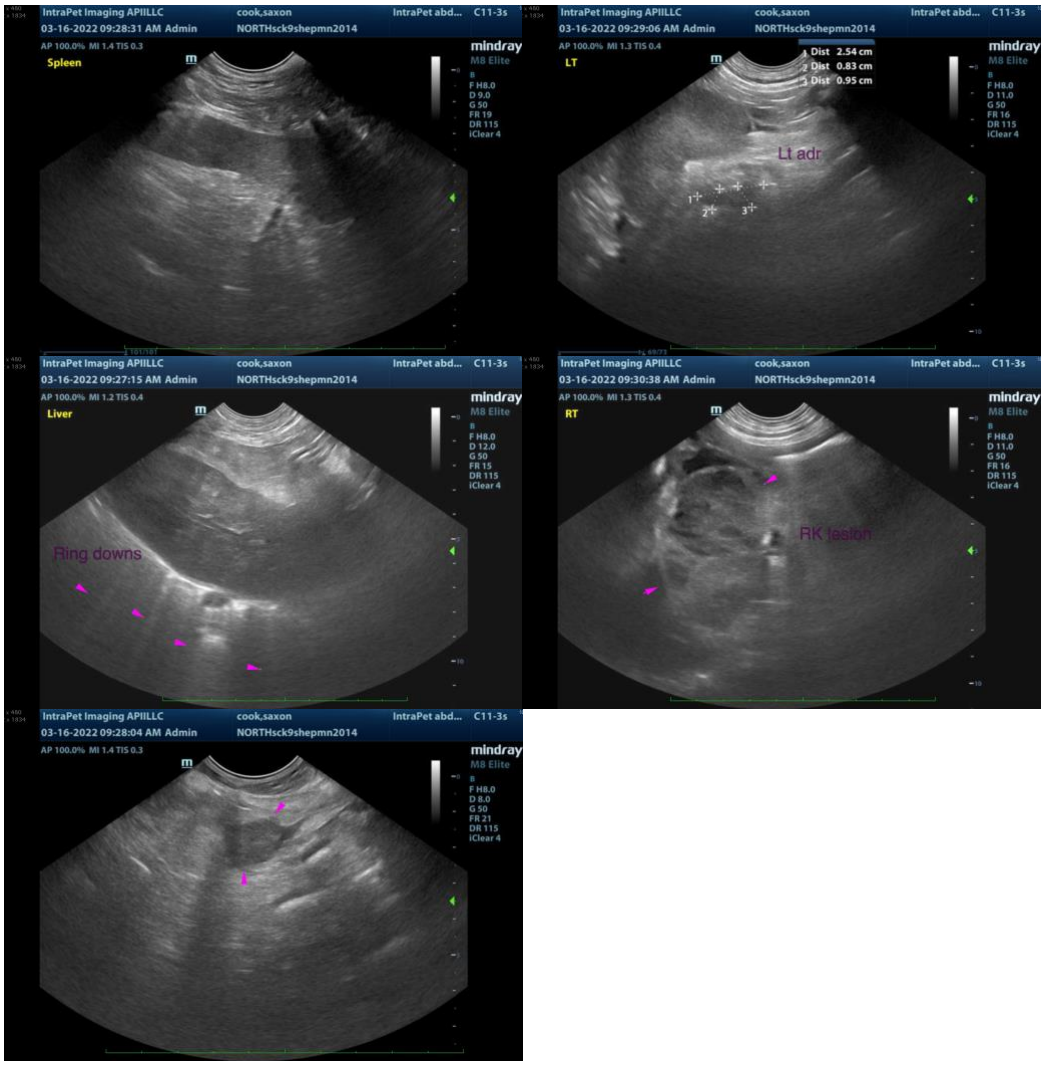
Primary Findings

- The lesion adhered to the gastric wall could be consistent with a tumor, abscess or large thrombus. Regional peritonitis is present.
- The right renal lesion could also be consistent with a tumor, thrombus, or less likely, an abscessation.
- The diffuse hepatic nodules could be consistent with metastatic disease. However, a benign process (i.e., multi-focal inflammatory disease, regenerative nodules, other) cannot be excluded.
- Diffuse ascites. Rule-outs include hemoabdomen versus other effusion.
- The ring down lesions are suggestive of pulmonary parenchymal disease.

- The echogenic lesion in the midabdominal cavity may represent a metastasis in the mesentery, inflammatory focus, granuloma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- PT/PTT to assess clotting factors
- If the platelet count is above 50,000, sampling of the abdominal fluid is recommended to obtain a PCV (to determine if a hemoabdomen is present).
- If an aggressive approach is desired and there is no evidence of pulmonary parenchymal disease, consider an abdominal CT scan for further evaluation of the abdominal lesions. Alternatively, an abdominal exploratory with biopsy +/- removal of the lesions can be considered. The prognosis however, is considered guarded.



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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