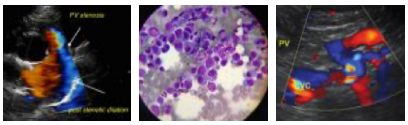
IMAGING PERFORMED BY

IntraPet.com

SonoPath
Clinical Sonography & Telecytology
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**DATE**

3/8/22

**PATIENT**

Cappy Sullivan

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male, intact

**AGE**

7/2/2021

**WEIGHT**

63 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Padonia VH

**REFERRING VET**

Dr. Youssef

**INVOICE**

13110

## PRESENTING CLINICAL SIGNS

Recheck ultrasound to check spleen per ultrasound.

Date of Previous IntraPet Ultrasound: 2/3/22
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 is not visualized in its entirety. In the visualized portion, the lumen is moderately distended with anechoic urine. The walls are normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is mildly enlarged (2.23 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.76 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 normal size (7.13 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.

### *Adrenal Glands*

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.67 cm at caudal pole) (2.48 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 (0.56 cm at caudal pole) (1.92 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 (1.59 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.66 x 0.35 cm well-demarcated hypoechoic area is observed at the cranial aspect. In addition, a 0.62 x 0.53 cm well-demarcated hypoechoic area is observed at the caudal aspect. Neither lesion causes distortion of the splenic capsule. Splenic vasculature at the hilus appears normal.

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*
The gastric lumen is mildly gas distended. The gastric wall is 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 disease is noted.

### *Pancreas*
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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*
The testicles are subjectively normal in size (left testicle 3.94 x 2.17 cm; right testicle 3.89 x 2.85 cm) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No obvious abnormalities are seen.

## ULTRASONOGRAPHIC FINDINGS

- The splenic lesions could be consistent with focal areas of infarction, areas of lymphoid hyperplasia or extramedullary hematopoiesis, or less likely, emerging neoplasia. There are 2 lesions in this study compared to the previous study, which only revealed one splenic lesion.

- The prostate changes are consistent with a young, intact male.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirates of the splenic lesions, if clotting status is appropriate. 25-gauge needles should be used. If cytology results support infarction, evaluation of the patient for underlying causes of hypercoagulability (i.e., proteinuria, autoimmune disease) should be considered. If aspirates are not obtained at this time, consider a recheck ultrasound in 4-8 weeks to assess for progression.



IntraPet Imaging APIILLC
sullivan,cappy
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Prostate
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IntraPet Imaging APIILLC
sullivan,cappy
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TESTES
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IntraPet Imaging APIILLC
sullivan,cappy
IntraPet linear L14-6Ns
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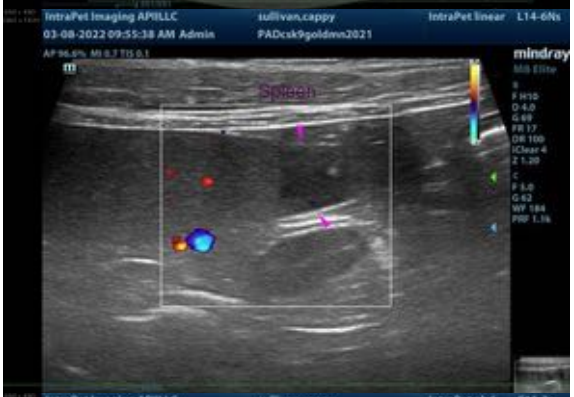
IntraPet Imaging APIILLC
sullivan,cappy
IntraPet linear L14-6Ns
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PADcsk9goldmn2021
Spleen
mindray


IntraPet Imaging APIILLC
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Stomach
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IntraPet Imaging APIILLC
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PADcsk9goldmn2021
Liver
Liver/GB
mindray

**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