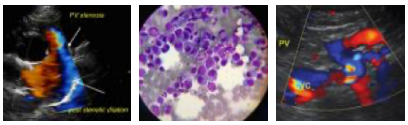
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/11/22

PATIENT

Sofia Wescott

SPECIES

Canine

BREED

Labrador

SEX

Female, spayed

AGE

9/30/2008

WEIGHT

51.8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Goodman

INVOICE

13182

PRESENTING CLINICAL SIGNS

Presented for bloody diarrhea. QAR and laterally recumbent on presentation. Is able to stand/walk once. MM pk/tacy, CRT <2sec. H/L clear. Free fluid on AFAST scan with large abdominal mass (possible splenic).

Current Medications: None.
Lab Results: ALP 296, ALT 190, BUN 34, Crea 2.7, WBC 29k (neutrophilic leukocytosis, neuts 24k), PCV 37%, TS 6.2.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined by DVM.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. No cystic calculi are observed.

The left kidney is normal size (6.13 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. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.52 cm in length) with a slightly irregular shape. A 1.24 x 1.17 cm cortical cyst is observed at the craniolateral aspect. The cyst causes slight capsular expansion. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.78 cm at cranial pole) (0.57 cm at caudal pole) (2.60 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 (0.66 cm at cranial pole) (0.63 cm at caudal pole) (1.83 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

A >9 cm irregular heterogeneous cavitated mass is thought to be arising from the splenic parenchyma (although another origin cannot be completely excluded). The mesentery effacing the serosal surface is hyperechoic. In the remainder of the spleen, the parenchyma is subtly mottled in appearance and the margins are curvilinear. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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 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

A portion of the pancreas is obscured by the large mass in the cranial to mid-abdomen. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

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

Other

A 3.89 x 2.77 cm irregular hypoechoic avascular lesion is observed in the right mid-abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cranial to mid-abdominal mass, thought to be of splenic origin. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of a benign process. Peritonitis is present, likely secondary to the mass effect.

- The hypoechoic lesion in the right cranial to mid-abdomen could be consistent with a metastatic lesion, blood clot, granuloma, other.

Secondary Findings:

- The hepatic parenchymal changes are most consistent with age-related remodeling. However, metastatic disease cannot be completely excluded.

- The left pyelectasia may be secondary to fluid therapy, PU/PD and/or age-related remodeling. Correlation with clinical findings is recommended. Right renal cortical cyst.

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, an abdominal exploratory with mass removal and submission for histopathology can be considered. A liver biopsy should also be obtained at the time of surgery to assess for micrometastatic disease. Prior to surgery, the client should be warned of the potential for metastatic disease in the abdomen.


IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA Abd small I C11-3s
04-11-2022 02:53:44 PM EVERswk9labfs2009abd
SPLEEN
Dist 9.59 cm
Dist 8.25 cm
SAG
mindray


IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA Abd small I C11-3s
04-11-2022 02:55:20 PM EVERswk9labfs2009abd
LT
LK
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IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA Abd small I C11-3s
04-11-2022 02:55:46 PM EVERswk9labfs2009abd
LT
Dist 2.60 cm
Dist 0.57 cm
Dist 0.78 cm
Lt adr
mindray


IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA Abd small I C11-3s
04-11-2022 03:00:33 PM EVERswk9labfs2009abd
RT
Dist 1.24 cm
Dist 1.17 cm
RK
mindray


IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA Abd small I C11-3s
04-11-2022 03:01:32 PM EVERswk9labfs2009abd
RT
Dist 1.83 cm
Dist 0.63 cm
Dist 0.66 cm
Rt adr
mindray


IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA Abd small I C11-3s
04-11-2022 03:02:24 PM EVERswk9labfs2009abd
MID
Mid abd lesion
mindray


IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA Abd small I C11-3s
04-11-2022 02:59:08 PM EVERswk9labfs2009abd
FF
mindray


IntraPet Imaging SPIILLC IntraPet I... WESCOTT,SOFIA linear ab L14-6Ns
04-11-2022 03:06:44 PM EVERswk9labfs2009abd
Spleen
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