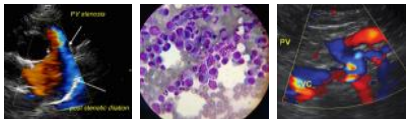
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/13/2022

PATIENT

Odin Fringer

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered Male

AGE

12/23/2010

WEIGHT

54 lbs

INTERPRETED BY

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

HOSPITAL NAME

Route 140 VH

REFERRING VET

Dr. Pierpont

INVOICE

10728

PRESENTING CLINICAL SIGNS

Severe weight loss over 1 year.

Current Medications: Benadryl PRN, Carprofen PRN, Pred to be started this week.
Lab Results: WNL.
Radiographs: WNL.
Date of Previous IntraPet Ultrasound: 4/2021. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

Limited scan due to standing-only position and severe skin thickening.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.11 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 (6.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.63 cm at cranial pole) (0.66 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. The gland itself is not seen. However, no obvious pathology is observed in this region.

Spleen

The spleen is subjectively normal in size (2.09 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 2.37 x 1.84 cm irregular nodule/mass is observed near the cranial aspect. The lesion is heterogenous and vascular with a few ill-defined, cavitated areas. The remaining parenchyma exhibits a light micronodular pattern. Splenic vasculature is 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 is moderately distended. The wall is echogenic in appearance. A scant amount of suspended echogenic debris is observed within the lumen. 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 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 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic nodule/mass with slight growth and architectural changes since the previous sonogram.

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Porcelain gall bladder. This finding is typically seen with cholecystitis. However, in rare instances, it can be associated with biliary adenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's history of weight loss, thoracic radiographs (three-view) are recommended to assess for occult neoplasia.
- A thorough neurologic examination is also recommended, as weight loss can be the sole clinical sign for patients with primary brain tumors.
- Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, to further assess for microscopic gastrointestinal and pancreatic disease as potential causes for weight loss.
- Regarding the splenic lesion, given the cavitated and vascular nature, aspiration may be risky due to the possibility of iatrogenic hemorrhage. Therefore, splenectomy with submission of the spleen for histopathology would be ideal for obtaining a definitive diagnosis.


IntraPet Imaging APIILLC
fringer,odin
IntraPet abd... C11-3s
04-13-2022 08:55:20 AM Admin
RTEofk9mixmn2010
AP 100.0% MI 1.4 TIS 0.3
Spleen
1 Dist 2.37 cm
2 Dist 1.84 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
fringer,odin
IntraPet abd... C11-3s
04-13-2022 08:57:50 AM Admin
RTEofk9mixmn2010
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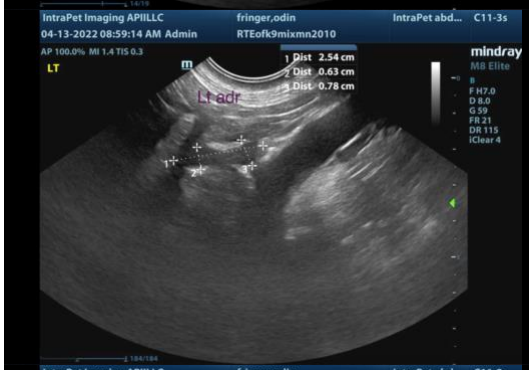
SI
1 Dist 0.61 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
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IntraPet abd... C11-3s
04-13-2022 08:59:14 AM Admin
RTEofk9mixmn2010
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LT
Lt adr
1 Dist 2.54 cm
2 Dist .0.63 cm
3 Dist 0.78 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
fringer,odin
IntraPet abd... C11-3s
04-13-2022 08:55:54 AM Admin
RTEofk9mixmn2010
AP 100.0% MI 1.0 TIS 0.5
Spleen
mindray
M8 Elite


IntraPet Imaging APIILLC
fringer,odin
IntraPet abd... C11-3s
04-13-2022 08:56:51 AM Admin
RTEofk9mixmn2010
AP 100.0% MI 0.9 TIS 0.2
Liver
mindray
M8 Elite


IntraPet Imaging APIILLC
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IntraPet abd... C11-3s
04-13-2022 08:58:15 AM Admin
RTEofk9mixmn2010
AP 100.0% MI 1.1 TIS 0.3
Prostate
mindray
M8 Elite


IntraPet Imaging APIILLC
fringer,odin
IntraPet abd... C11-3s
04-13-2022 09:00:09 AM Admin
RTEofk9mixmn2010
AP 100.0% MI 1.4 TIS 0.3
Stomach
mindray
M8 Elite

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.

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