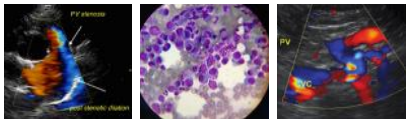
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/4/2022

PATIENT

Bailey Foresman

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

8/1/2009

WEIGHT

20 lbs

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville Veterinary Hospital

REFERRING VET

Dr. Lynch

INVOICE

10671

PRESENTING CLINICAL SIGNS

History: 2/9/22 very lethargic, vomiting bile, mild anorexia, sleeping, less barking, muscle wasting – protein losing enteropathy (less than 20%).

Current Medications: None listed.
Lab Results: 2/24/22- WBC 32K, Neut 27K, anemia- RBC 4.3, HCT 20%.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (5.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is slightly heterogenous in appearance. A 0.29 cm cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.34 cm cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

(See “Other” category).

The right adrenal gland is mildly enlarged (0.74 cm at cranial pole) (0.72 cm at caudal pole) (2.16 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 (0.80 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. appropriate echogenicity and echotexture. A 0.76 cm irregular, hypoechoic nodule is observed near the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Numerous, varying-sized hypoechoic masses are observed throughout the organ, the largest of which measures approximately 5 cm in diameter.

Several of the lesions cause capsular expansion. 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 aggregated, echogenic debris/sludge is observed within the lumen, most of which is gravity dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal.

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
A portion of the pancreas is obscured by the hepatomegaly. In the visualized portion, no obvious abnormalities are seen.

Free Abdomen
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Lymph nodes
(See “Other” category)

Other
A 6.90 x 3.54 cm irregular, heterogenous cavitated mass is observed in the left cranial- to midabdomen in the region of the left adrenal gland. Surrounding mesentery is hypoechoic.

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multiple hepatic masses. Neoplasia (i.e., round cell tumor, carcinoma) is suspected, with a lower possibility of a benign process (i.e., multifocal inflammatory disease.

- The origin of the mass in the left cranial- to midabdomen is unclear. It may be arising from left adrenal gland, mesentery, liver, spleen, other. Again, neoplasia is suspected. Regional peritonitis is present.

Secondary Findings

- The splenic nodule and parenchymal changes could be consistent with metastatic disease, or potentially, a benign process, such as lymphoid hyperplasia, extramedullary hematopoiesis, or splenitis.

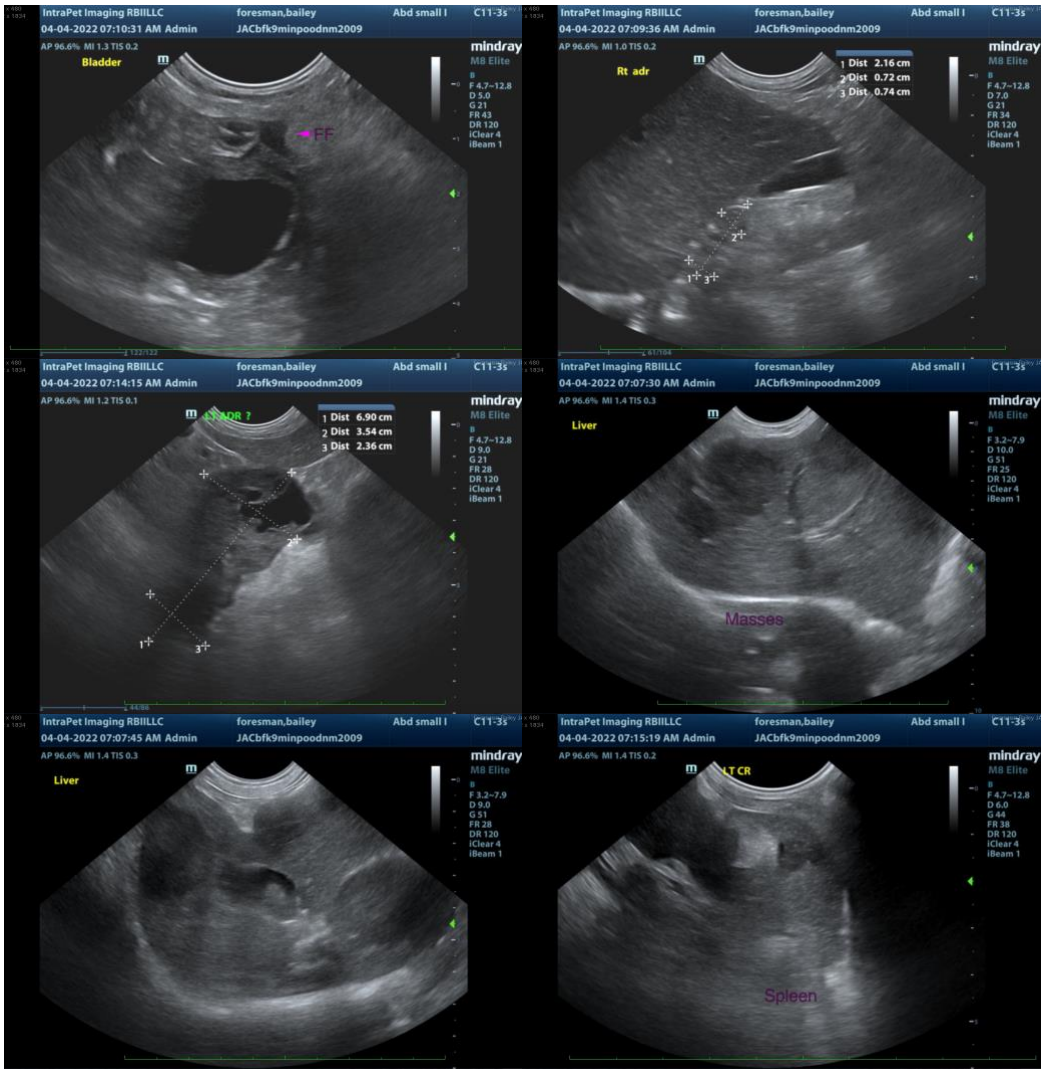
- Mild right adrenomegaly

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Fine-needle aspirates of the liver masses can be considered, if clotting status is appropriate. Twenty-five gauge-needles should be used. However, due to the diffuse pathology and suspicion of metastatic disease, the prognosis is considered guarded and palliative care should be considered.



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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