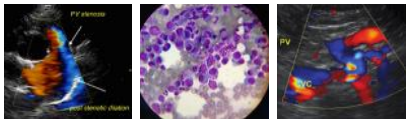
IMAGING PERFORMED BY

IntraPet.com



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DATE

6.30.2022

PATIENT

Duke Burns

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

8/1/2009

WEIGHT

47 lbs

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws Veterinary Wellness

REFERRING VET

Dr. Levitsky

INVOICE

11198

PRESENTING CLINICAL SIGNS

Older dog with arthritis issues. Has been significantly weaker lately and losing weight. BW revealed low liver chems and HCT of 26. HCT was 45 in 1/22. Worried about possible abdominal mass.

Current Medications: Yunnan Bai Yao 2 BID, Galliprant 60mg SID, Gabapentin 100mg 2 BID.
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**, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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 normal in size (1.04 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 (5.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 mildly enlarged (0.83 cm at cranial pole) (0.88 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 (0.71 cm at cranial pole) (0.61 cm at caudal pole) (2.42 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 subjectively enlarged with irregular peripheral contours. A > 9cm irregular, heterogenous cavitated mass is arising from the parenchyma. The mesentery surrounding the mass is reactive/hyperechoic. In the remainder of the spleen the parenchyma is mottled. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct 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. A moderate 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/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. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

A small amount of free fluid is present. The abdominal **lymph nodes** are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

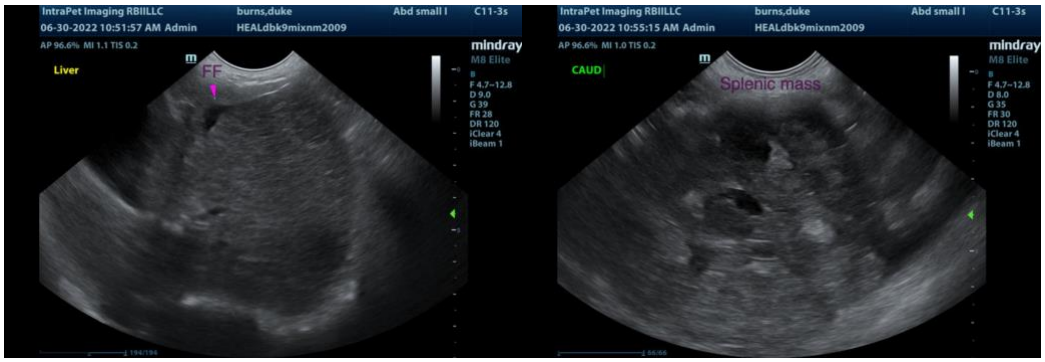
- Large splenic mass with regional peritonitis. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology.
- The free fluid may represent hemorrhage, neoplastic effusion, other.
- The hepatic parenchymal changes trend toward the benign (i.e., age-related nodular hyperplasia or remodeling). However, micrometastatic disease cannot be completely excluded.

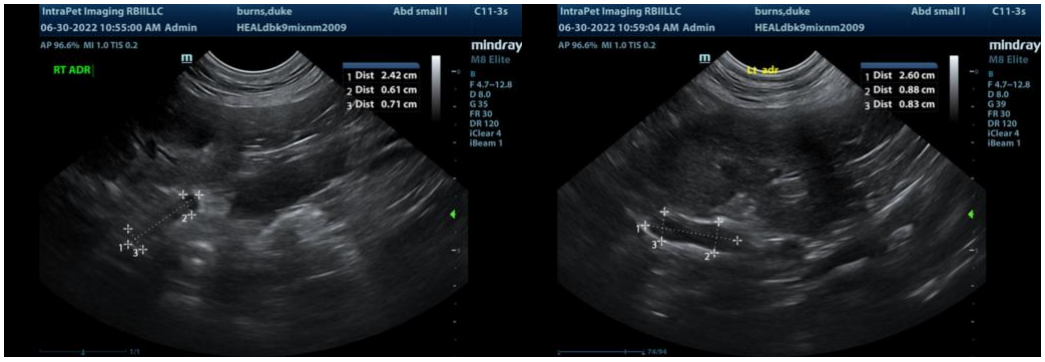
Secondary Findings

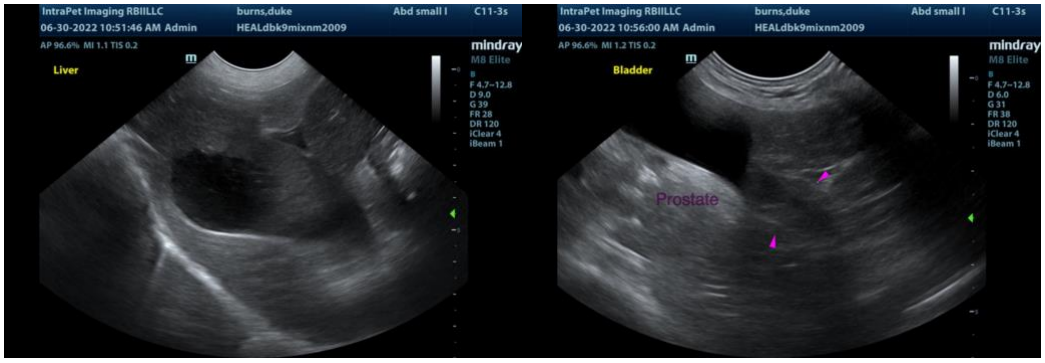
- Bilateral mild, age-related renal changes
- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- Minor, age-related pancreatic remodeling

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, consider a splenectomy with submission of the spleen for histopathology. A liver biopsy should also be obtained at the time of surgery. If surgery is not pursued, palliative/symptomatic care is recommended.







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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