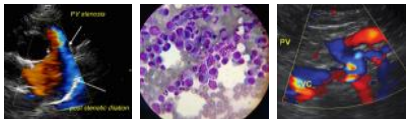
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8.15.23

PATIENT

Gus Utz

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

1/1/2011

WEIGHT

13.3 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Martinoli

INVOICE

14097

PRESENTING CLINICAL SIGNS

Owners out of town. Husband will be back at 8 pm tonight, wife in a few days. He had been at a pet sitter and was acting unusual. When owner's dad came over, he wouldn't get up, could barely pick up his head, let alone stand up. Was taken to Honeygo Vet and they couldn't see him until 3:45. He was taken to owner's dad's house, drank a bunch of water, seemed perkier, but then threw up all the water. Went to rDVM appt and they recommended referral due to concern of large splenic mass.

Current Medications: None listed.
Lab Results: Hematocrit 31.4 %. Leukocytosis with a neutrophilia and monocytosis. Thrombocytopenia. Mild azotemia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (4.18 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.97 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (0.47 cm at cranial pole) (0.60 cm at caudal pole) (1.99 cm in length) with a normal shape and 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 in normal size (0.55 cm at cranial pole) (0.49 cm at caudal pole) (1.94 cm in length) with a normal shape and 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 enlarged. A >8.00 cm irregular, heterogenous, cavitated vascular mass is arising from the parenchyma. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is relatively homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

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. A scant amount of 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 mildly to moderately fluid-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 is normal in thickness 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
A portion of the pancreas is obscured by the large splenic mass. In the visualized portion of the left limb, the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen
A small amount of free fluid is visualized. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is no obvious evidence of pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

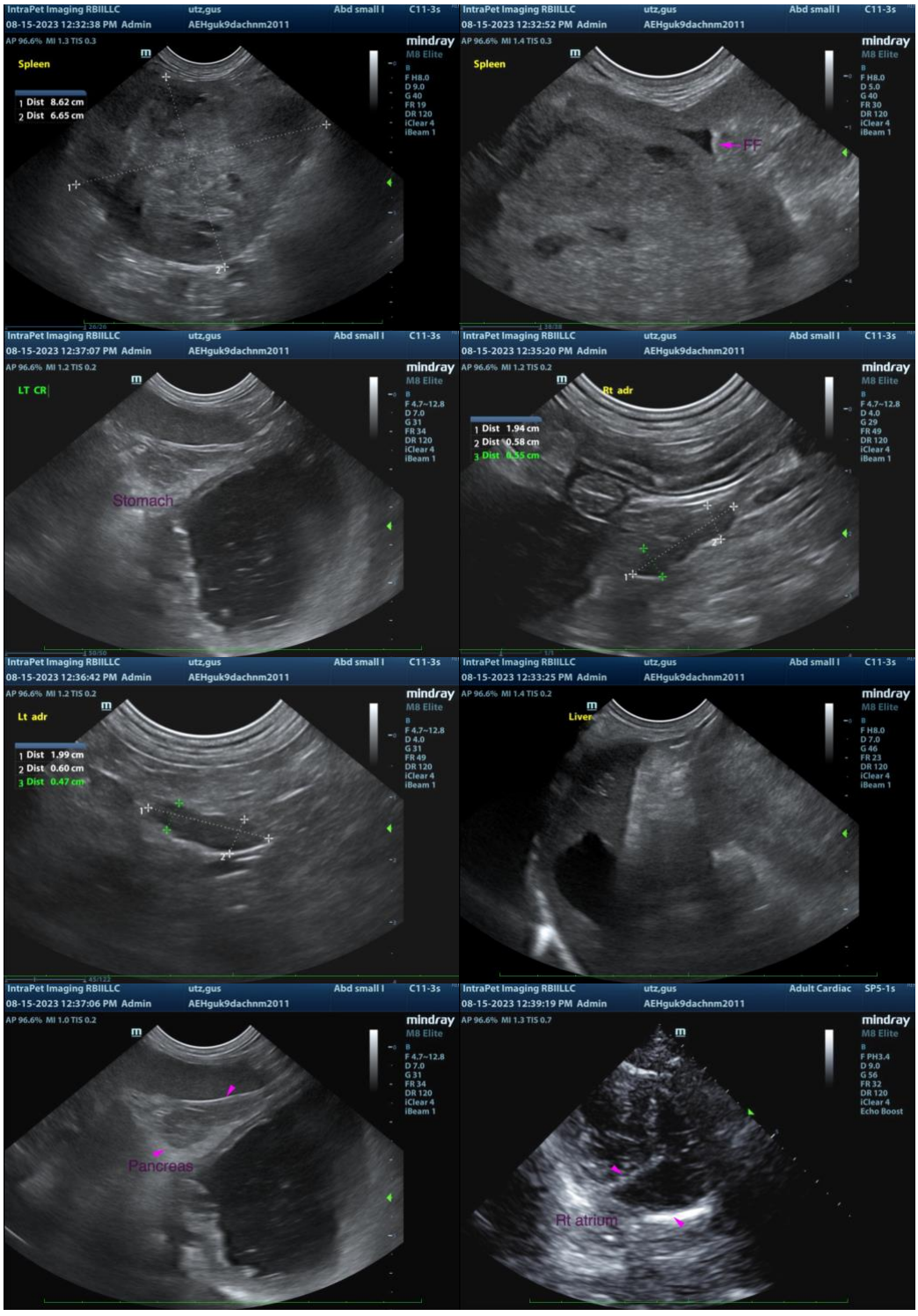
- Large splenic mass with suspected mild rupture. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a lower possibility of a non-neoplastic process. Regional peritonitis is present.

Secondary Findings

- Minor age-related pancreatic remodeling
- Mild left adrenomegaly
- Suspected gastric ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no obvious 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 to assess for micrometastatic disease.



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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