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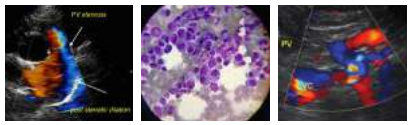

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DATE

8/20/21

PATIENT

Sophie Rose

SPECIES

Canine

BREED

English Bulldog

SEX

Female Spayed

AGE

8/16/10

WEIGHT

63.9 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Festival Veterinary Clinic

REFERRING VET

Dr. Ullman

INVOICE

11685kk

PRESENTING CLINICAL SIGNS

History: Elevated WBCs on routine labs, abdominal distension.

Current Medications: Clavamox 375mg 1 PO BID, Tobramycin Ophthalmic.

Lab Results: elevated WBC's. Leukocytosis with a severe lymphocytosis and some unclassified cells. Mild hypoalbuminemia at 2.3. T4 is normal. 4dX is negative. Fecal for ova and giardia is negative.

Radiographs: A lateral abdominal radiograph reveals a mass-effect in the mid-abdominal region.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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 left kidney is normal size (6.73 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.

The right kidney is normal size (6.85 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. Mild pyelectasia is present (0.33 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.81 cm at cranial pole) (0.66 cm at caudal pole) (2.53 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) (0.81 cm at caudal pole) (1.98 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 enlarged (3.44 cm in width at the level of the hilus) with swollen, rounded, peripheral contours. The parenchyma is diffusely mottled bordering on a moth-eaten appearance. At least three hypoechoic to heterogeneous masses (the largest of which measures approximately 3 cm in diameter) are observed within the parenchyma. 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 small amount of aggregated, echogenic, suspended 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 distended with ingesta. 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
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.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic changes, including the masses, are most concerning for infiltrative neoplasia. Based on the severe lymphocytosis, lymphoma is the top differential. However, other round cell tumors or sarcomas are possible.

Secondary Findings:

- Minor, bilateral, age-related renal pathology with mild right pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

2. A CBC with clinical pathology review is recommended.

3. Fine needle aspiration of the splenic masses should also be considered (if clotting status is appropriate). A 25-guage needle should be used. If cytology is inconclusive, splenectomy with histopathology may be necessary to get a definitive diagnosis.

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.

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