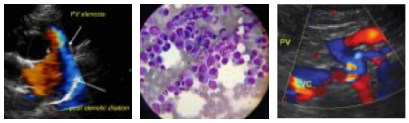
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8.26.2022

PATIENT

Stewie Barker

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10/15/2004

WEIGHT

33lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Stephens

INVOICE

11508

PRESENTING CLINICAL SIGNS

Previously diagnosed splenic masses.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 11/5/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the 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 size (5.57 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (5.76 cm in length); normal shape and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

The **left adrenal gland** is enlarged (0.99 cm at caudal pole) (2.12 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 (0.57 cm at cranial pole) (0.65 cm at caudal pole) (1.99 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 prominent to enlarged with irregular peripheral contours. At the cranial aspect, a 2.12 cm irregular hypoechoic mass is visualized. The mass causes capsular expansion. At the caudal aspect, a 2.57 irregular heterogenous mass is present. This lesion also results in capsular expansion. A 1.05 cm irregular hyperechoic nodule is also seen cranially. Splenic vasculature is normal with no obvious 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 normal in thickness. A few polypoid-like lesions are arising from the luminal surface. A small amount of mostly gravity dependent, 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 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 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

There is no evidence of free fluid. Several enlarged, rounded, hypoechoic **lymph nodes** are observed throughout the abdomen, the largest measuring approximately 2 cm in diameter. Surrounding mesentery is hyperechoic.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic masses. The lesions appear larger compared to the previous sonogram. Neoplasia (i.e., round cell tumor, sarcoma) is suspected, with a lower possibility of benign pathology.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia, however, lymphadenopathy (i.e., pyogranulomatous) cannot be completely excluded. Regional peritonitis is present.

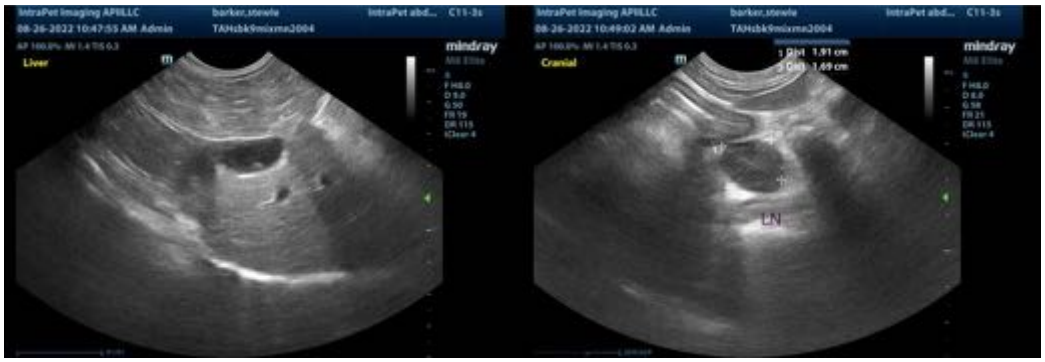
Secondary Findings

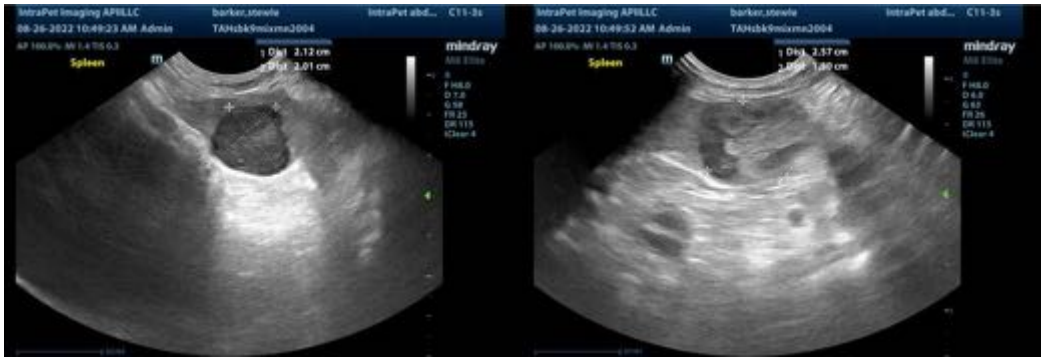
- Bilateral, degenerative renal changes with right dystrophic mineralization. (Changes are similar to the previous sonogram).
- Left adrenomegaly (Changes are similar to the previous sonogram).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

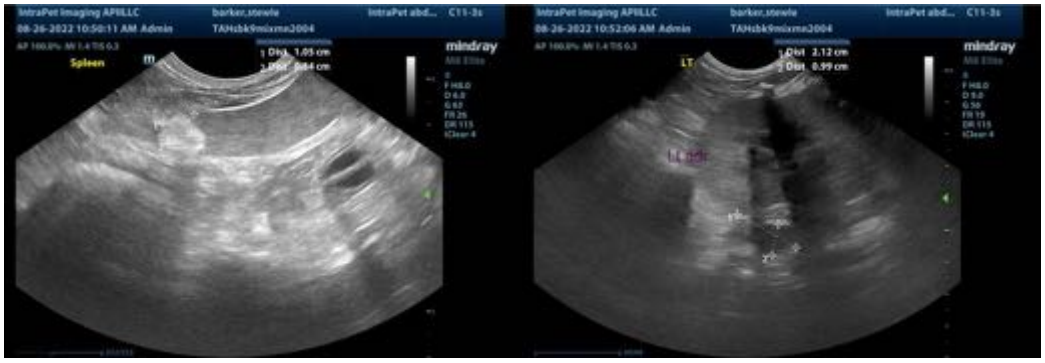
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

If further diagnostics are desired, consider fine-needle aspirate of the splenic masses and enlarged abdominal lymph nodes.







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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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