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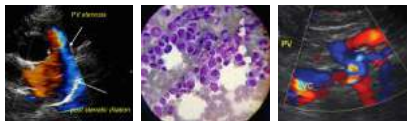

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DATE

9/10/21

PATIENT

Kaylee Noer

SPECIES

Canine

BREED

Labrador

SEX

Female Spayed

AGE

9/5/08

WEIGHT

65.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. McMichael

INVOICE

11801kk

PRESENTING CLINICAL SIGNS

History: Increase in vomiting, vasovagal vs. seizure type event Wednesday (lost consciousness, became stiff and urinated on self). No post-ictal period and able to stand within a few seconds of event.
Recent increase in dribbling of urine; increased PPA to 50mg PO BID

Current Medications: PPA 50mg PO q 12 hrs. Thyroid tabs 0.5mg PO q 12hrs, Deramaxx q 24 hrs., Gabapentin 300mg q 12 hrs.

Lab Results: Recent labs NSF. Urine culture negative. Getting BP readings at home to ensure no hypertension secondary to recent PPA dosage increase.

Radiographs: Not provided by the veterinarian.

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 (6.89 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.

The right kidney is normal size (5.90 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.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.51 cm at caudal pole) (2.74 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 (0.88 cm at cranial pole) (0.77 cm at caudal pole) (2.40 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

A 3.98 x 2.83 cm isoechoic to slightly heterogeneous, cavitated mass is observed at the cranial aspect. The lesion causes capsular expansion. In the remainder of the organ, the peripheral contours are curvilinear, and the parenchyma is homogeneous. Splenic vasculature is 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. A 1.00 cm anechoic cyst is observed on the left side. 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 4.26 x 3.07 cm suspended aggregation of sludge is observed within the lumen at the cranial aspect. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is distended with ingesta. The gastric wall is 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 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:

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology.
- The gall bladder changes are suggestive of a developing mucocele.

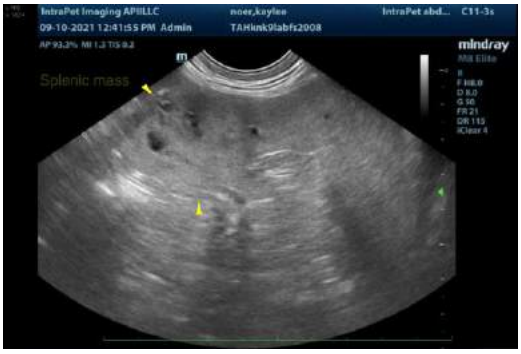
Secondary Findings:

- 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. The cystic lesion trends towards the benign with a lower possibility of emerging neoplasia.
- Bilateral, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider a splenectomy +/- cholecystectomy. If surgery is to be pursued, consider referral to a board-certified veterinary surgeon.
3. A thorough neurologic examination should be performed prior to considering surgery to assess for

deficits that may explain the recent seizure-like episode. If neurologic deficits are identified, consultation with a veterinary neurologist should be considered.



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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com