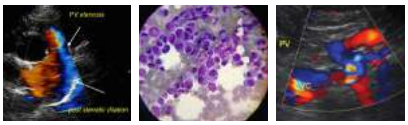
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

9/14/21

PATIENT

Sailor Sam Hawkes

SPECIES

Canine

BREED

Mixed Breed

SEX

Male Neutered

AGE

2010

WEIGHT

59.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Roper

INVOICE

11818kk

PRESENTING CLINICAL SIGNS

Gagging, Abdominal Distension, Lethargic, Struggling To Stand.

History: Date: 09-12-2021 Notes: Patient has been having coughing/gagging. Aug 24 patient had a sx mass removal. Patient has been panting for the past 2 weeks. In the spring patient was diagnosed with a grade 3/4 heart murmur. Owned is worried about over feeding. Patient has been lethargic since last week and ADR. Owner believes patient could have ate a raw hide or got into something into the yard. Patient has been to a cardiologist and patient was taken off of heart meds by cardiologist - May 2021.

Current Medications: Clavamox Chewables 375mg, Metronidazole Tablets 250mg, Omeprazole Capsules 20mg, Pimobendan (Vetmedin) Tablets 5mg

Lab Results: ALT is 401. ALP is 1391. 4DX negative. Hematocrit is low normal at 37%. Mild neutropenia.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

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 (0.85 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 (7.36 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 (6.73 cm in length); normal shape and architecture with 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 normal size (0.86 cm at cranial pole) (0.72 cm at caudal pole) (2.77 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 (1.17 cm at cranial pole) (0.68 cm at caudal pole) (2.93 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 normal in size (1.40 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A few ill-defined myelolipomas are observed in the region of the hilus. In addition, a few ill-defined, hypoechoic nodules/areas are also seen, particularly at the cranial aspect. One of the nodules causes slight capsular expansion medially. Splenic vasculature is normal.

Liver
The liver is subjectively enlarged with rounded to irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled and heterogeneous in appearance with numerous, varying sized heterogeneous nodules. A 5 cm mass-effect is observed in the left lateral lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 gas-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 segmentally fluid-distended (mild). 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 body/right limb of the pancreas is enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. A 1.26 cm hypoechoic to heterogeneous nodule is observed. The pancreatic duct is visible but not overtly dilated. Surrounding mesentery is slightly hyperechoic.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are concerning for infiltrative neoplasia, particularly the lesion in the left lateral lobe. However, a diffuse inflammatory process is also possible.
- The pancreatic changes are suggestive of acute or chronic, active pancreatitis. The pancreatic nodule may represent an early neoplastic lesion or a benign regenerative nodule.

Secondary Findings:

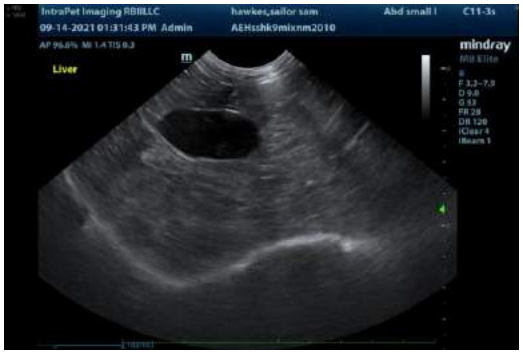
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor, bilateral, age-related renal changes.

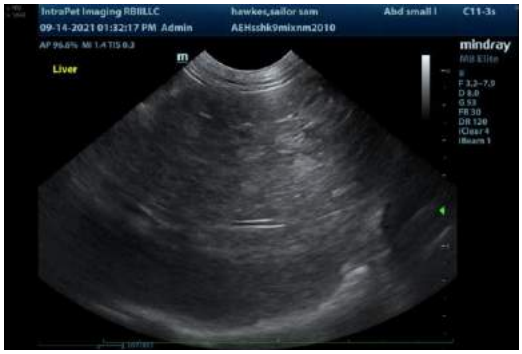
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

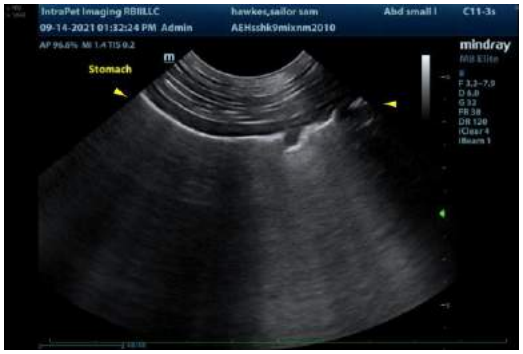
1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

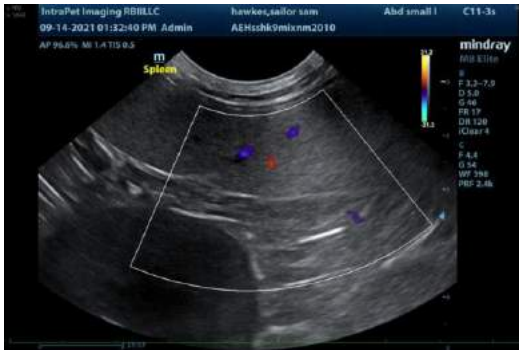
2. Fine needle aspirates of the liver and right limb of the pancreas (if accessible) are recommended (if clotting status is appropriate). A 25-guage needle should be used. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

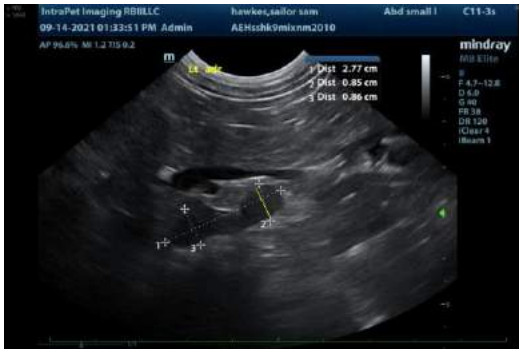
3. Supportive care for pancreatitis/cholangiohepatitis is recommended while awaiting test results.

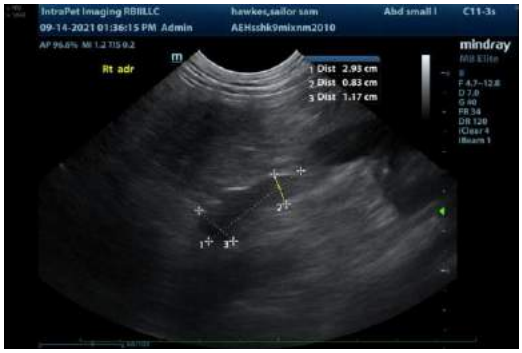


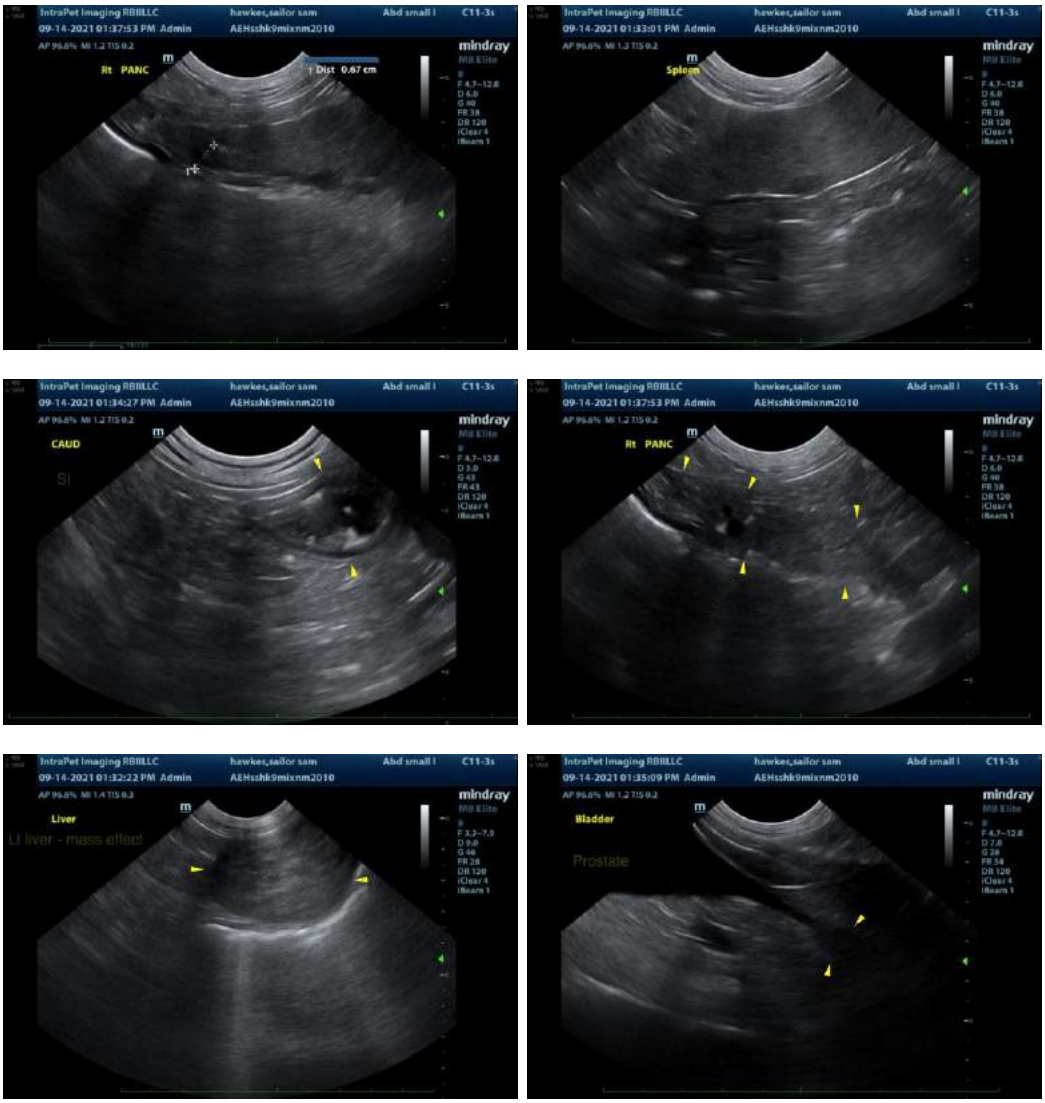












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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