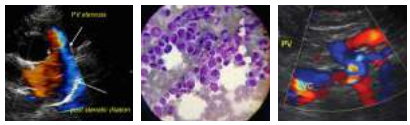
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/27/21

PATIENT

Ladybug Spessato

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Female Spayed

AGE

3/29/11

WEIGHT

25.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River Veterinary Hospital

REFERRING VET

Dr. Zulty

INVOICE

11902kk

PRESENTING CLINICAL SIGNS

History: Owner reluctant to do invasive diagnostics; this AUS is to just discern any changes from last AUS done 8/12/21. This dog has a history of Cushing's disease and is on Trilostane.

Current Medications: Trilostane

Lab Results: No recent labs.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 8-12-2021.

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 mostly 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 (4.89 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.

The right kidney is normal size (5.11 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 enlarged (0.50 cm at cranial pole) (0.80 cm at caudal pole) (2.23 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 (0.39 cm at cranial pole) (0.65 cm at caudal pole) (2.47 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 subjectively prominent in size with slightly irregular peripheral contours. A 3.29 x 2.99 cm isoechoic to slightly heterogeneous, vascular mass is observed at the caudomedial aspect. The lesion causes capsular expansion. In addition, a 2.55 x 1.73 cm hypoechoic to heterogeneous mass is also observed near the hilus. A 2.08 x 1.01 cm hypoechoic to heterogeneous, vascular nodule/mass is seen slightly more cranially. Finally, a 2.05 x 1.17 cm hypoechoic to heterogeneous nodule/mass is observed at the cranial aspect. The two larger of these hypoechoic lesions also cause capsular expansion. Splenic vasculature appears 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. 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 thin and smooth. A small amount of suspended, 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. No obstructive disease is noted.

Pancreas
The right limb of the pancreas is prominent in size with irregular peripheral contours. The parenchyma is diffusely heterogeneous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen
There is no evidence of free fluid. A 1.80 x 1.33 cm cystic lymph node is observed medial to the spleen. In addition, a cluster of cystic lymph nodes is observed adjacent to the tail of the spleen, adjacent to the left adrenal gland. One to two prominent sublumbar lymph nodes are also seen with the largest measuring 1.56 cm. Finally, one to two prominent nodes are observed at the aortic trifurcation with the largest measuring 1.66 cm in length.

Other:
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Multiple splenic nodules/masses. The lesions appear similar to slightly larger compared to the previous scan.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

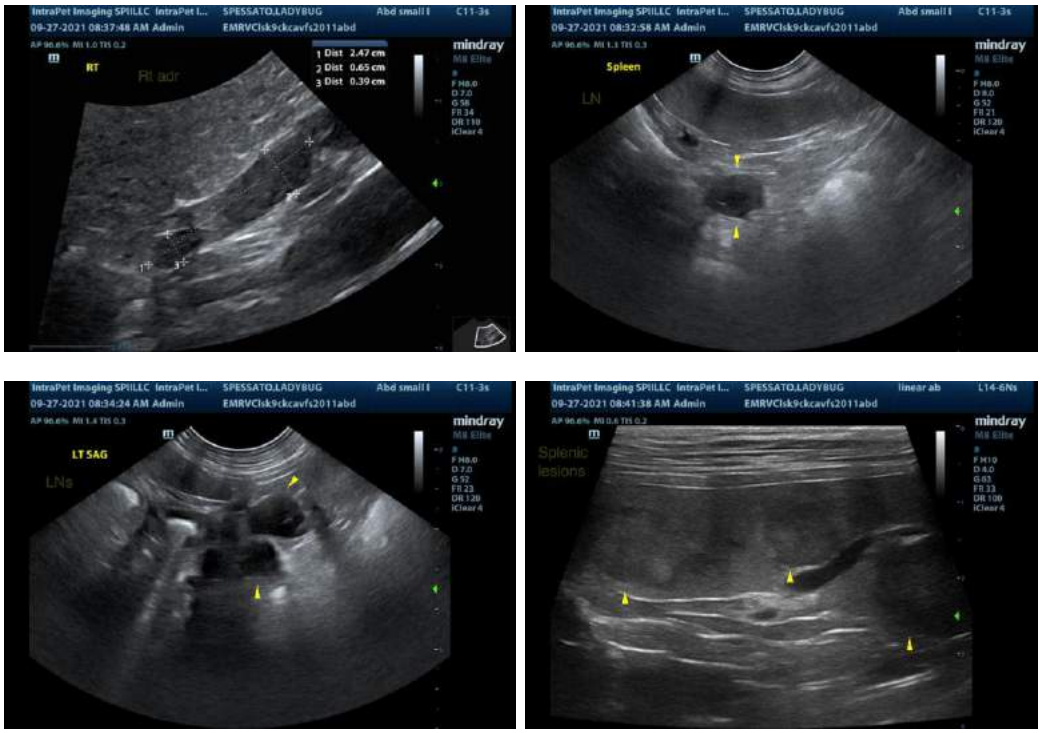
Secondary Findings:

- The pancreatic changes are most consistent with chronic pancreatitis with age-related remodeling/fibrosis.
- Mild left adrenomegaly.
- Bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

2. If a continued conservative approach is desired, consider a repeat abdominal ultrasound and chest x-rays in 6-8 weeks.



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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