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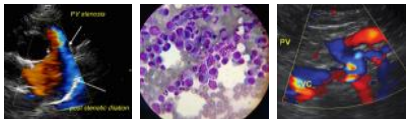

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DATE

9/30/21

PATIENT

Estella Fulcher

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

9/5/2010

WEIGHT

83 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

13384

PRESENTING CLINICAL SIGNS

History: Patient presents for evaluation of several masses, mass on ventral abdomen suspected MCT. Patient does have a history of MCT. AUS for staging and grading purposes. History of significant allergic skin disease with recurring deep pyodermas and allergies. Doing well clinically currently. History of liver enzyme elevation. BA tests were normal. Liver enzymes significantly improved with most recent labs but still not normal. Labs sent for review.

Current Medications: Benadryl PO until surgery.
Lab Results: Liver enzyme elevations – lab work sent.
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 is contracted. The wall is of appropriate thickness for the level of repletion. A 0.37 cm mineralized focus is suspected within the apical mucosa. No distinct cystic calculi are observed.

The left kidney presented normal size (7.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (8.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The right adrenal gland is normal size (0.70 cm at cranial pole) (0.68 cm at caudal pole) (2.32 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 left adrenal gland is normal size (0.53 cm at cranial pole) (0.72 cm at caudal pole) (3.14 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 with slightly irregular peripheral contours. A 2.44 cm x 1.26 cm, hypoechoic to heterogenous nodule/mass is observed approximately mid spleen with a few ill-defined hyperechoic areas within the lesion.The lesion causes capsular expansion. A few small myelolipomas are observed in the region of the hilus. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis. The spleen measures 1.44 cm.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few hypoechoic nodules/areas are observed, measuring 2-3 cm in length. In addition, a few small ill-defined hyperechoic areas are also seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 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 or overt infiltrative disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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. There is no charge.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic lesions could be consistent with regenerative nodules. Alternatively, a neoplastic process is possible. Tissue sampling would be necessary to get a definitive diagnosis.
- Splenic nodule/mass, differentials include, neoplasia (i.e., sarcoma), round cell tumor versus benign pathology (i.e., myelolipoma), extramedullary hematopoiesis, lymphpoid hyperplasia.

Secondary Findings

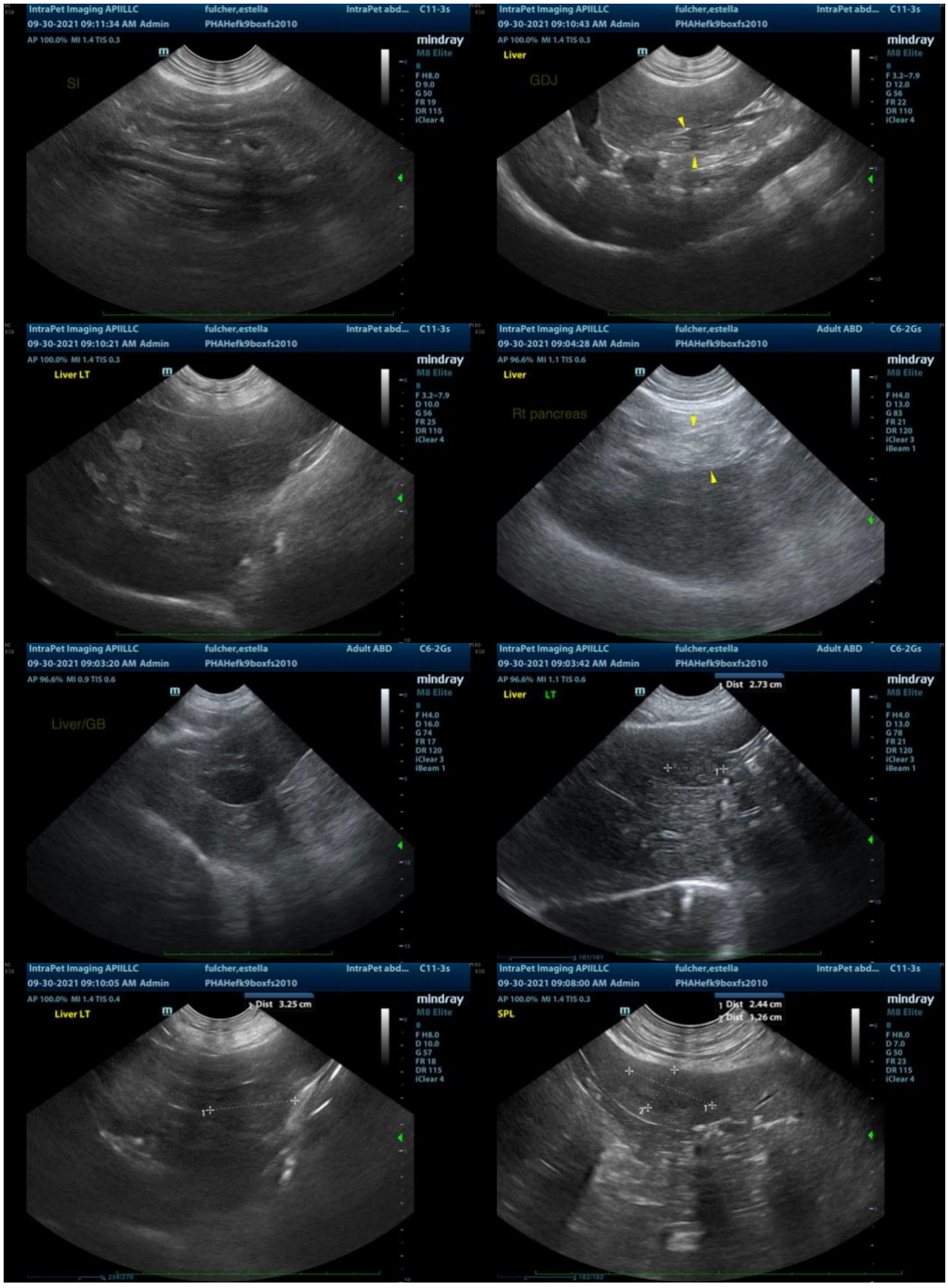
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If possible, fine needle aspirates of the splenic and hypoechoic hepatic nodules are recommended,

if accessible (if clotting status is appropriate). A 25 gauge needle should be used.

- Given the urinalysis findings, a urine culture and sensitivity is also recommended.



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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