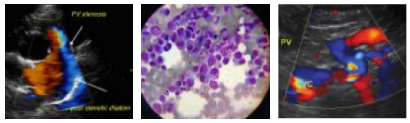
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

9.30.2022

PATIENT

Halas Twigg

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

4/10/2012

WEIGHT

90lbs

INTERPRETED BY

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

HOSPITAL NAME

Hickory Veterinary Hospital

REFERRING VET

Dr. Lyle

INVOICE

11745

PRESENTING CLINICAL SIGNS

Patient presented 9/27 for decrease in appetite starting 9/23. On PE tense, painful cranial abdomen. BW unremarkable, large mass effect mid abdomen. No mets seen on chest rads.

Current Medications: None.
Lab Results: CBC, Chem 17, Lytes unremarkable.
Radiographs: Chest rads WNL. Large mass mid/ cranial abdomen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.
Imaging Performed By: Andi Parkinson, 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 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 (7.04 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.

The **right kidney** is normal size (6.63 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. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.81 cm at cranial pole) (0.87 cm at caudal pole) (2.65 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) (0.75 cm at caudal pole) (2.69 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 >13.00 cm irregular, heterogenous mass is arising from the caudal aspect. The mass contains ill-defined hyperechoic areas, as well as a few hypoechoic to anechoic lesions. The mesentery surrounding the mass is hyperechoic. A second mass (2.80 x 2.73 cm) is also visualized adjacent to the larger mass. This lesion is hypoechoic to mildly heterogenous. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly 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. 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

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

Other

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

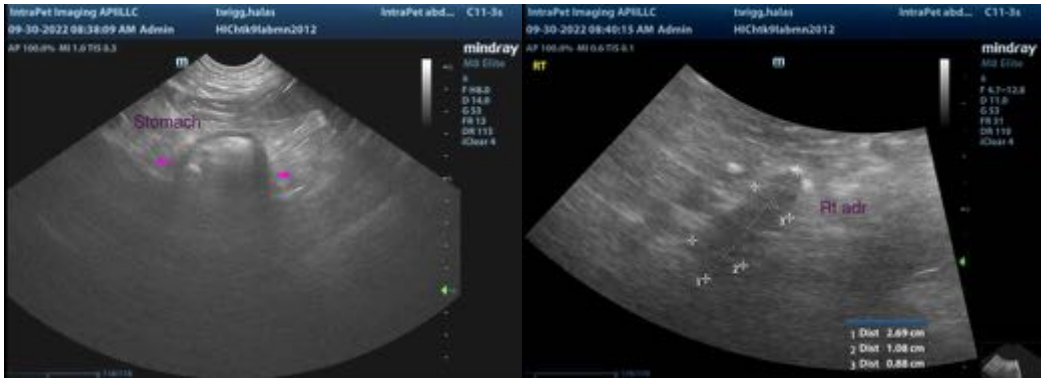
Primary Findings

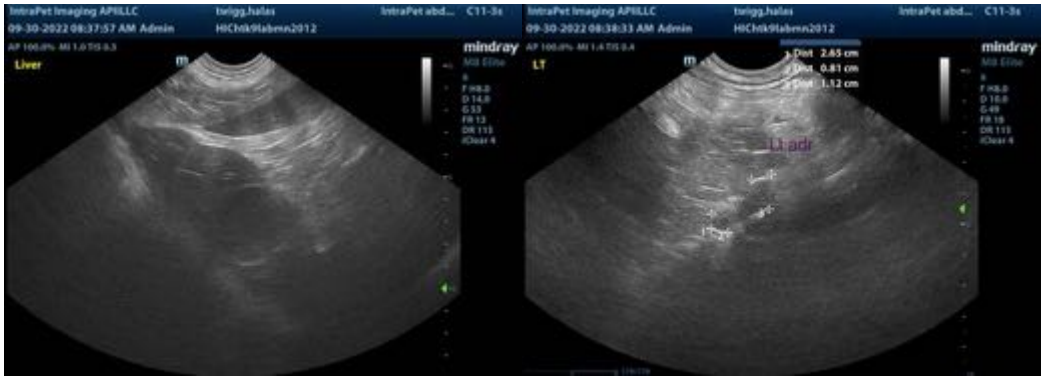
- Splenic masses. Neoplasia (i.e., sarcoma, round cell tumors, other) is considered likely. The larger mass could also be consistent with a benign mylelolipoma. Adjacent peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Consider fine-needle aspirates of the splenic masses if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive or if a more aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology. A liver biopsy should also be obtained at the time of surgery to assess for micro-metastatic disease





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.

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