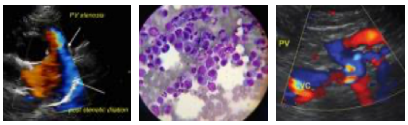
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/8/2021

PATIENT

Ladye Roka

SPECIES

Canine

BREED

Cocker Spaniel mix

SEX

Female, spayed

AGE

9/8/2006

WEIGHT

25 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

12036

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Trouble Breathing.
Date: 09-08-2021 Notes: Patient started having seizures last October. Was seen by RDVM and had blood work and x-rays- mild cardiomegaly per owner, blood work unremarkable. Her seizures have been infrequent since then. Had one this past Monday morning, took longer to recover than previous ones. She seemed fine after. This morning when owner woke up, patient wasn't sleeping next to her like usual. Owner looked for her and found her next to husband's side of the bed and she was breathing heavily. Assessment: Acute dyspnea, crackles. DDx include CHF, NCPE, pulmonary hypertension, neoplasia, open. Plan: Spoke to owners and reviewed history, exam and DDX. Patient has already been placed in oxygen and given Furosemide. Plan to proceed with full blood work, blood pressure, chest x-rays. Fair prognosis. Owners consent to Tx plan and estimate. Do want CPR if patient codes. Physical Exam: Mildly labored breathing, abdominal pain.

Current Medications: Furosemide. No dose/other medication information provided by veterinarian.
Radiographs: 3 view chest rads- cardiac silhouette unremarkable, lungs clear. Large mass in mid-abdomen.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: STAT REPORT 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 in size (4.66 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.95 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.81 cm at cranial pole) (0.75 cm at caudal pole) (2.13 cm in length) with normal shape. 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 prominent in size at the cranial aspect (1.06 cm at cranial pole) (0.63 cm at caudal pole) (1.84 cm in length) with a slightly irregular shape. 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 enlarged with irregular peripheral contours. A >8 cm heterogeneous cavitated vascular mass is arising from the parenchyma. In the remainder of the organ the peripheral contours are slightly irregular and the parenchyma is mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic.

Liver

The liver is subjectively prominent in size with slightly rounded peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular 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 scant amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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

A portion of the pancreas is obscured by the large splenic mass. In the visualized portions, no obvious pathology is seen.

Free Abdomen

A small to moderate amount of anechoic free fluid is visualized. 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:

- Ruptured splenic mass with suspected hemoabdomen. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology.
- The hepatic parenchymal changes could be consistent with benign age-related pathology. Alternatively, metastatic disease is possible.

Secondary Findings:

- The bilateral adrenal changes are most consistent with hyperplasia.
- Bilateral renal dystrophic mineralization with minor age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, a splenectomy is recommended. A liver biopsy should also be obtained at the time of surgery to assess for micro-metastatic disease.


IntraPet Imaging RBIILLC
roka,ladye
Abd small I
C11-3s
09-08-2021 11:48:07 AM Admin
AEHIrk9cockrxsf2006
1 Dist 8.49 cm
2 Dist 7.04 cm
Splenic mass
mindray


IntraPet Imaging RBIILLC
roka,ladye
Abd small I
C11-3s
09-08-2021 11:48:56 AM Admin
AEHIrk9cockrxsf2006
Liver
mindray


IntraPet Imaging RBIILLC
roka,ladye
Adult ABD
C6-2Gs
09-08-2021 11:50:37 AM Admin
AEHIrk9cockrxsf2006
Spleen
mindray


IntraPet Imaging RBIILLC
roka,ladye
Abd small I
C11-3s
09-08-2021 11:51:08 AM Admin
AEHIrk9cockrxsf2006
RT ADR
1 Dist 1.84 cm
2 Dist 1.06 cm
3 Dist 0.63 cm
mindray


IntraPet Imaging RBIILLC
roka,ladye
Abd small I
C11-3s
09-08-2021 11:52:35 AM Admin
AEHIrk9cockrxsf2006
Lt adr
1 Dist 2.13 cm
2 Dist 0.75 cm
mindray


IntraPet Imaging RBIILLC
roka,ladye
Abd small I
C11-3s
09-08-2021 11:47:50 AM Admin
AEHIrk9cockrxsf2006
Spleen
Mass
mindray


IntraPet Imaging RBIILLC
roka,ladye
Abd small I
C11-3s
09-08-2021 11:48:50 AM Admin
AEHIrk9cockrxsf2006
Liver
Stomach
mindray


IntraPet Imaging RBIILLC
roka,ladye
Abd small I
C11-3s
09-08-2021 11:54:00 AM Admin
AEHIrk9cockrxsf2006
RT
Liver
mindray

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