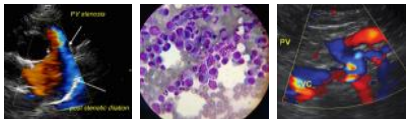
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
1/2/23

PATIENT
Dudley Satterwhite

SPECIES
Canine

BREED
Dachshund

SEX
Neutered Male

AGE
11.7 Pounds

WEIGHT
4/13/12

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Bay Country VH

REFERRING VET
Dr. McLean

INVOICE
20325

PRESENTING CLINICAL SIGNS

Decreased appetite and energy level for approximately 1 month. 3lbs weight loss since May. Enlarged mandibular and popliteal lymph nodes last month - our FNA to Idexx was consistent with lymphoblastic lymphoma. Enlarged lymph nodes resolved spontaneously. P was taken to oncologist who performed immunohistochemistry testing and reported that P does NOT actually have lymphoma. Oncologist recommended dental. Dental with extensive extractions performed 12/21/22. Appetite/energy did not improve after dental. Recheck exam 12/28/22. Elevated CPL and ALP.

Current Medications: Cerenia injection 12/28, transitioning to oral Cerenia. Gabapentin 100mg BID and Codeine 7.5mg BID since dental on 12/21/22. Entyce SID since 12/23/22.
Lab Results: CPL 250 (0-200.), ALP 337 (5-160), SDMA 16 (0-14)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (4.43 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (4.61 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (1.88 cm long x 0.49 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.53 cm long x 0.42 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). At the tail of the spleen, there is capsule disrupting, heterogenous, partially cavitated, approximately 3.0 cm in diameter mass. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules, as well as multifocal hyperechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. The sublumbar lymph nodes are prominent in size with mild swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Other

There is no evidence of pericardial effusion or heart base lesions noted in these images at this time.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A hypoechoic partially cavitated splenic mass. This could represent infiltrative neoplasia, including sarcoma versus potentially round cell neoplasia, given this patients reported history of lymphadenopathy, however, benign lesions, such as hematomas, extramedullary hematopoiesis, etc., can mimic malignant lesions and cannot be differentiated without tissue sampling.

- Heterogenous, partially nodular liver – These changes can occur with a benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis with concurrent granulomas, myelolipomas, etc., or possibly chronic inflammatory disease, however, infiltrative round cell or metastatic neoplasia cannot be ruled out.

- Mild reactive sublumbar lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

Secondary Findings

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

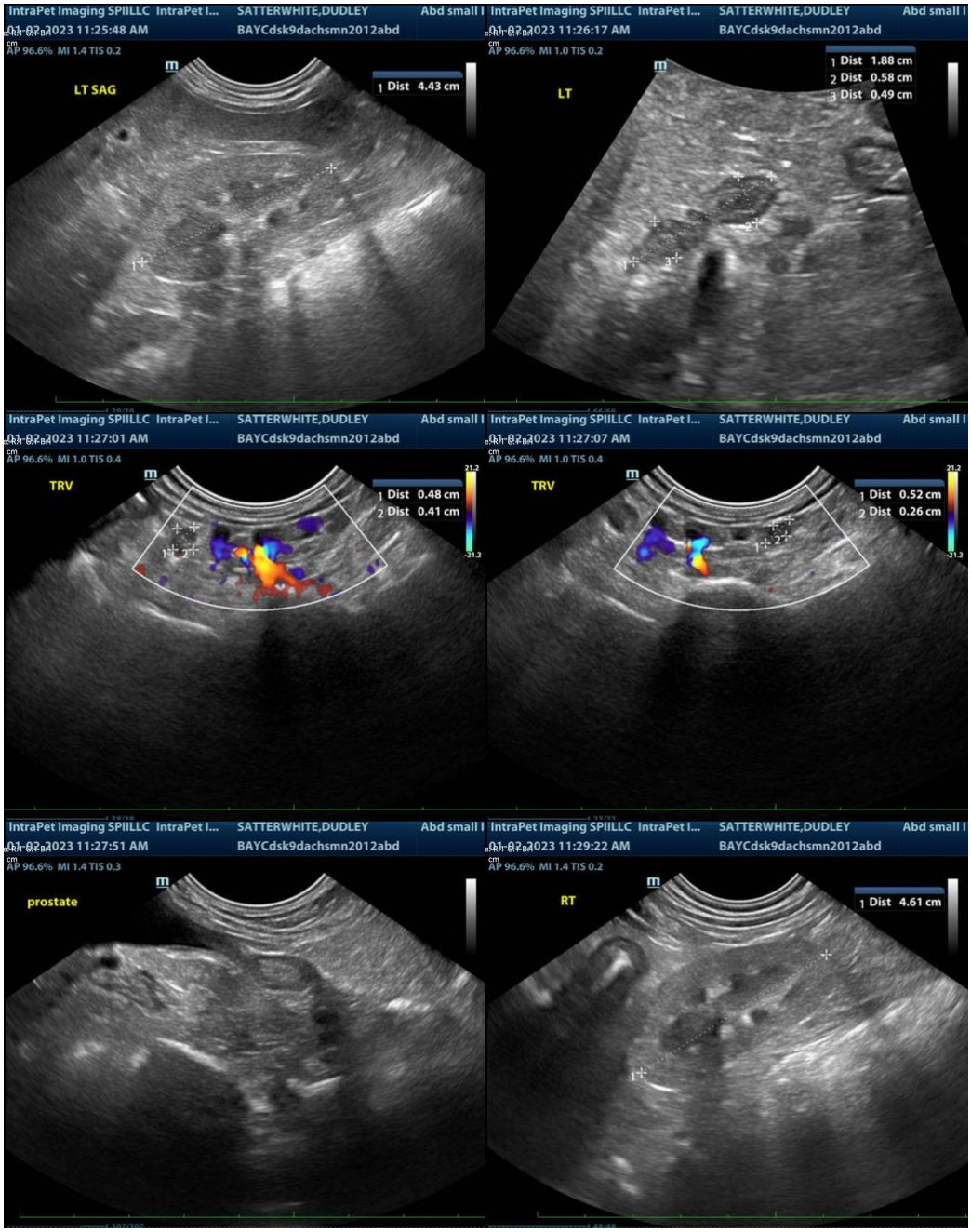
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the liver and spleen could be considered if patients coagulation status is appropriate, or alternatively, given this patients previous lymph node aspirate discrepancy, combined with the possible risks of hemorrhage from a cavitated splenic mass, etc., an exploratory laparotomy for planned splenectomy and liver biopsy could be considered.

Additionally, while there is no visible evidence of pancreatic or gastrointestinal disease, if a diagnosis is not obtained, further evaluation of the gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.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AP 96.6% MI 1.4 TIS 0.2
LT SAG
1 Dist 4.43 cm
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
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AP 96.6% MI 1.0 TIS 0.2
LT
1 Dist 1.88 cm
2 Dist 0.58 cm
3 Dist 0.49 cm
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
01-03-2023 11:27:01 AM BAYCdsk9dachsmn2012abd
AP 96.6% MI 1.0 TIS 0.4
TRV
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2 Dist 0.41 cm
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
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AP 96.6% MI 1.4 TIS 0.3
prostate
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
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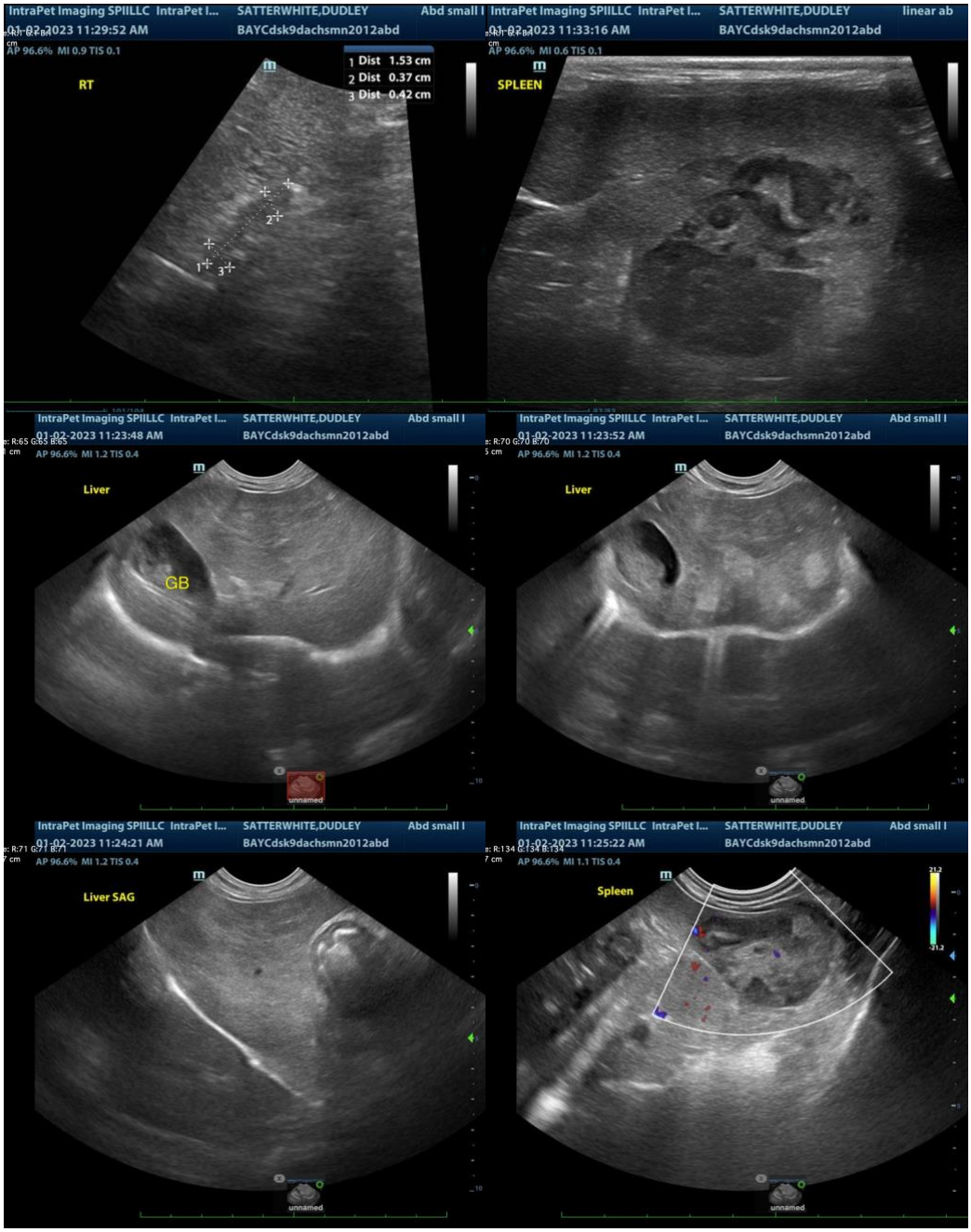
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 4.61 cm


IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
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AP 96.6% MI 0.9 TIS 0.1
RT
1 Dist 1.53 cm
2 Dist 0.37 cm
3 Dist 0.42 cm
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY linear ab
01-02-2023 11:33:16 AM BAYCdsk9dachsmn2012abd
AP 96.6% MI 0.6 TIS 0.1
SPLEEN
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
01-02-2023 11:23:48 AM BAYCdsk9dachsmn2012abd
AP 96.6% MI 1.2 TIS 0.4
Liver
GB
unnamed
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
01-02-2023 11:23:52 AM BAYCdsk9dachsmn2012abd
AP 96.6% MI 1.2 TIS 0.4
Liver
unnamed
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
01-02-2023 11:24:21 AM BAYCdsk9dachsmn2012abd
AP 96.6% MI 1.2 TIS 0.4
Liver SAG
unnamed
IntraPet Imaging SPIILLC IntraPet I... SATTERWHITE,DUDLEY Abd small I
01-02-2023 11:25:22 AM BAYCdsk9dachsmn2012abd
AP 96.6% MI 1.1 TIS 0.4
Spleen
21.2
-21.2
unnamed

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.

Beth Johnson, DVM DACVIM
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