IMAGING PERFORMED BY

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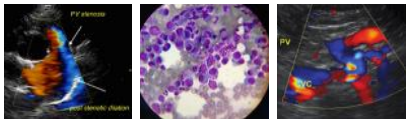

SonoPath
Clinical Sonography & Telecytology
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DATE
10/3/22

PATIENT
Ozzie Delphus

SPECIES
Canine

BREED
Shih Tzu Mix

SEX
Neutered Male

AGE
2/18/09

WEIGHT
25.8 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Prime Care AH

REFERRING VET
Dr. Martin

INVOICE
17575

PRESENTING CLINICAL SIGNS

History: P non symptomatic, possible mass in abdomen on x-ray.

Current Medications: Apoquel 5.4mg SID, Benazapril 5mg BID.
Lab Results: BP 180 4cm cuff R front leg (sternal) via doppler. See attached labs.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS

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 (4.87 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, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Right kidney is normal is size (4.26 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, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

Left adrenal gland is normal in size (2.2 cm long x 0.68 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.1 cm long x 0.65 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen contains a large mixed heterogeneous cavitated, approximately 7.0 cm mass, disrupting normal contour off of the head of the spleen, that appears to be attached to or adjacent to a second mid body similar appearing mixed cavitated capsule-disrupting 7.0 cm mass.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. In the left liver, there is 1.5 cm x 2.5 cm mixed hypoechoic nodule.

Gallbladder is moderately distended with anechoic bile as well as 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 reverbation 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. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Hyperechoic enhanced tissue is noted around the splenic masses.

Other

No evidence of pericardial effusion or heart-based tumor noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- One large connected or two adjacent cavitated mixed splenic masses are concerning for infiltrative neoplasia, such as sarcoma, however, benign lesions can mimic malignant lesions in the spleen and cannot be differentiated without tissue sampling.
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

  *Liver nodule, differentials for which include both benign changes, such as nodular hyperplasia, hematoma, granuloma, etc., however, given the splenic lesion, a metastatic nodule is also possible.

Secondary Findings

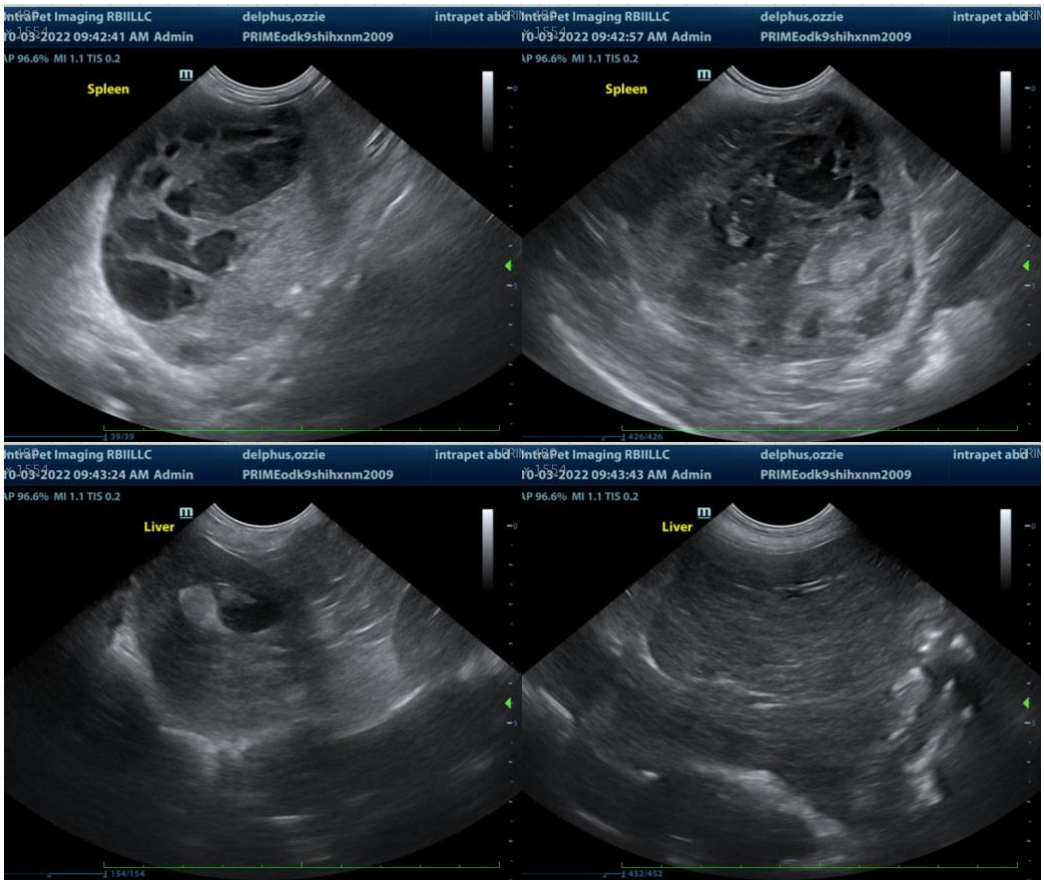
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in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

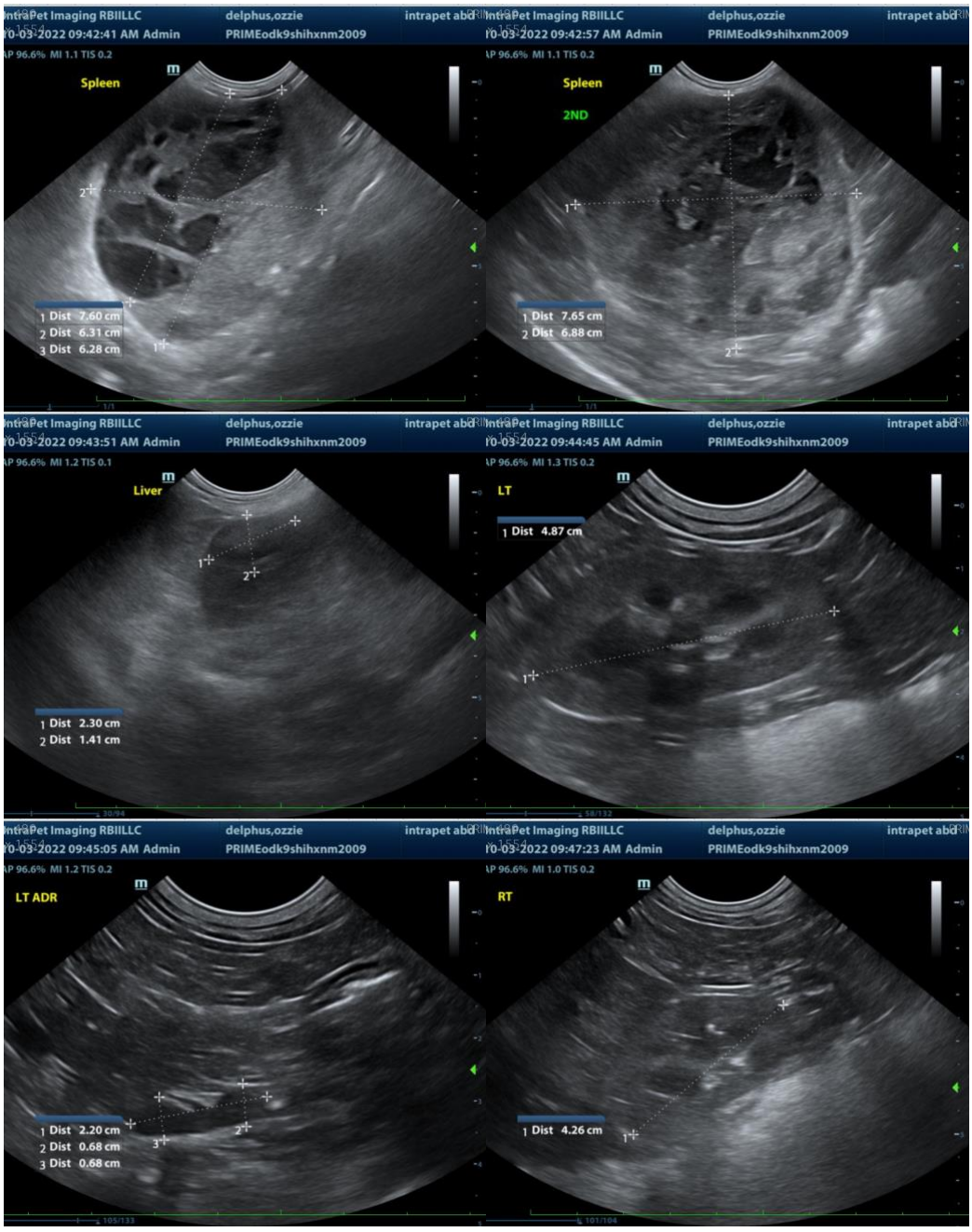
- Nonobstructive dystrophic mineralization in the kidneys bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, 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.

An exploratory laparotomy is recommended for planned splenectomy and liver nodule biopsy with submission of both for histopathology.

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delphus,ozzie
intrapet abd
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LP 96.6% MI 1.1 TIS 0.2
Spleen
1 Dist 7.60 cm
2 Dist 6.31 cm
3 Dist 6.28 cm
IntraPet Imaging RBIILLC
delphus,ozzie
intrapet abd
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LP 96.6% MI 1.1 TIS 0.2
Spleen
2ND
1 Dist 7.65 cm
2 Dist 6.88 cm
IntraPet Imaging RBIILLC
delphus,ozzie
intrapet abd
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Liver
1 Dist 2.30 cm
2 Dist 1.41 cm
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LT
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LP 96.6% MI 1.2 TIS 0.2
LT ADR
1 Dist 2.20 cm
2 Dist 0.68 cm
3 Dist 0.68 cm
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delphus,ozzie
intrapet abd
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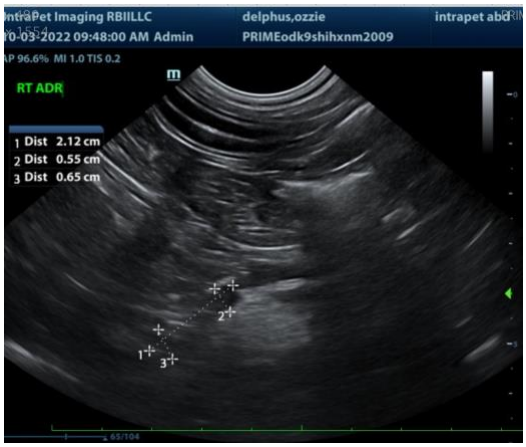
RT
1 Dist 4.26 cm



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
Beth.Johnson@SonoPath.com