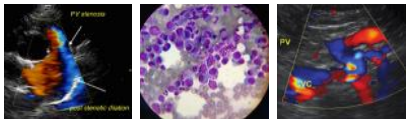
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

10/7/22

PATIENT

Moses White

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

8/15/11

WEIGHT

42 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Edgewood VH

REFERRING VET

Dr. Wright

INVOICE

17615

PRESENTING CLINICAL SIGNS

Animal ER requested/suggested. Urinating blood. No stones. Evaluate abdominal mass. Bleeding From Penis.
History: Date: 10-06-2022 Notes: This evening P was licking and O noticed that P was bleeding. P kept licking penile area and O believed the blood was coming from the penis. P went outside and P urinated but O did not see any blood in urine.
Current Medications: Gabapentin 100mg up to every 8 hours.
Lab Results: Attached.
Radiographs: Abdomen 2 View: loss of serosal detail in the cranial abdomen, mass present in the abdomen
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 primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.53 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. A 0.7 cm x 0.5 echogenic density that appears adhered to the dorsal wall is noted, consistent with a possible polyp or potentially an adhered blood clot, etc.

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

Left kidney is normal is size (6.21 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 (5.99 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. An approximately 1.0 cm homogeneous hypoechoic nodule is noted in the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (2.5 cm long x 0.74 cm at cranial pole and 0.84 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (3.2 cm long x 0.95 cm at cranial pole and 1.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. The largest of which is a heterogeneous cavitated mass that results in capsular disruption. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. Visible vasculature and biliary tree appear normal without distension or congestion.

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 empty with no evidence of obstruction, foreign material or infiltrative disease. 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

Anechoic free fluid is noted throughout the abdomen. No appreciable lymphadenopathy is noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nodular Liver - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely, especially given the concurrent pathology in the spleen.
- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- Nodule in the right kidney, could be a complex cyst or old abscess, etc., however, given the concurrent pathology, infiltrative neoplasia, such as a metastatic nodule versus other is a differential.
- Free fluid is noted throughout the abdomen

Secondary Findings

- Urinary bladder density, most consistent with a benign polyp or an adhered blood clot. Infiltrative neoplasia can’t be ruled out but is considered less likely.
- Nonobstructive dystrophic mineralization bilaterally in the kidneys

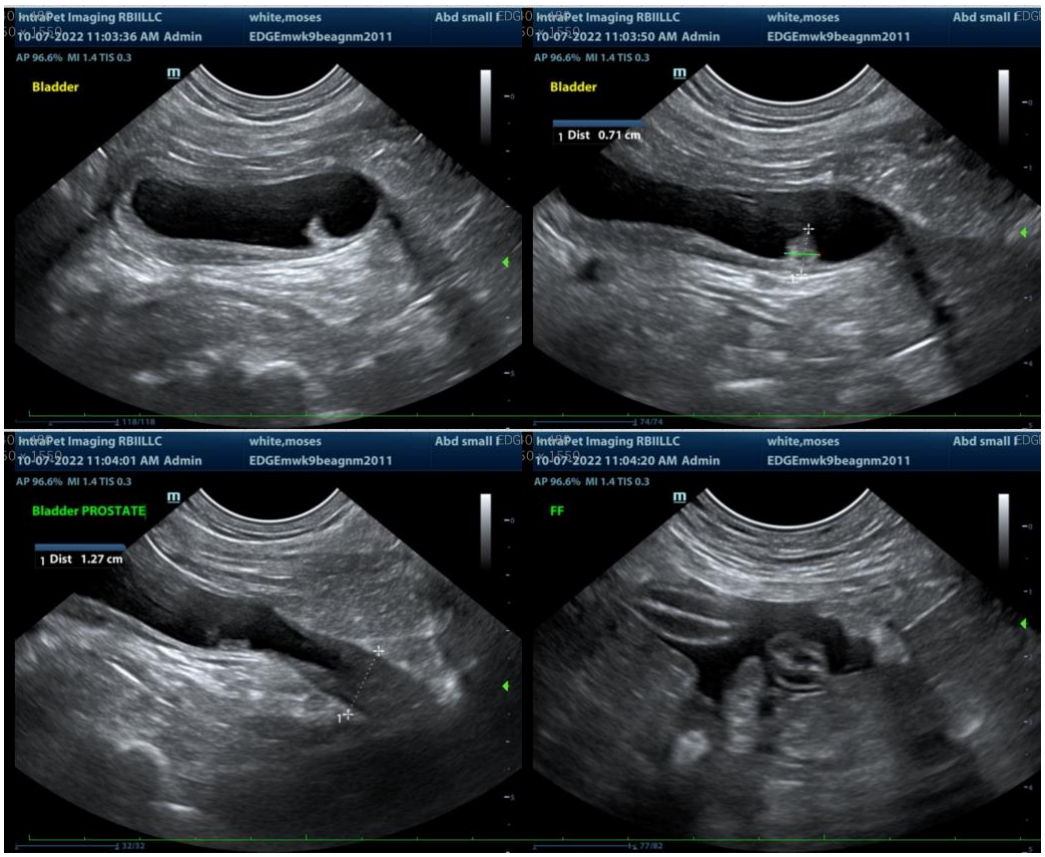
- Gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in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

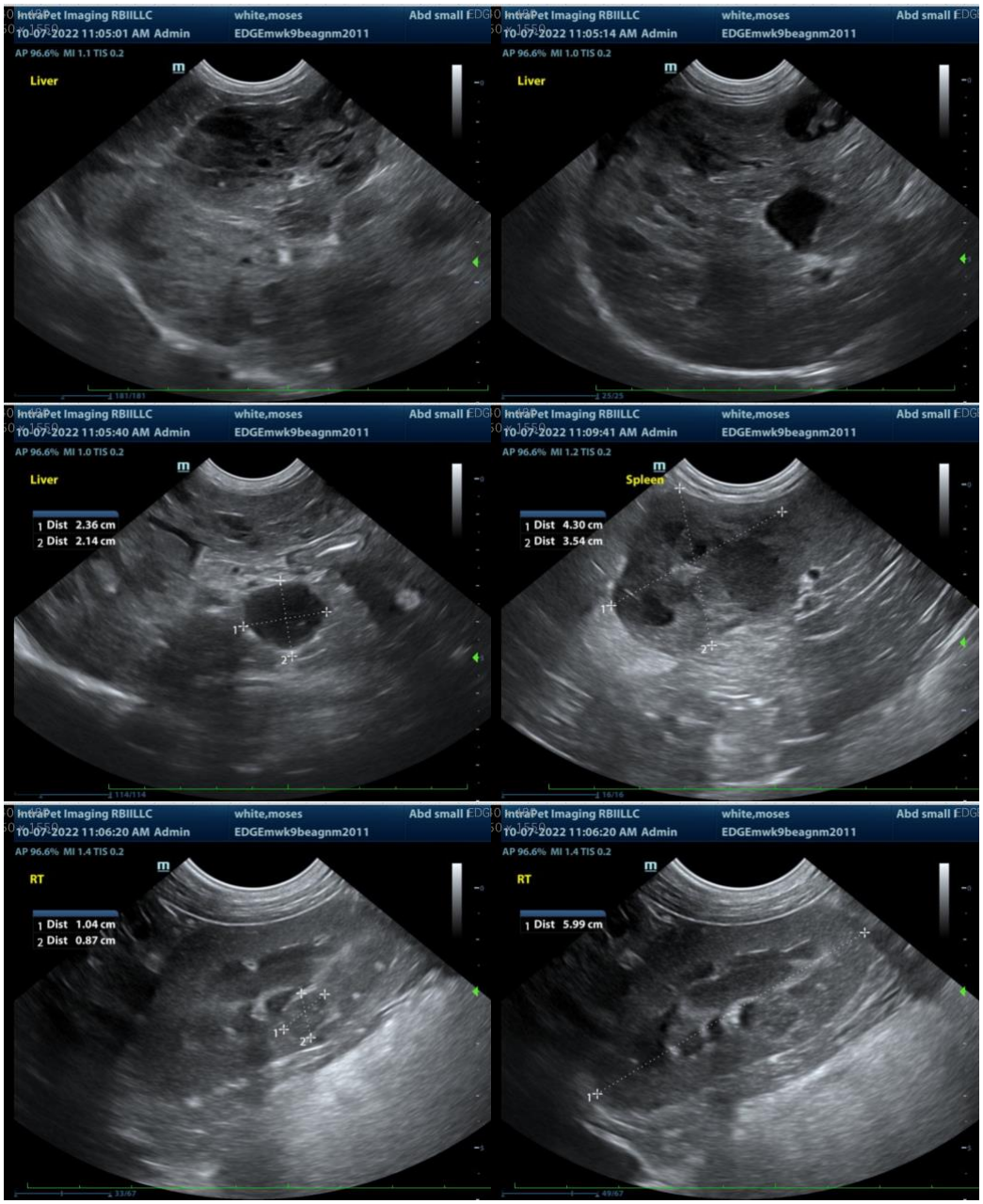
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Full assessment of this patient clotting ability is recommended, given the reported hematuria, which clinically sounds more severe than would be expected with the visible urinary bladder pathology.

A fine needle aspirate of the liver and spleen could be considered if patients coagulation status is appropriate to try to obtain a definitive diagnosis, however, given the cavitated nature of the lesions, the risk for hemorrhage is moderate. Alternatively, an exploratory laparotomy for a planned splenectomy and liver biopsy could be considered, however, given the diffuseness of the visibly gross disease, full excision is not possible.

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white,moses
Abd small F
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Liver
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Abd small F
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Spleen
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Abd small F
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RT
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2 Dist 0.87 cm
IntraPet Imaging RBIILLC
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Abd small F
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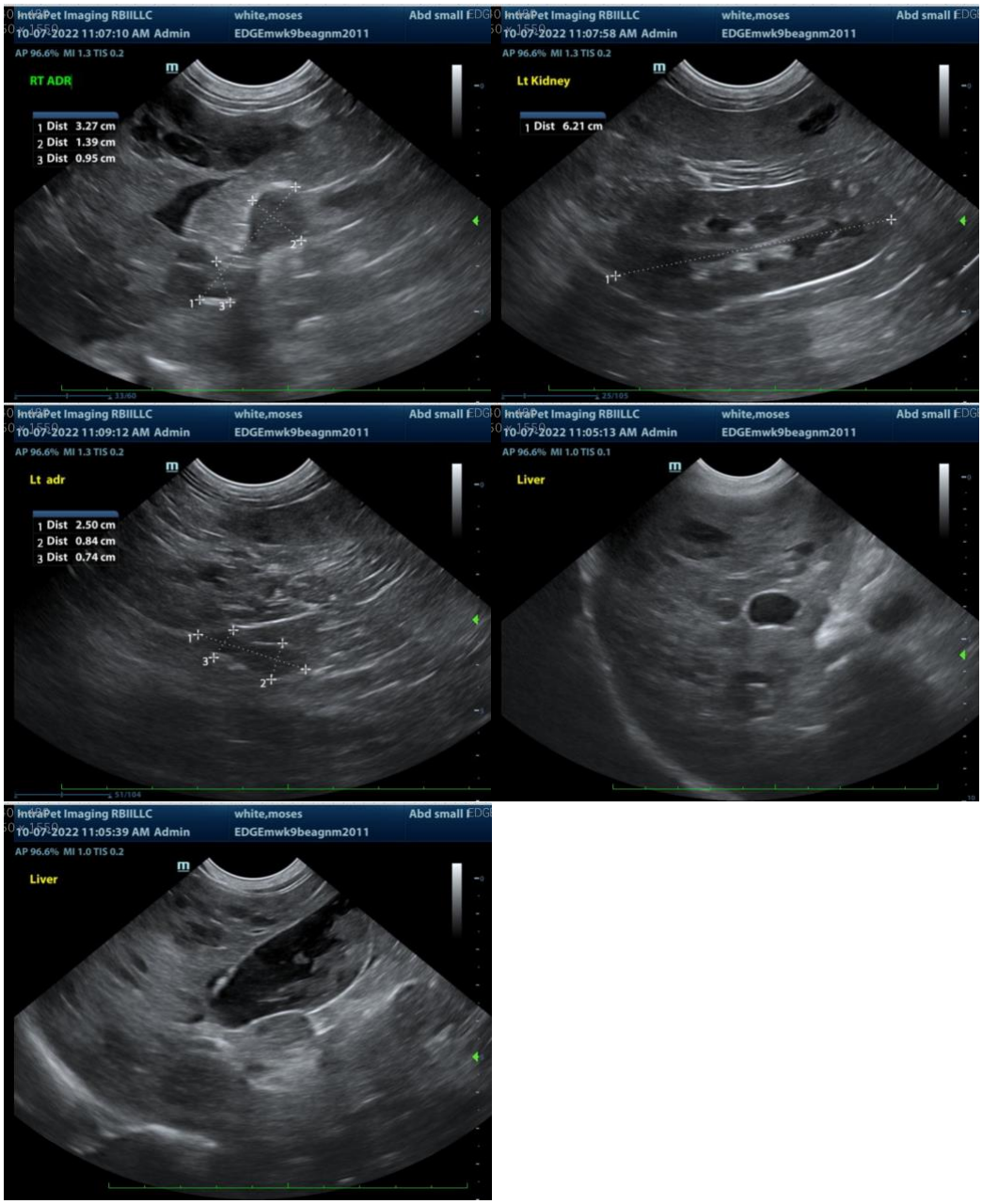
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 5.99 cm



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

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