IMAGING PERFORMED BY

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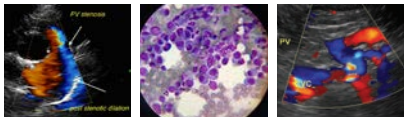

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/2/22

PATIENT

Baily Egan

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

6/17/07

WEIGHT

33 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Advanced Vet Complex

REFERRING VET

Dr. Benson

INVOICE

42501

PRESENTING CLINICAL SIGNS

Chronic weight loss, little appetite, history of mast cell tumors. Fever of 103.2. Weight loss of 9lbs within 12 months.

Current Medications: Mirtazapine 7.5mg- Give 1 tablet by mouth daily to stimulate appetite. Simplicef 200mg- Give 1 tablet once daily in AM after food.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (5.3 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. Small cortical cysts noted.

The left kidney is normal in size (4.91 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. Small cortical cysts noted.

Adrenal Glands

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogenicity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The right adrenal gland measures 2.25 cm long x 0.63 cm at the cranial pole and 0.70 cm at the caudal pole. The left adrenal gland measures 2.7 cm long x 0.72 cm at the cranial pole and 1.0 cm at the caudal pole.

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. The right caudal liver contains a heterogeneous/mixed, iso- to slightly hypoechoic vascular mass measuring 7-8 cm x almost 5.0 cm. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a scant amount of anechoic free fluid noted.

There is no apparent lymphadenopathy noted in these images.

No evidence of pericardial disease or heart base tumors noted in the images provided.

PRIMARY FINDINGS

- **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.
- **Heterogeneous liver mass –** Concerning for infiltrative neoplasia such as primary hepatocellular carcinoma versus sarcoma or even round cell neoplasia such as mast cell tumor, given this patient's history and the concurrent splenic changes.
- Scant amount of anechoic free fluid noted

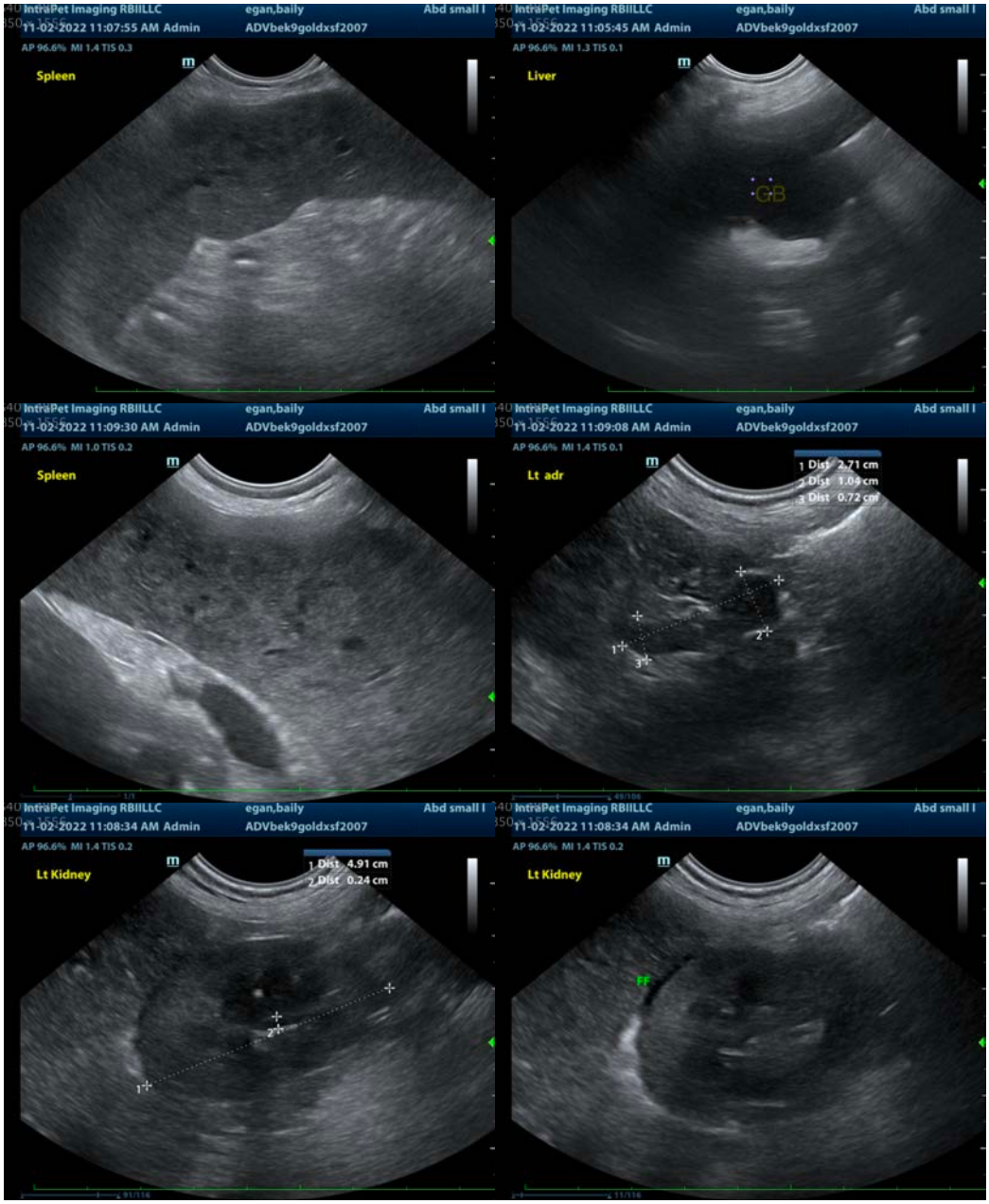
SECONDARY FINDINGS

- Age related adrenal changes
- **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.

A fine needle aspirate of the spleen and the liver mass is recommended if patient's coagulation status is appropriate. Pre-medication with diphenhydramine is recommended, given the patient's history of mast cell tumors.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Abd small I
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Spleen
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Spleen
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Lt adr
1 Dist 2.71 cm
2 Dist 1.04 cm
3 Dist 0.72 cm
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AP 96.6% MI 1.4 TIS 0.2
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AP 96.6% MI 1.4 TIS 0.2
Lt Kidney
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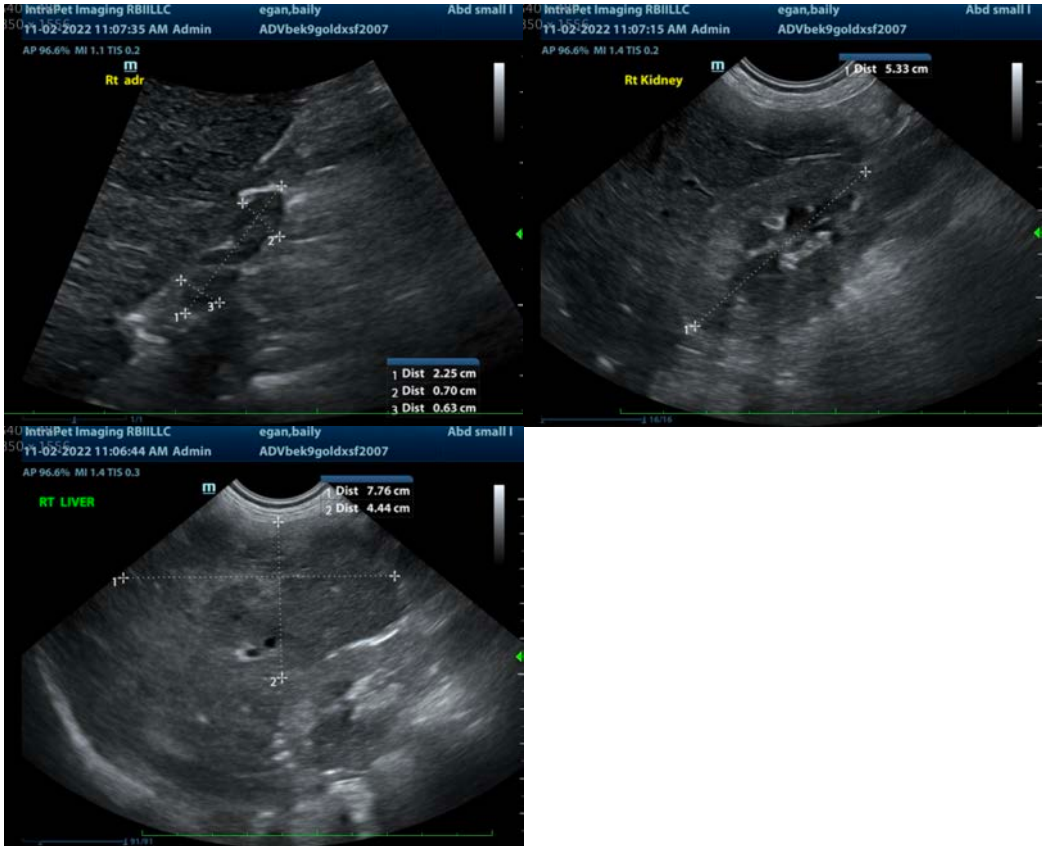

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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