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DATE PRESENTING CLINICAL SIGNS

11/9/22 Patient diagnosed with subcutaneous hemangiosarcoma May 2022, probable mass palpated in left-mid abdomen. Probable metastasis to lungs

PATIENT

Byron McCullough

Current Medications: Prednisolone 2.5mg minimelt- Give 1 tablet daily.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

9/4/09

WEIGHT

11.15 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Advanced Vet Complex

REFERRING VET

Dr. Benson

INVOICE

42674

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measured 4.18 cm and the left kidney measured 3.9 cm.

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.47 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is large with a swollen and scalloped/undulating capsular contour caused by multifocal coalescing heterogeneous, cavitated nodules and masses throughout the parenchyma.

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. No focal lesions are observed. Incidental intrahepatic biliary mineral is noted. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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

A scant amount of anechoic free fluid is noted.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

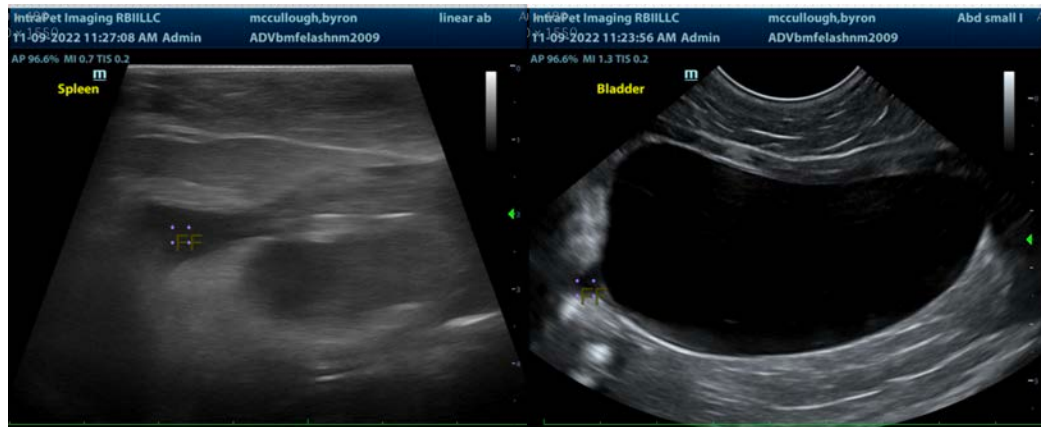
- Multifocal heterogeneous cavitated splenic masses – most concerning for metastatic hemangiosarcoma, given this patient’s history, with free fluid concerning for possible hemoabdomen.

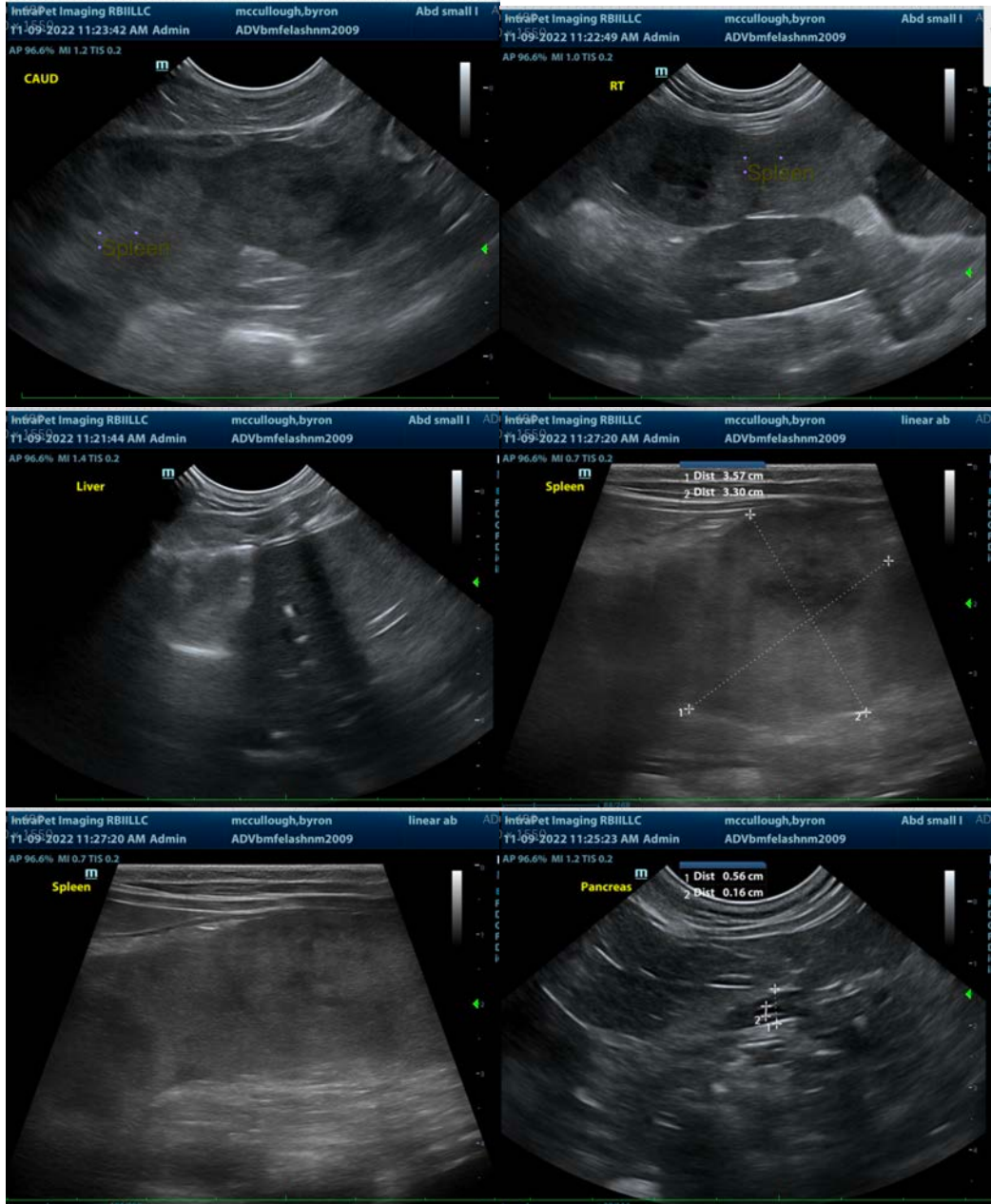
SECONDARY FINDINGS

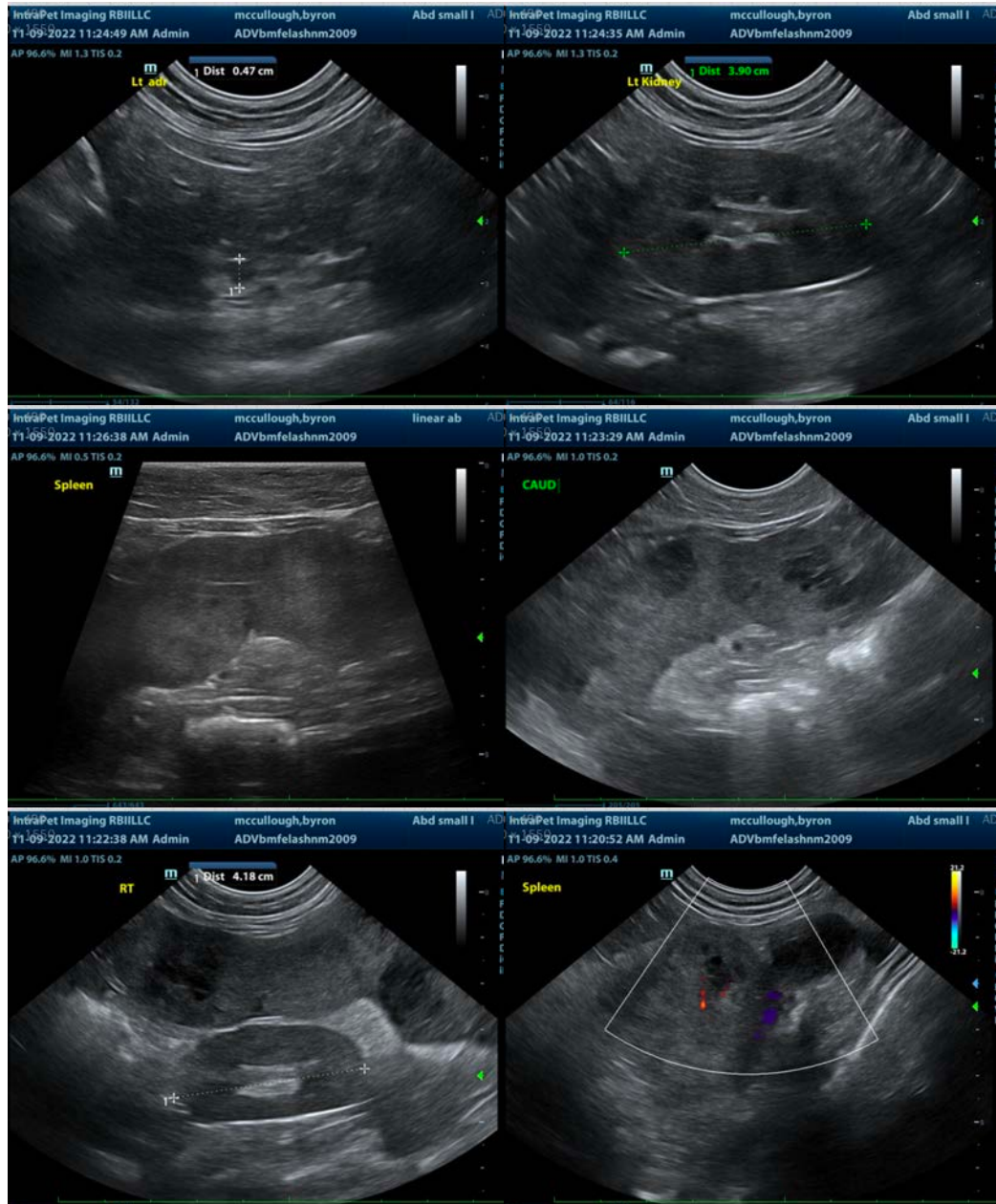
- Incidental intrahepatic biliary mineral and age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An exploratory laparotomy for splenectomy could be considered, given the presence of free fluid/concern for a possible hemoabdomen. However, given this patient’s reported suspicion of pulmonary metastatic disease, consultation with an oncologist regarding other treatment options, prognosis, etc. may be a more fruitful approach.







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.

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