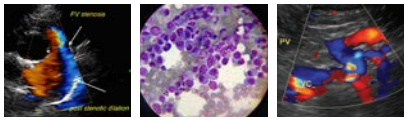
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/17/22

PATIENT

Tessa Holt

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

5/31/05

WEIGHT

52 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Healing Paws VWC

REFERRING VET

Dr. Levitsky

INVOICE

35741

PRESENTING CLINICAL SIGNS

History: Dog having issues with arthritis along with urinary/fecal incontinence. U/S at ER on 7/21 revealed cavitated splenic mass. Dog has been stable except for normal aging dog issues. O. interested to see status of mass and if any other organs are affected.

Current Medications: Galliprant 60 mg 1 po sid, Herbal supplements.
Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 4.9 cm. The right kidney measured 4.84 cm.

Adrenal Glands

The right adrenal gland is normal in size (2.47 cm long x 1.07 cm at the cranial pole and 0.89 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.41 cm long x 0.82 cm at the cranial pole and 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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). A 7.0 cm x 8.0 cm mixed, primarily hyperechoic mass extending from the tail of the spleen is noted, causing a capsular bulge. Splenic vasculature appears normal.

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. Visible vasculature and biliary tree appear normal without distension or congestion.

GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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 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 (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 no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

No pericardial effusion noted in the provided images.

ULTRASONOGRAPHIC FINDINGS

- Mixed, hyperechoic, capsule disrupting splenic mass – Differentials for which include infiltrative neoplasia primarily with both sarcoma and round cell neoplasia being possible. Benign splenic lesion such as hematoma or extramedullary hematopoiesis can mimic malignant lesions, and cannot be ruled out, but are considered less likely.

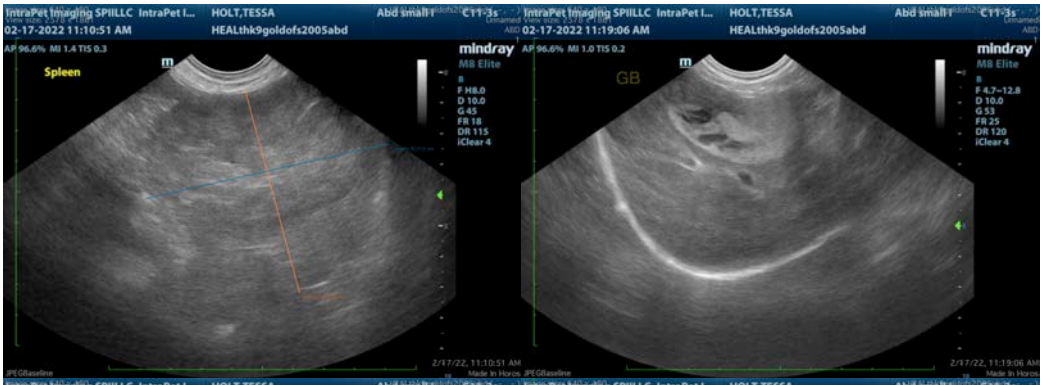
- GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a urinalysis if not recently evaluated due to the reported azotemia and the kidney changes on ultrasound. If there is protein in the urine and an otherwise quiet sediment, a urine protein to creatinine ratio would be recommended to quantify the protein. Blood pressure is also recommended to further assess kidney disease. 3-view thoracic radiographs are recommended if not recently evaluated to further assess cardiopulmonary status and look for evidence of metastatic disease.

Finally, a fine needle aspirate of the splenic mass could be considered if patient's coagulation status is appropriate, realizing a risk for hemorrhage when aspirating the splenic mass. However, given the primarily solid versus cavitated appearance of this mass, a fine needle aspirate is considered reasonable. Other options without a fine needle aspirate include going directly to surgery for a splenectomy for an excisional biopsy as well as to reduce the future risk of hemoabdomen. If surgery is elected, the gallbladder should be assessed at the time of surgery, and removed if indicated.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Spleen
mindray M8 Elite

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GB
mindray M8 Elite


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Liver
GB
mindray M8 Elite

IntraPet Imaging SPIILLC IntraPet I... HOLT,TESSA Abd small I C11-3s
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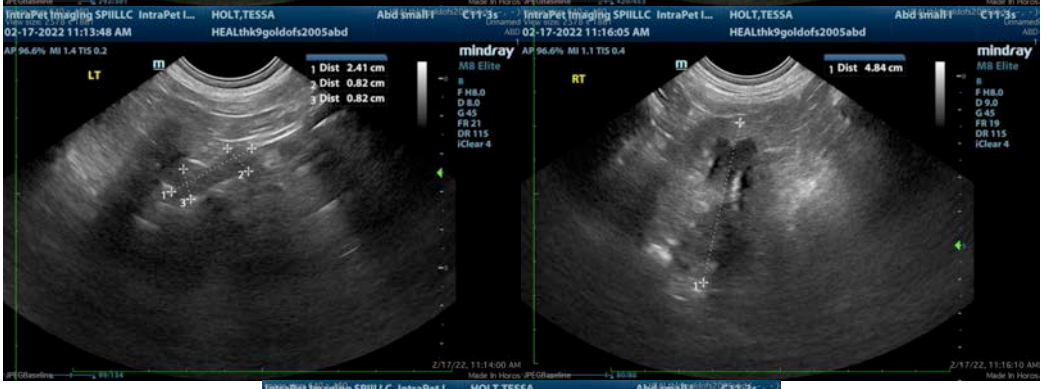
RT
1 Dist 2.47 cm
2 Dist 0.89 cm
3 Dist 1.07 cm
mindray M8 Elite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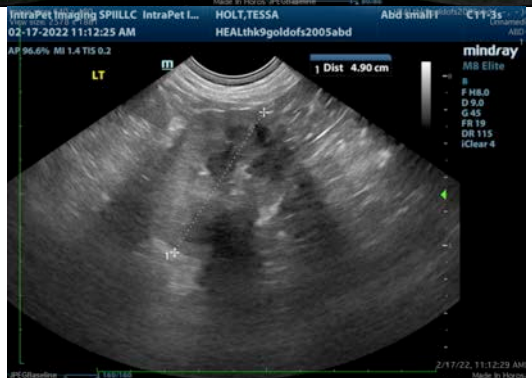
LT
1 Dist 2.41 cm
2 Dist 0.82 cm
3 Dist 0.82 cm
mindray M8 Elite

IntraPet Imaging SPIILLC IntraPet I... HOLT,TESSA Abd small I C11-3s
02-17-2022 11:16:05 AM HEALthk9goldofs2005abd
RT
1 Dist 4.84 cm
mindray M8 Elite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02-17-2022 11:12:25 AM HEALthk9goldofs2005abd
LT
1 Dist 4.90 cm
mindray M8 Elite

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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