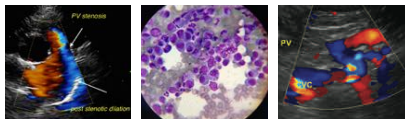
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/7/22

PATIENT
Maggie Kittle

SPECIES
Canine

BREED
Toy Poodle

SEX
Spayed Female

AGE
7/1/10

WEIGHT
7.56 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Everhart VH

REFERRING VET
Dr. DelFavero

INVOICE
95847

PRESENTING CLINICAL SIGNS

History: Hx: lung lobe torsion 2013, surgical removal of rectal polyp October 2021. P presented on 2/3/2022 for rectal inflammation. O also noted chronic cough. PE 02/03/2022: BAR, mm pk/moist, CRT < 2 sec, eupneic, NO heart murmurs auscultated, possible mid-abdominal mass palpated on abdominal palpation; possible rectal mass palpated on rectal; chest x-rays sent to radiologist for review - pleural effusion.
Current Medications: started on 02/03/2022: 2.5mg Prednisone BID, Clavamox drops BID.
Lab Results: to be completed day of echo.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (3.54 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.5 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (1.72 cm long x 0.44 cm at cranial pole and 0.47 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.43 cm long x 0.51 at cranial pole and 0.46 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. A hypoechoic, homogenous nodule measuring 1.0 x 0.6 cm was noted in the mid body. This nodule did not disrupt the capsule. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged. Margins are smooth, but round. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness and layering. In the area of the pylorus there is a heterogenous and hyperechoic, pedunculated mass measuring 1.7 x 2.5 cm and extended into the lumen of the pylorus. The stomach is moderately to markedly fluid distended. This is suggestive of an outflow obstruction caused by the pyloric mass.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

The pancreas is visible with a normal, smooth contour. There is no visible pancreatic duct dilation and no evidence of active peri-pancreatic inflammation. The pancreas is mildly heterogenous and mildly hypoechoic to the surrounding tissue.

Free Abdomen

There was no appreciable lymphadenopathy. Bicavitary effusion was noted.

Other

Suspected cystic ovarian tissue was noted in the area of the right ovary. The uterine stump is enlarged and heterogenous in appearance with a cystic nodular heterogenous appearance.

ULTRASONOGRAPHIC FINDINGS

Pyloric mass. Differentials for which include both benign polyps as well as infiltrative neoplasia. At least partial gastric outflow is suspected based on fluid distension of stomach.

Hepatomegaly. Differentials for which include benign steroid or endocrine hepatopathy or reactive or idiopathic hepatopathy, infiltrative neoplasia such as round cell neoplasia is considered possible, but less likely.

Hypoechoic splenic nodule, differentials for which include benign nodular hyperplasia, or extramedullary hematopoiesis. However, infiltrative neoplasia can mimic benign lesions and cannot be ruled out.

Heterogenous, distended cystic uterine stump. Differentials for which include cystic endometrial hyperplasia or pyometra versus infiltrative neoplasia. Given the presence in these images of suspected right ovary it is uncertain whether the report that this patient is spayed is inaccurate or if there was an ovarian remnant (or similar appearing cystic tissue in the area of the ovary) left behind at the time of the spay resulting in uterine changes.

Bicavitary effusion.

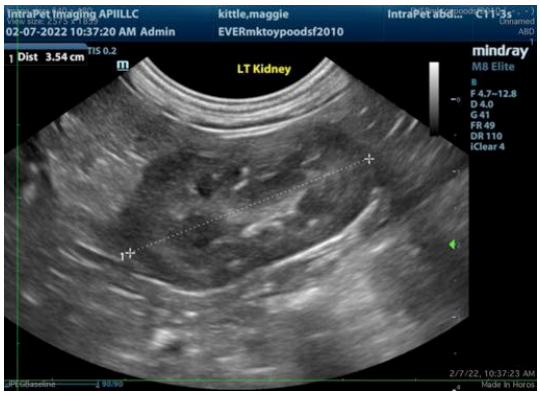
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

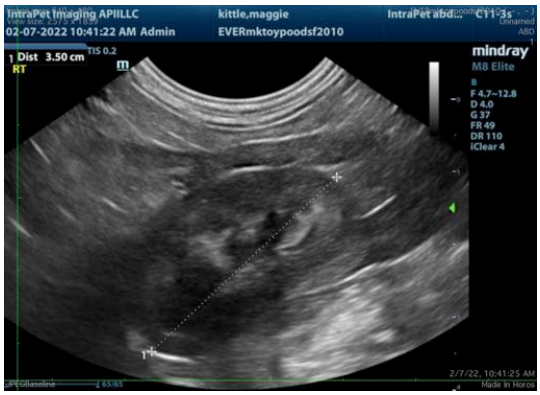
Recommendations for this patient given the bicavitary effusion include an echocardiogram which is reportedly pending as well as baseline lab work including CBC, serum chemistry panel, electrolytes and urinalysis to investigate potential causes of the fluid such as decreased oncotic pressure from low albumin. Given the multi-focal changes however, infiltrative neoplasia is considered possible and therefore fluid analysis for cytology +/- culture is also recommended.

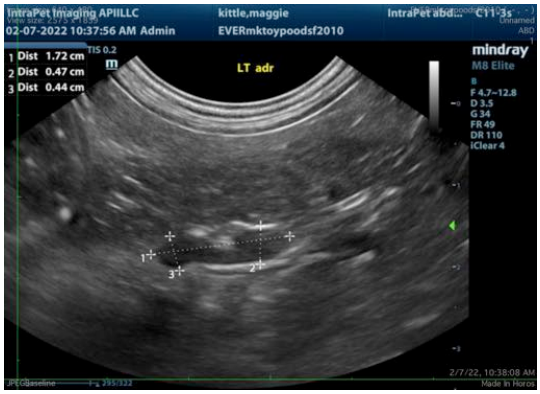
A FNA of the pyloric mass is recommended if the patient's coagulation status is appropriate. A FNA of the splenic nodule is also recommended if the patient's coagulation status is appropriate.

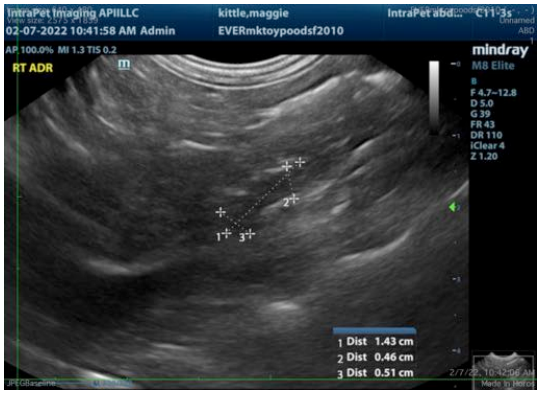
Further evaluation of the uterus should be made based on whether or not this patient has truly been spayed

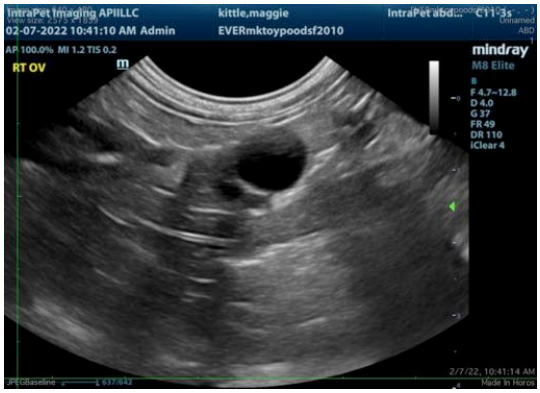
any clinical signs or a potential pyometra. Surgical removal of the uterus/uterine stump and/or biopsy of the abnormal tissue may be necessary to definitive determine the pathology present.

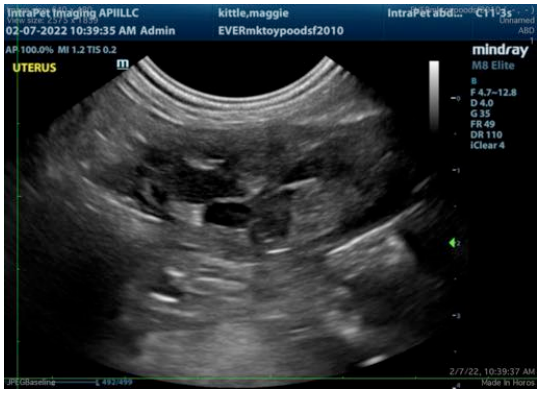








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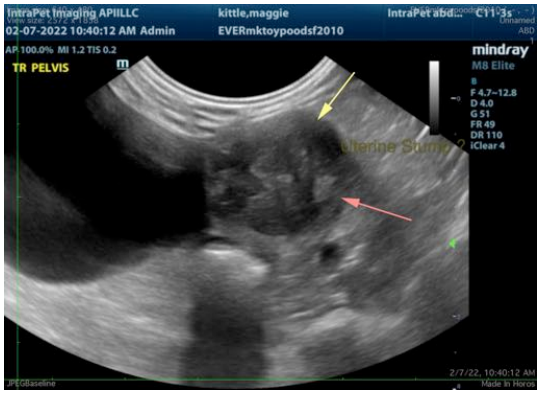
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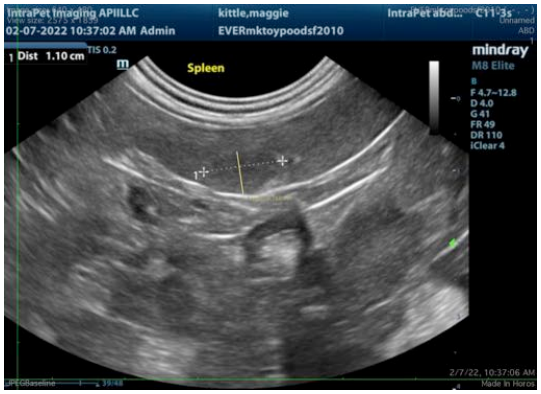
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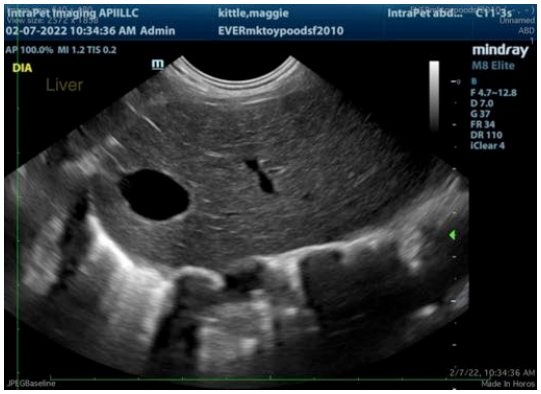
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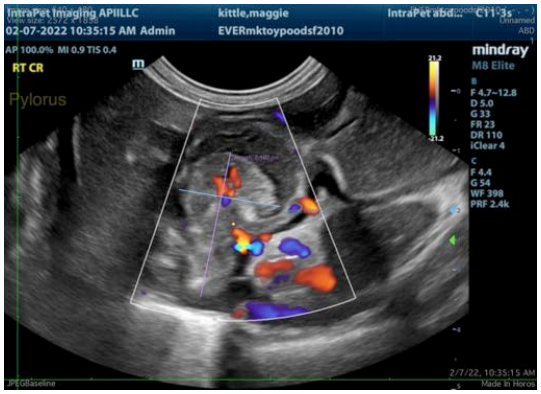
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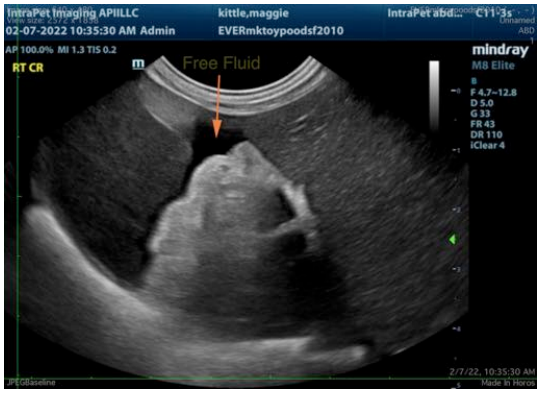

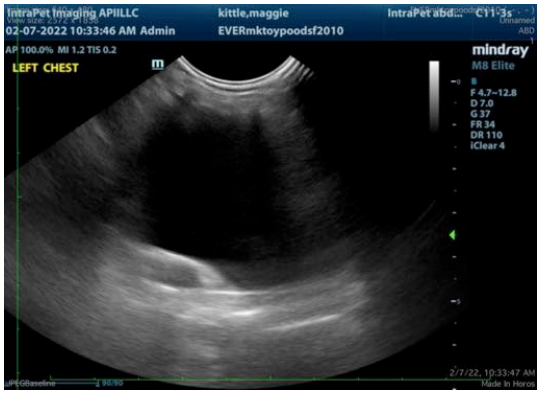

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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