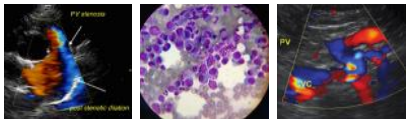
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/10/23

PATIENT

Penny Remines

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

4/9/11

WEIGHT

59.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospial

REFERRING VET

Dr. Martinoli

INVOICE

21929

PRESENTING CLINICAL SIGNS

History: About 3 years ago had multiple masses removed; were MCT but margins were excellent. (Saw an oncologist in Pa.) Has been doing well, no clinical signs, still eating and drinking normally. Today she came in from outside, sat down, and when she got up there was a large amount of fresh blood with a clot (saw pic); owner let her outside and she then dripped more blood. Has had normal stool before that.

Current Medications: Omeprazole.
Radiographs: No obvious masses or chest mets seen.
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 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.

Left kidney is normal is size (6.63 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.

Right kidney is normal is size (6.83 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.

Adrenal Glands

Left adrenal gland is normal in size (1.93 cm long x 0.5 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (3.03 cm long x 0.76 cm at cranial pole and 0.98 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild to moderate 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.

Just dorsal to the urinary bladder, there is a 2.3 cm x 1.3 cm heterogenous hypoechoic focal thickening/mass associated with the external colonic wall. The remainder of the colon appears normal with normal contents.

Pancreas
The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion. A 1.4 cm x 1.1 cm hypoechoic heterogenous cranial abdominal (pancreaticoduodenal) lymph node is present.

Other
There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A focal colonic mass, concerning for infiltrative neoplasia, such as round cell neoplasia vs other. A benign inflammatory lesion is possible but considered less likely.
- Hypoechoic hepatomegaly
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Cranial abdominal lymphadenopathy could represent reactive lymphadenopathy but infiltrative neoplasia cannot be ruled out without tissue sampling.

Secondary Findings

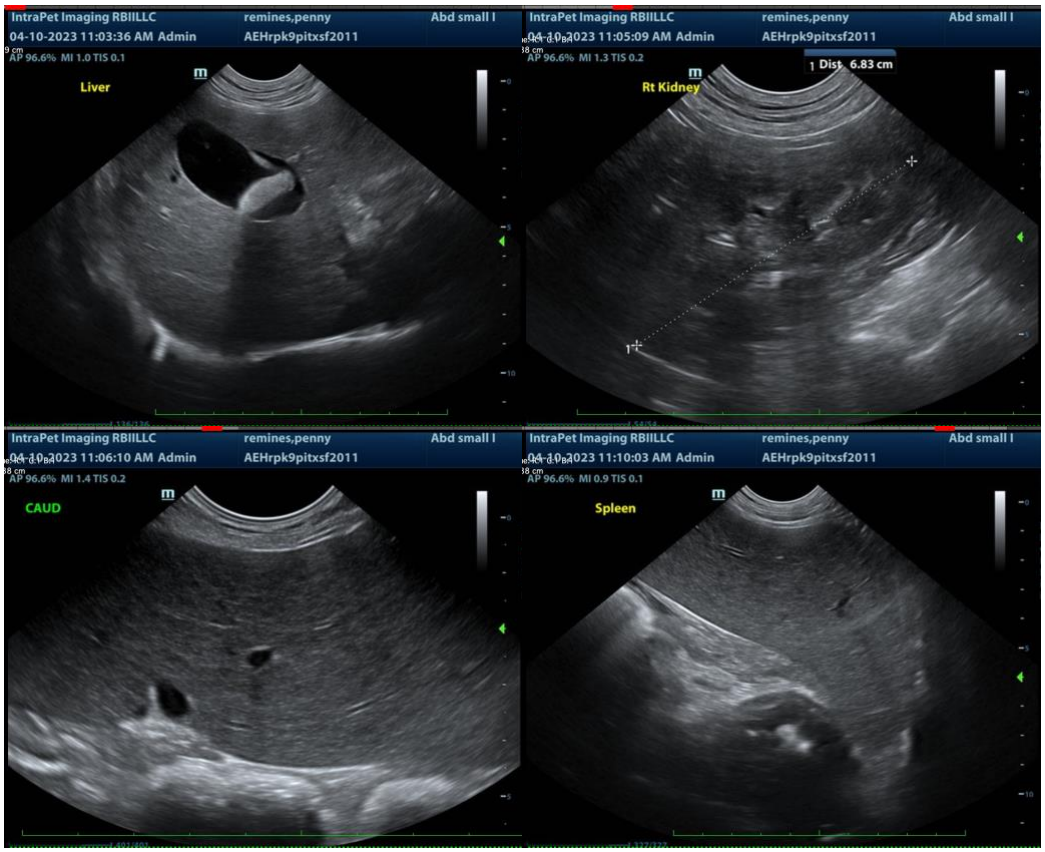
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

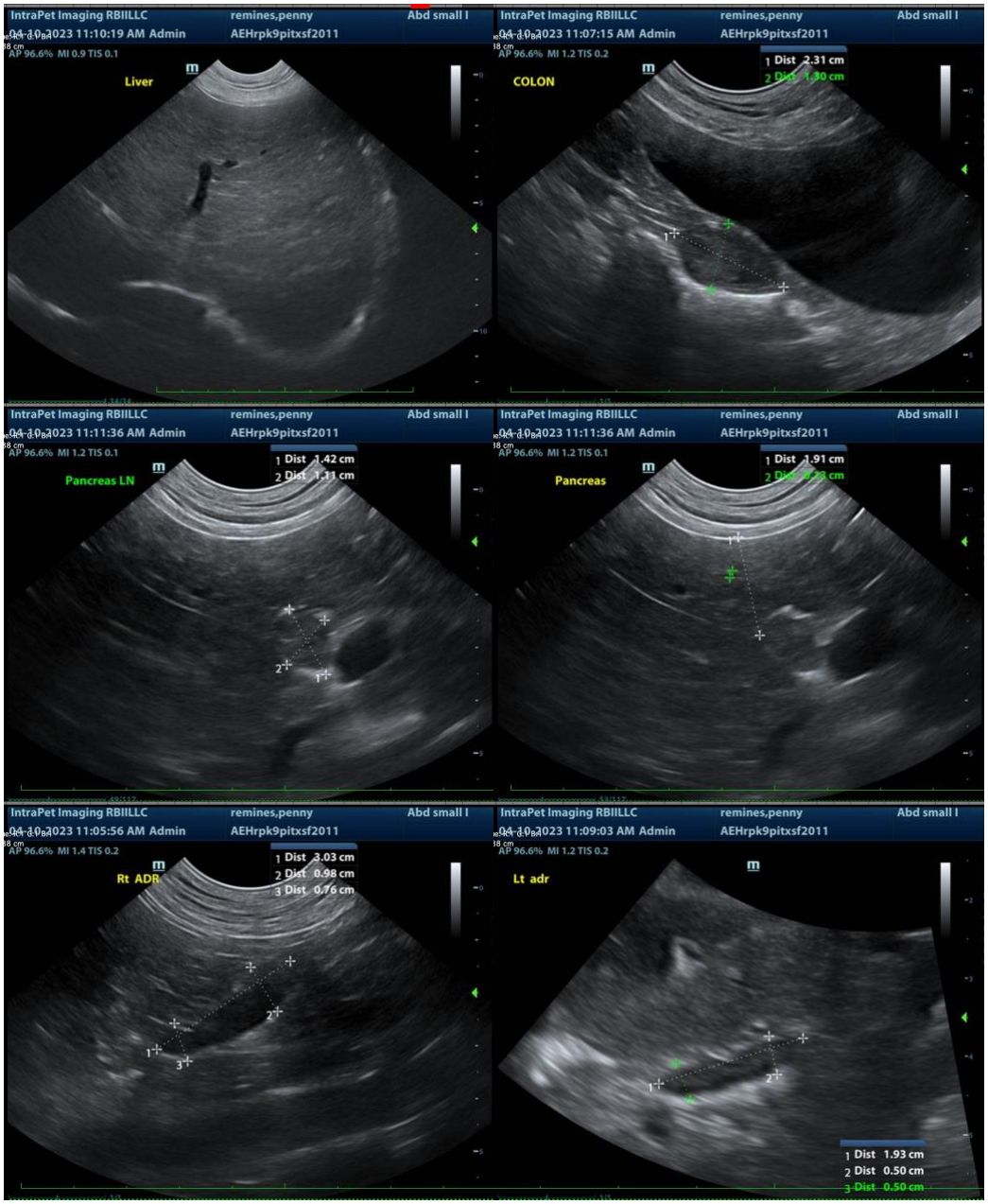
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 colonic wall mass is recommended if it can safely be reached and if patients coagulation status is appropriate.

Additionally, given the history of mast cell tumor, fine needle aspirates of the liver and spleen could be considered. Premedication with diphenhydramine is recommended.

If a diagnosis cannot be obtained cytologically, colonoscopy could be considered, however, it is unable to be determined definitively if the mass communicates with the lumen, so colonoscopy may/may not be definitively diagnostic as well, in which case, if it's not, surgical biopsy may be the only way to obtain a diagnosis.

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remines,penny
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Liver
IntraPet Imaging RBIILLC
remines,penny
Abd small I
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AP 96.6% MI 1.2 TIS 0.2
COLON
1 Dist 2.31 cm
2 Dist 1.30 cm
IntraPet Imaging RBIILLC
remines,penny
Abd small I
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Pancreas LN
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2 Dist 1.11 cm
IntraPet Imaging RBIILLC
remines,penny
Abd small I
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Rt ADR
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3 Dist 0.76 cm
IntraPet Imaging RBIILLC
remines,penny
Abd small I
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Lt adr
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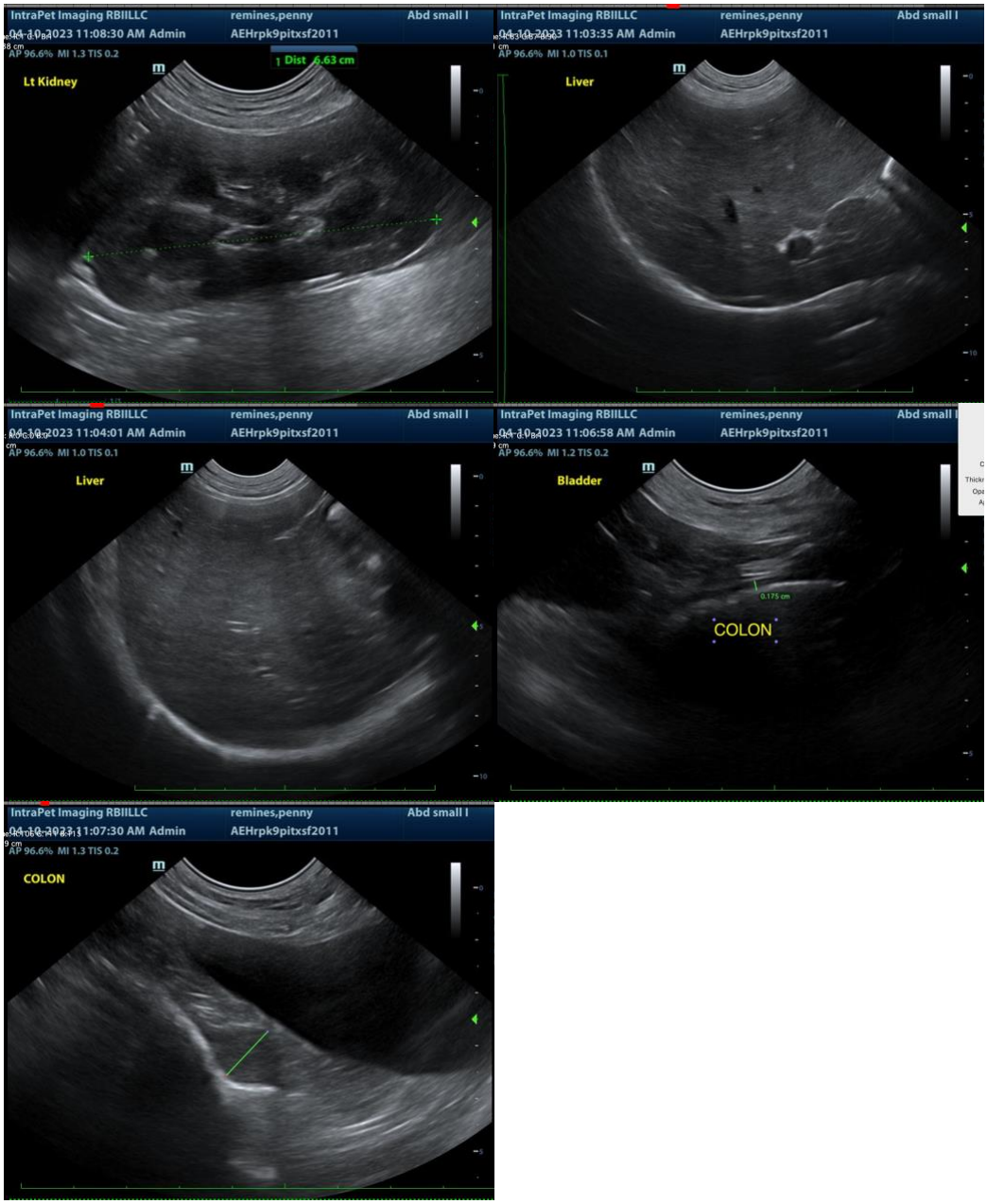
3 Dist 0.50 cm



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
Beth.Johnson@SonoPath.com