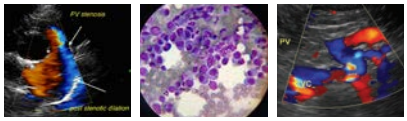
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

4/18/23

PATIENT

Ginger Thomson

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

4/27/12

WEIGHT

53.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Lentz

INVOICE

46738

PRESENTING CLINICAL SIGNS

Worsening anemia.

Current Medications: Prednisolone 20mg BID, Doxycycline 200mg BID.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (7.11 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.

The left kidney is normal in size (7.23 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

The right adrenal gland is normal in size (2.52 cm long x 0.82 cm at the cranial pole and 0.64 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 (2.04 cm long x 0.68 cm at the cranial pole and 0.64 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 0.40 cm x 0.60 cm hypo- to anechoic non-capsule disrupting nodule is noted near the head of the spleen. 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. Several discrete focal hyperechoic nodules are noted, primarily in the right liver. One measures 1.2 cm x 1.7 cm in size and one measures 2.8 cm x 3.2 cm in size. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as 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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Diffusely, 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. However, focally, in the mid caudal abdomen, there is a loop of bowel that contains a heterogeneous, hypoechoic, vascular 1.0 cm x 2.0 cm in size intraluminal mass.

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

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

- **Intraluminal small bowel mass** – concerning for infiltrative neoplasia. However, benign, inflammatory, parasitic, or infectious lesion, etc. cannot be definitively ruled out but is considered less likely.

- **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.

- **Liver nodules –** Differentials for discrete liver nodules include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

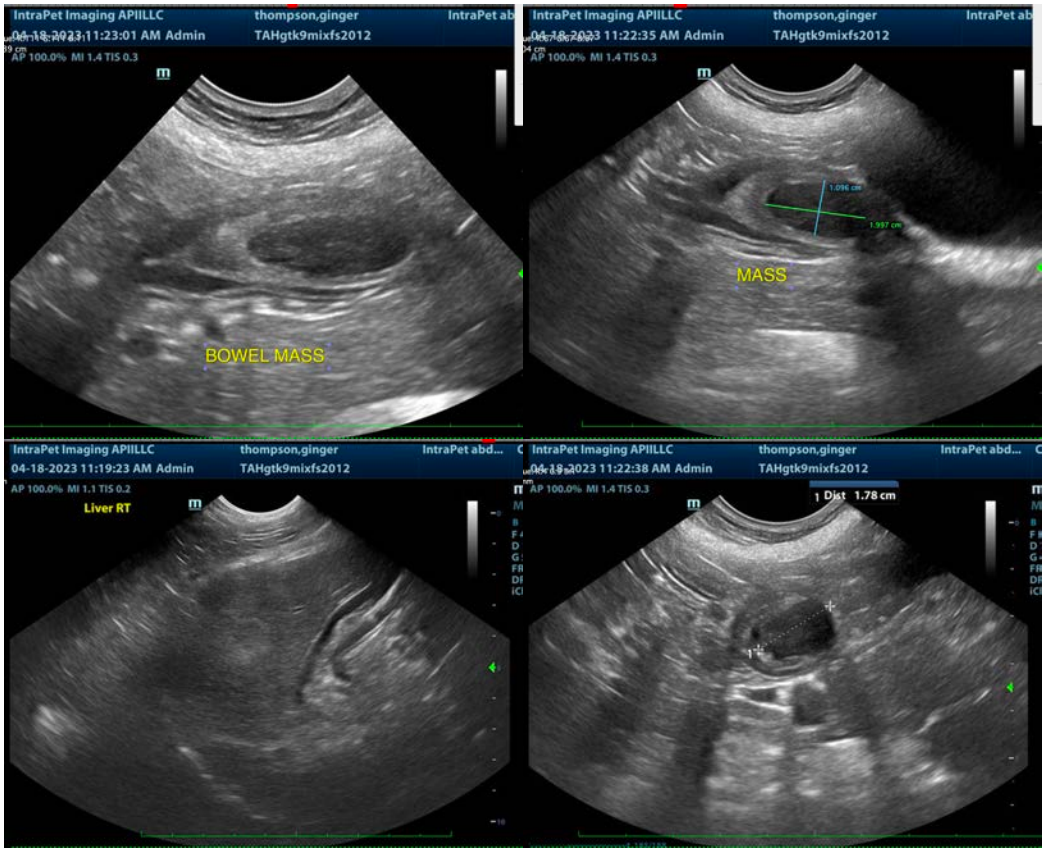
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

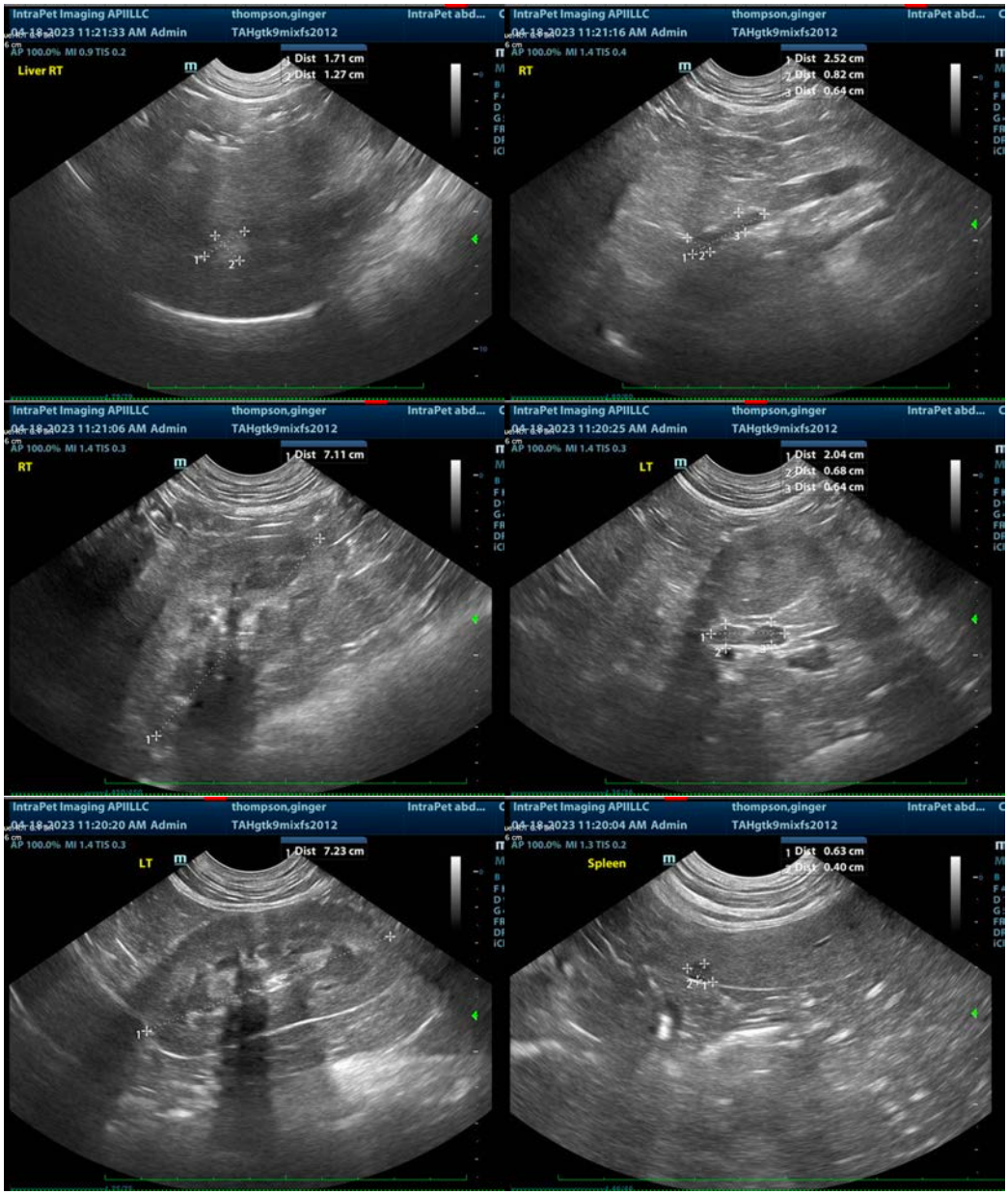
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of the bowel mass, there is concern for possible hemorrhage versus hemolysis contributing to this patient's anemia if the bowel mass is bleeding, especially if clinical signs such as melena and/or frank blood in the stool support that theory. Concurrent hemolysis or hemolysis secondary to the underlying bowel disease is also possible. Recommendations include:

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 bowel mass could be considered if patient's coagulation status is appropriate, or alternatively, especially if the bowel mass is believed to be bleeding, an exploratory laparotomy for bowel mass removal/resection and anastomosis could be considered.

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thompson,ginger
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Liver RT
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2 Dist 1.27 cm
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thompson,ginger
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RT
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2 Dist 0.82 cm
3 Dist 0.64 cm
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LT
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2 Dist 0.68 cm
3 Dist 0.64 cm
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04-18-2023 11:20:20 AM Admin
TAHgtk9mixfs2012
AP 100.0% MI 1.4 TIS 0.3
LT
1 Dist 7.23 cm
IntraPet Imaging APIILLC
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IntraPet abd...
04-18-2023 11:20:04 AM Admin
TAHgtk9mixfs2012
AP 100.0% MI 1.3 TIS 0.2
Spleen
1 Dist 0.63 cm
2 Dist 0.40 cm

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
Beth.Johnson@sonopath.com