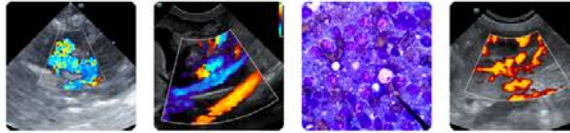


DATE
4/2/26

PATIENT
Molly Reynolds

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
4/30/12

WEIGHT
79 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Harborside Mobile Veterinary Clinic

REFERRING VET
Dr. Hawkins

INVOICE
74190

PRESENTING CLINICAL SIGNS

Patient History: CC: pu/pd, restless at night. History: underwear removed 10/04/21. Stomach biopsied - confirmed ulceration. running of the bowel revealed a mass on cecum - it was biopsied at that time. Confirmed to be cancer. Pet had bowel resection Nov 2021 - Cecal GI stromal tumor removed. PE: 15 pound weight loss. Cachectic look to entire body.

Current Medications: 30 mg Librela as needed for arthritis. Patient did get two doses within one month of each other (2/4 and 3/12) - had some urinary incontinence and diarrhea overnight March 21st. Owner wanted the second dose given b/c they were going away on vacation. 500 mg metronidazole BID since March 24 for diarrhea.
Labwork Results: Labwork attached, reported as: Chem: WNL. CBC: Ever so slight non-regenerative anemia. T4: normal
Date of Previous IntraPet Ultrasound: 10/3/21. See attached.
Sedation: Dex/Torb.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (6.89 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 is 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 (0.60 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.58 cm at cranial pole and 0.61 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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), except for in the cranial aspect of the spleen where there is a 1.2 cm x 2.0 cm homogeneous, slightly hypoechoic, expansive, non-disruptive nodule, as well as a 2nd slightly larger 2.4 cm x 2.8 cm homogeneous, isoechoic, expansive non-disruptive mass near the caudal aspect 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. No focal lesions are observed. 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 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, visualization is partially inhibited by gas.

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

- Differentials for the splenic nodules include benign nodular hyperplasia, extramedullary hematopoiesis, other inflammatory changes, etc., as well as infiltrative neoplastic lesions including metastatic nodules, a new or different neoplasia from that previously diagnosed versus other, and can't be differentiated without tissue sampling.

- Mild 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported PU/PD, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A blood pressure is also recommended if not recently evaluated.

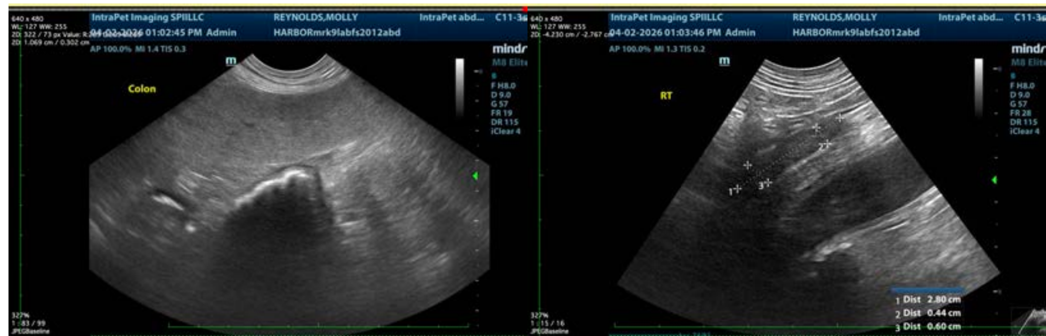
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

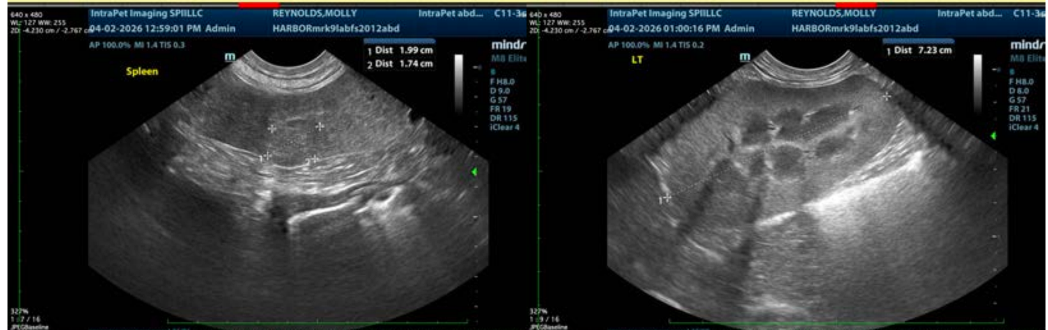
Fine needle aspirates of the splenic nodules are recommended if patient's coagulation status is appropriate.

In the meantime, further workup of the reported weight loss is largely dependent on patient's daily caloric intake. Therefore, if not already evaluated, a thorough evaluation of daily caloric intake is recommended to assure an adequate daily caloric intake is occurring vs an inadvertent reduction in calories due to change in diet and/or feeding schedule, competitive eating environment, etc.

If daily calories are normal or even increased, then further evaluation of digestion and absorption is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

Pending results of above, further evaluation for possible pain (dental, orthopedic, other), upper respiratory disease or oropharyngeal disease, cardiac disease and/or neurologic disease vs other as possible causes for decreased appetite and/or unintentional weight loss is also recommended.

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REYNOLDS,MOLLY
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Spleen
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2 Dist 1.74 cm
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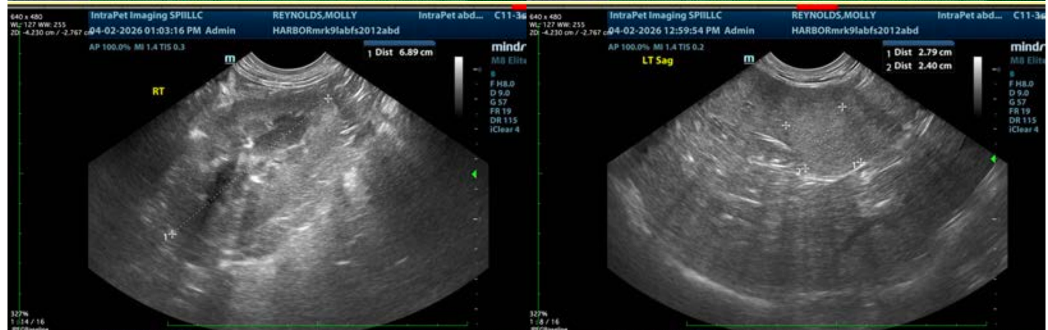
LT
1 Dist 7.23 cm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RT
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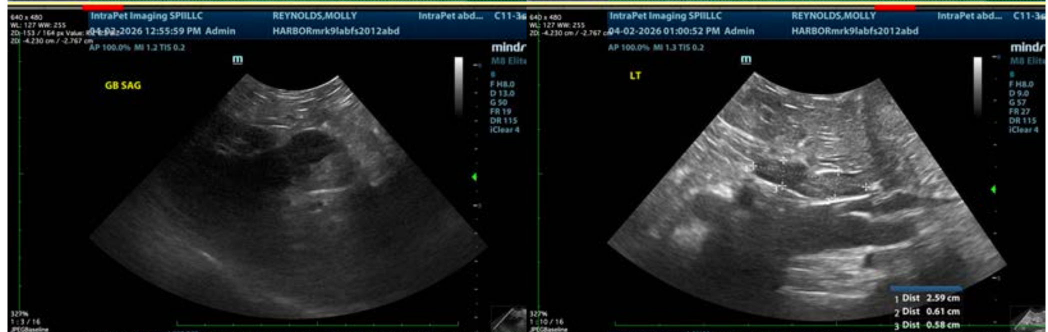
HARBORmrk9labfs2012abd
LT Sag
1 Dist 2.79 cm
2 Dist 2.40 cm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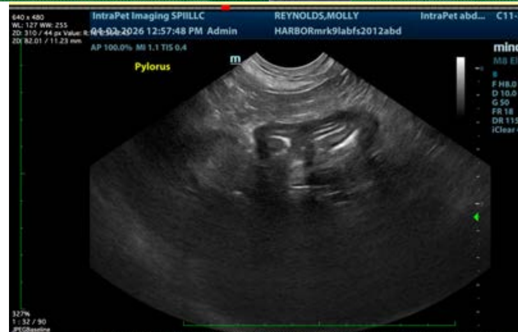
LT
1 Dist 2.59 cm
2 Dist 0.61 cm
3 Dist 0.58 cm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Pylorus

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
info@sonopath.com