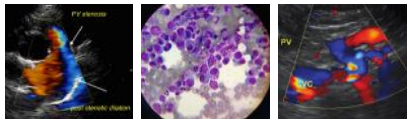
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

4/3/23

PATIENT

Cece Kirkpatrick

SPECIES

Canine

BREED

Brittany Spaniel Mix

SEX

Spayed Female

AGE

3/19/14

WEIGHT

42.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Burk

INVOICE

21842

PRESENTING CLINICAL SIGNS

History: PU/PD picky appetite doesn't finish dog food but likes treats. Panting more. BAR H + L clear decreased muscle mass large abdomen abdomen firm on palpation

Current Medications: Dasuquin.
Lab Results: WBC 18.8, Neut 16732, Mono 940, ALP 1164
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 Bladder

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 in size (6.21 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 in size (5.99 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 (2.62 cm long x 0.52 cm at cranial pole and 0.6 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.53 cm long x 0.85 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). An approximately 2.0 cm in diameter heterogenous primarily hypoechoic nodule is noted, resulting in a capsular bulge near the head of the spleen. Splenic vasculature appears normal.

Liver

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. *See Other section. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas is markedly prominent/enlarged in size, hypoechoic to surrounding tissue, irregular in shape, with a swollen undulating contour and heterogenous coarse parenchyma. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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

In the mid cranial abdomen, there is a large (8.5 cm x 13.5 cm), expansive, heterogenous mass, that appears to originate from the mid to left caudal liver, and potentially involve the pancreas. However, pancreatic origin, extending to, and being visible adjacent to the liver, is also possible.

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

- A large, expansive, heterogenous cranial abdominal mass. This is suspected to originate from the liver; however, pancreatic origination can't be ruled out, and is highly suggestive/concerning for infiltrative malignant neoplasia. Benign differentials are possible but considered exceedingly less likely.
- The splenic nodule could present a concurrent benign lesion, such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however, a metastatic lesion can mimic benign lesions, and cannot be ruled out.
- Concurrent acute pancreatitis vs involvement of the pancreas from the cranial abdominal mass is also possible.

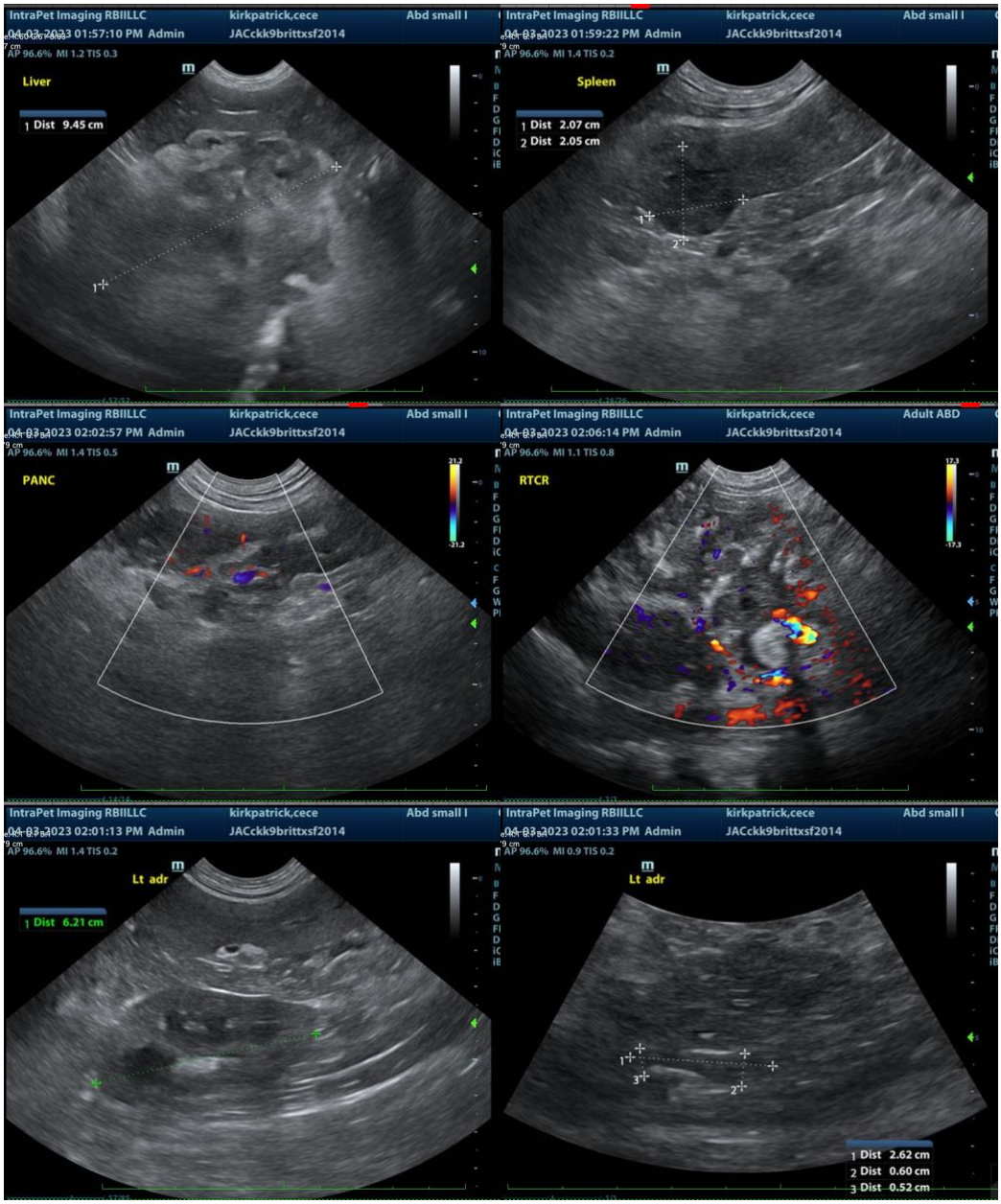
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

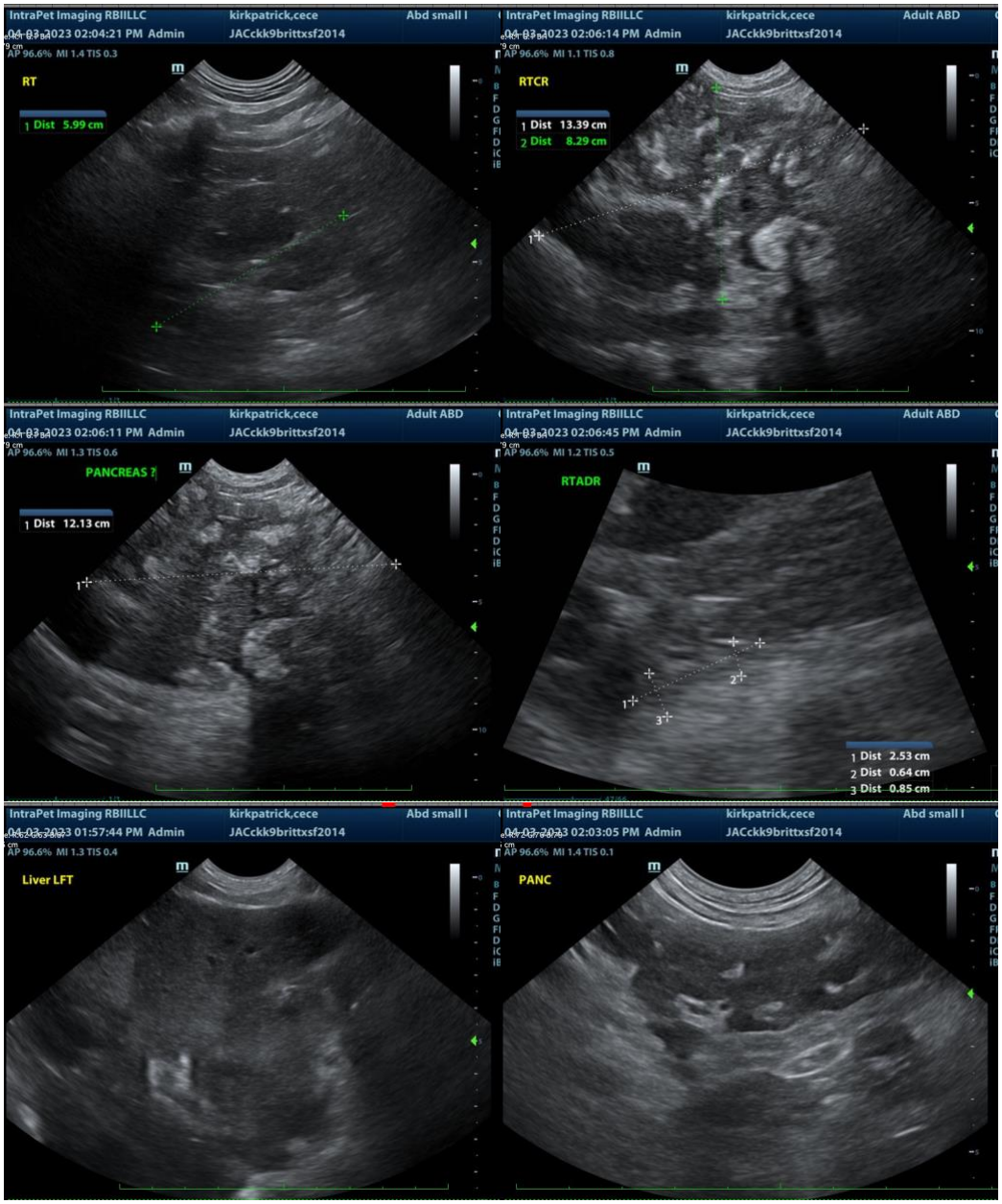
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

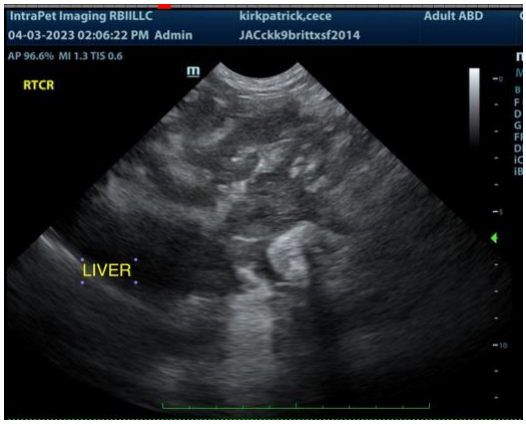
A fine needle aspirate of the cranial abdominal mass is recommended if patients coagulation statis is appropriate.

Alternatively, an exploratory laparotomy for planned excisional biopsy could be considered, however, given the lack of definitive tissue origination able to be determined here, a presurgical planning abdominal CT

scan would be recommended if surgery is elected.




IntraPet Imaging RBIILLC
kirkpatrick,cece
Abd small I
JACckk9brittxsf2014
AP 96.6% MI 1.4 TIS 0.3
RT
1 Dist 5.99 cm
IntraPet Imaging RBIILLC
kirkpatrick,cece
Adult ABD
JACckk9brittxsf2014
AP 96.6% MI 1.1 TIS 0.8
RTCR
1 Dist 13.39 cm
2 Dist 8.29 cm
IntraPet Imaging RBIILLC
kirkpatrick,cece
Adult ABD
JACckk9brittxsf2014
AP 96.6% MI 1.3 TIS 0.6
PANCREAS ?
1 Dist 12.13 cm
IntraPet Imaging RBIILLC
kirkpatrick,cece
Adult ABD
JACckk9brittxsf2014
AP 96.6% MI 1.2 TIS 0.5
RTADR
1 Dist 2.53 cm
2 Dist 0.64 cm
3 Dist 0.85 cm
IntraPet Imaging RBIILLC
kirkpatrick,cece
Abd small I
JACckk9brittxsf2014
AP 96.6% MI 1.3 TIS 0.4
Liver LFT
IntraPet Imaging RBIILLC
kirkpatrick,cece
Abd small I
JACckk9brittxsf2014
AP 96.6% MI 1.4 TIS 0.1
PANC



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