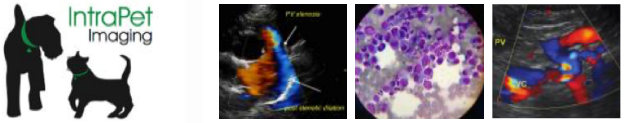
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5.8.2023

PATIENT

Bella Stran

SPECIES

Canine

BREED

CKC Spaniel

SEX

Spayed Female

AGE

12/2/2006

WEIGHT

l36.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Hess

INVOICE

12988

PRESENTING CLINICAL SIGNS

Hx of mammary adenocarcinoma 2019, splenic tumor noted on pre-dental exam and subsequent intrapet US 2/23/23.

Current Medications: None.
Radiographs: Last thoracic rads sept 2022 showed no evidence of metastasis.
Date of Previous IntraPet Ultrasound: 2/23/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 in size (5.06 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Pyelectasia present (0.54 cm in the transverse view). There is no evidence of mineral or infarcts observed.

Right kidney is normal in size (5.36 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

Adrenal glands are largely normal in size (Left 2.70 cm in length / 0.64 cm cranial / 0.71 cm caudal) (Right 2.23 cm in length / 0.67 cm cranial / 0.85 cm caudal), shape and contour. Some parenchymal heterogenicity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease.

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). A 1.80 x 2.00 cm heterogenous, primarily hypoechoic non-capsular-disrupting nodule near the head of the spleen is noted. 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. No focal lesions are observed. 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. Note the presence of several small shadowing cholecystoliths (the largest measuring just over 0.80 cm in size). 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 observed pancreas 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 evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

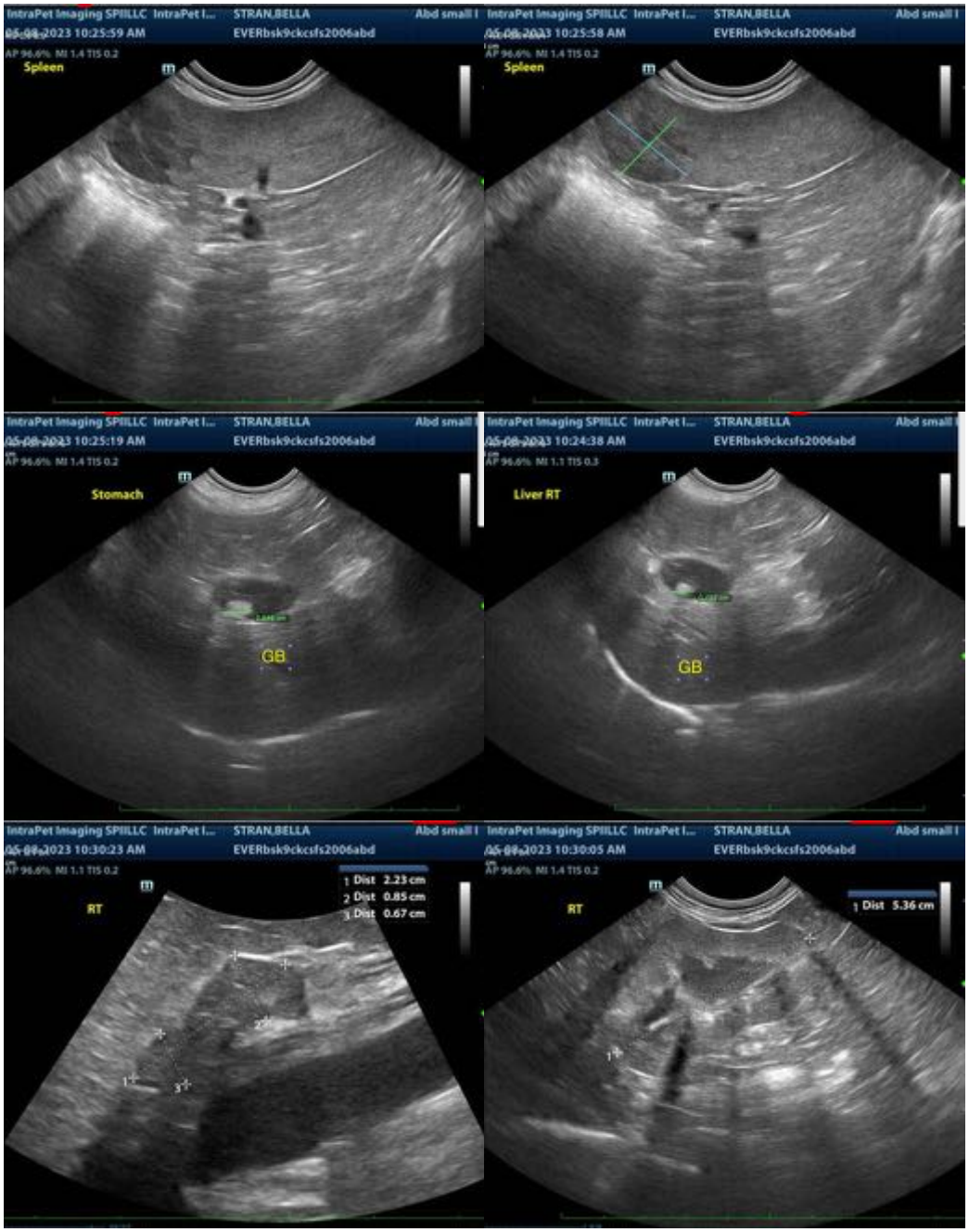
- The splenic nodule described above trends if not already performed towards benign, especially given the relatively static appearance since the previous ultrasound. Infiltrative/metastatic disease neoplasia can mimic benign lesions, and cannot be ruled out, but is consider less likely.

Secondary Findings

- Pyelectasia in the left kidney – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Age-related adrenal gland changes
- Incidental cholecystoliths within the gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine-needle aspirate of the splenic nodule could still be considered (if coagulation status of the patient is appropriate) or continued monitoring, given the lack of progression at this time, could be continued.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RT
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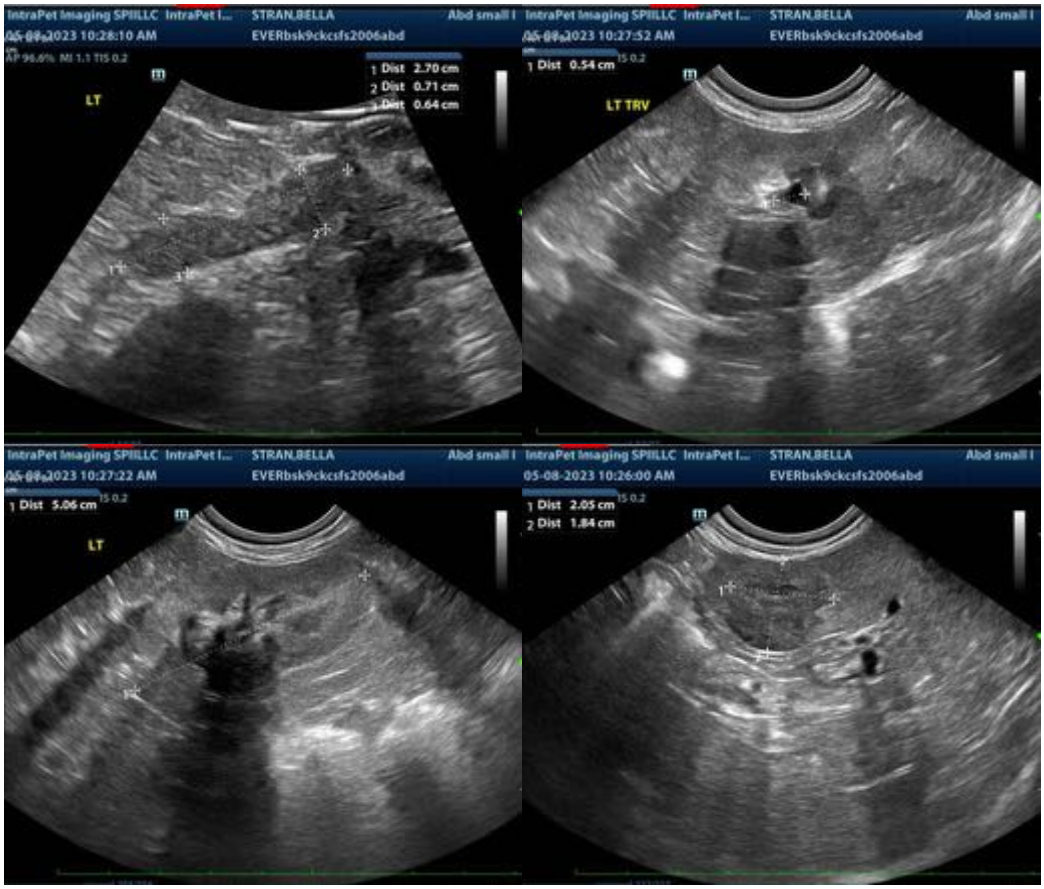

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@SonoPath.com