IMAGING PERFORMED BY

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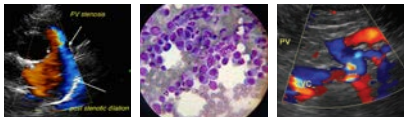

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/14/22

PATIENT

Rio Artes

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

10/1/10

WEIGHT

64 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

38700

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of ADR, lethargy. There is a palpable mass at the caudal aspect of the OS penis, unable to palpate via rectal examination. Concern for pathology near urinary bladder vs. other.

Current Medications: None current.
Lab Results: BW sent.
Radiographs: Performed, pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (7.17 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 (6.84 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 (3.07 cm long x 0.95 cm at the cranial pole and 0.65 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 (3.12 cm long x 0.72 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. However, parenchyma is diffusely mottled/motheaten, characterized by multiple hypo- to anechoic round, punched out lesions/nodules. 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.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 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 peritoneal effusion. No pericardial effusion noted. Medial iliac lymph nodes are markedly enlarged and hypoechoic in appearance with irregular shape and some cavitation. Mild hypoechoic mesenteric lymphadenopathy is also appreciated. There are images of a subcutaneous left mass that appears to be fluid filled or cystic with some echogenic septations appreciated.

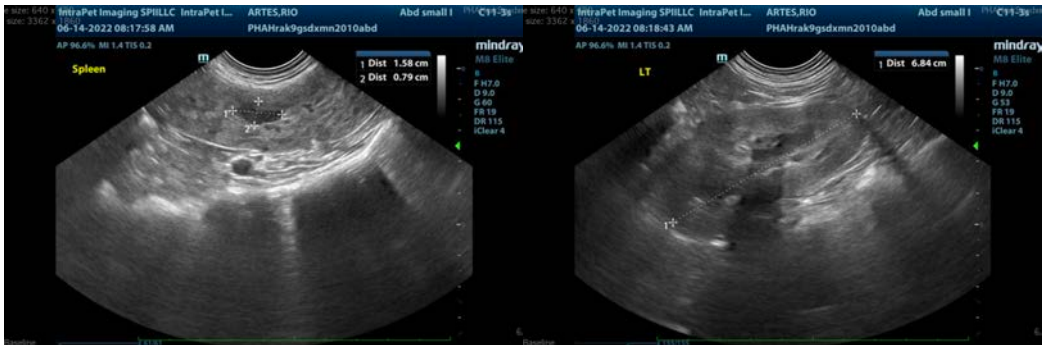
ULTRASONOGRAPHIC FINDINGS

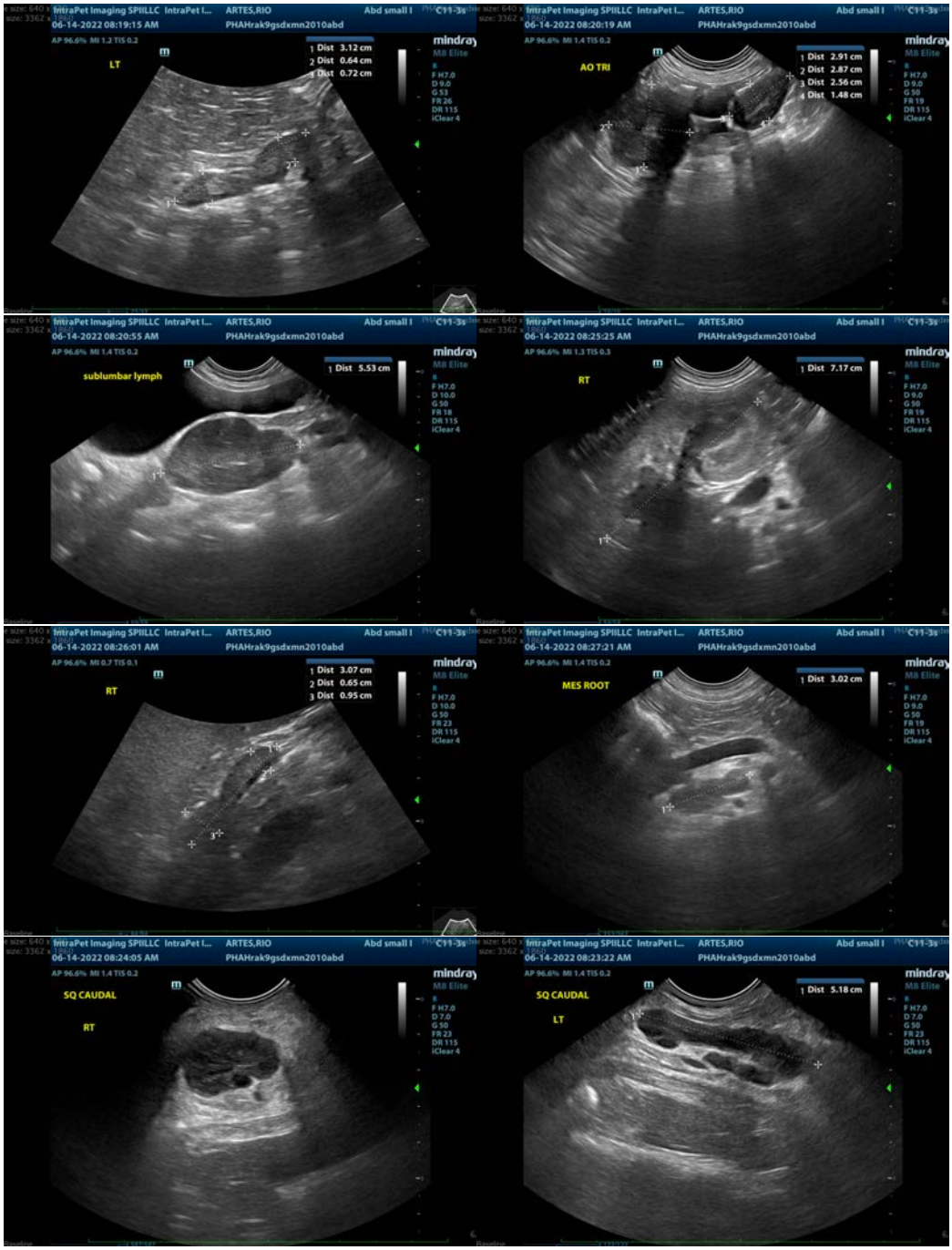
- Mottled, motheaten spleen – most concerning for infiltrative neoplasia such as round cell neoplasia or less likely but possible metastatic neoplasia.

- Medial iliac lymphadenopathy – concerning for infiltrative, possibly metastatic neoplasia with round cell neoplasia a probable differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include fine needle aspirate of the spleen as well as the enlarged lymph nodes and the subcutaneous mass, as is reportedly pending. If not recently evaluated, 3-view thoracic radiographs are also recommended for further evaluation of possible metastatic disease.




IntraPet Imaging SPIILLC IntraPet I... ARTES,RIO Abd small I
06-14-2022 08:19:15 AM PHAHrak9gsdxmn2010abd
LT
1 Dist 3.12 cm
2 Dist 0.64 cm
3 Dist 0.72 cm
IntraPet Imaging SPIILLC IntraPet I... ARTES,RIO Abd small I
06-14-2022 08:20:19 AM PHAHrak9gsdxmn2010abd
AO TRI
1 Dist 2.91 cm
2 Dist 2.87 cm
3 Dist 2.56 cm
4 Dist 1.48 cm
IntraPet Imaging SPIILLC IntraPet I... ARTES,RIO Abd small I
06-14-2022 08:20:55 AM PHAHrak9gsdxmn2010abd
sublumbar lymph
1 Dist 5.53 cm
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RT
1 Dist 7.17 cm
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RT
1 Dist 3.07 cm
2 Dist 0.65 cm
3 Dist 0.95 cm
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MES ROOT
1 Dist 3.02 cm
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SQ CAUDAL
RT
IntraPet Imaging SPIILLC IntraPet I... ARTES,RIO Abd small I
06-14-2022 08:23:22 AM PHAHrak9gsdxmn2010abd
SQ CAUDAL
LT
1 Dist 5.18 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
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