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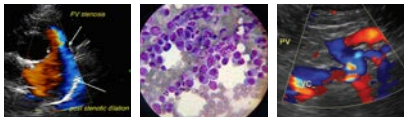
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/15/22

PATIENT

Mischka Dull

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

1/12/13

WEIGHT

79.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

38685

PRESENTING CLINICAL SIGNS

Presented for annual exam on 6/11. Owner reports she has only been eating one meal a day for the past year. On exam, patient has a BCS of 2/5 with a markedly tense, distended abdomen.

Current Medications: Flea/tick and HW preventatives. Trazodone for ultrasound.
Lab Results: CBC: Decreased MCV, retic & HGB. Elevated Monos.
Chem: Elevated ALT 154 U/L Elevated Amylase 1621 U/L.
Radiographs: Markedly large abdominal mass displacing the majority of organs. No obvious metastases on thoracic radiographs.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Trazadone.
Stat Report: DVM request Stat.

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 (7.99 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.

The left kidney is normal in size (7.79 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 adrenal glands are unable to be well visualized in these images due to the large mass displacing organs.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal. **Note: see other.

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. **Note: see other.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (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.

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.

Other

There is no free fluid including no pericardial effusion noted in these images. No lymphadenopathy.

There is a large 20+ x 34+ cm cystic, heterogeneous mass in the cranial abdomen that is unable to be differentiated between spleen versus liver in terms of tissue of origin. It appears to potentially be coming off of the caudal left liver. However, again, splenic origin cannot be ruled out.

PRIMARY FINDINGS

- Cranial abdominal cystic, heterogeneous mass, believed to be hepatic in origin. However, splenic origin cannot be ruled out. Differentials for this mass include benign lesion such as cyst, hematoma, etc. versus a malignant neoplasia such as sarcoma.

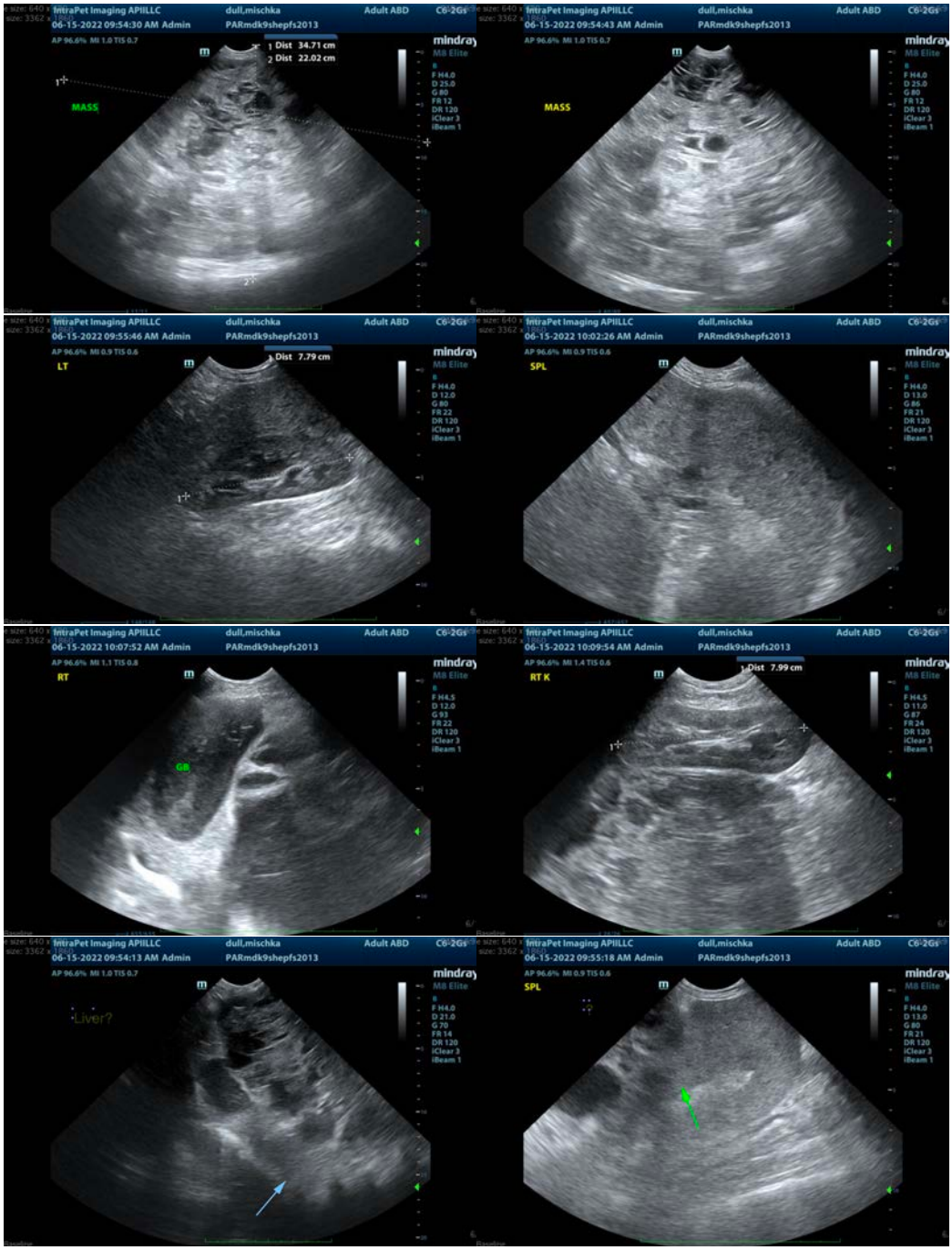
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS

- 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

Recommendations include PT/PTT and platelet count, if not already evaluated, to assess coagulation ability followed by surgical exploratory surgery with plans to remove the mass, if possible. A pre-surgical planning abdominal CT scan would be beneficial, especially given the lack of knowledge regarding definitive origin of the mass. However, surgical excision is recommended regardless, due to the risk for hemorrhage/necrosis, etc. without removal. If surgery is elected, and the mass is hepatic in origin, a splenic biopsy is recommended at the time of surgery due to the coarse appearance of the spleen.


IntraPet Imaging APIILLC
dull,mischka
Adult ABD
C6-2Gs
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1 Dist 34.71 cm
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Liver?
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AP 96.6% MI 0.9 TIS 0.6
SPL

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.

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