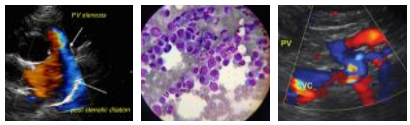
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
6/6/22

PATIENT
Roo Tolley

SPECIES
Canine

BREED
Miniature Pinscher

SEX
Neutered male

AGE
9/2/11

WEIGHT
17.5 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Essex Middle River VC

REFERRING VET
Dr. Beizavi

INVOICE
10727ag

PRESENTING CLINICAL SIGNS

History of intermittent diarrhea. Patient also had x-rays in January which showed splenomegaly and hepatomegaly.
Current Medications: metronidazole 250 mg - 1/2 tablet BID until gone
Lab Results: cbc/chem on 10/06/21 - mild ALP elevation. Otherwise WNL.
Radiographs: Markedly enlarged, rounded and irregularly marginated liver and spleen with regional peritoneal effusion. Primary consideration is given to infiltrative neoplasia. Two concurrent benign processes such as a vacuolar hepatopathy and extramedullary hematopoiesis is considered unlikely.
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 System

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

The left kidney is normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 4.65 cm in length.

The right kidney is normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measured 4.93 cm in length.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.57 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.7 cm at cranial pole and 0.7 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

Liver

The liver is moderately enlarged with irregular scalloped margins. The parenchyma is diffusely heterogenous with loss of normal curvilinear detail throughout characterized by multifocal heterogeneous masses of varying sizes some of which appear cavitated in nature. The visible vasculature appears normal.

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines exhibited a thick muscularis relative to the mucosal layer. 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

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

No free fluid or lymphadenopathy is noted in these images.

ULTRASONOGRAPHIC FINDINGS

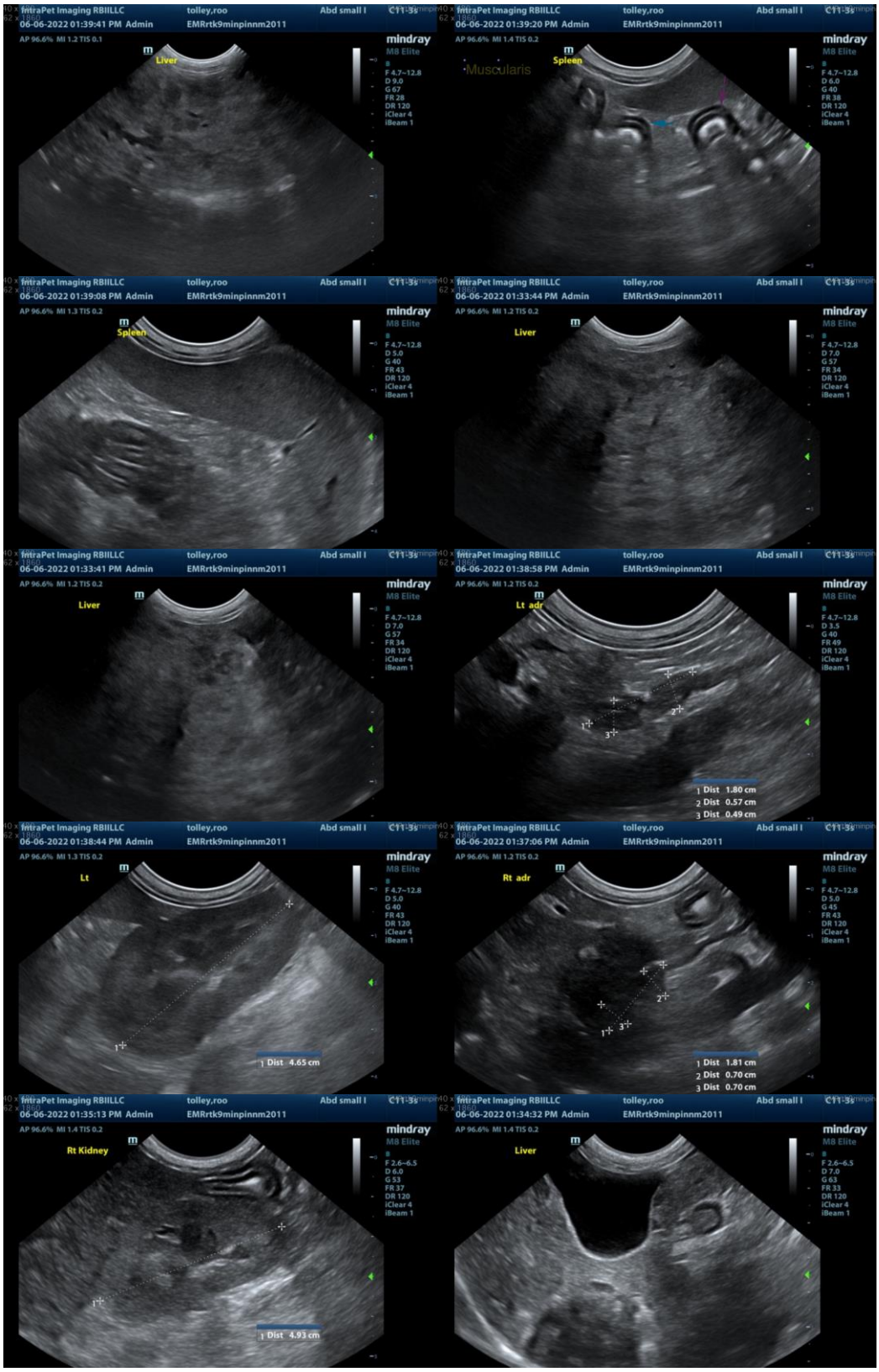
- A large, scalloped liver with loss of curvilinear pattern most concerning for infiltrative neoplasia
- Coarse splenomegaly. can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Thick muscularis layer, which is a finding reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Given the lack of loss of layering of the bowel, benign inflammatory is considered more likely.
- Age related bilateral kidneys. This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a FNA of the liver and spleen if the patient's coag status is appropriate.

Given the reported diarrhea combined with small bowel changes, a GI malabsorption panel to include PLI/TLI/Cobalamin/Folate to Texas A&M GI laboratory.

Three view thoracic radiographs to further evaluate any metastatic disease.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tolley,roo
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Liver
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mindray
M8 Elite
Lt adr
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2 Dist 0.57 cm
3 Dist 0.49 cm
IntraPet Imaging RBIILLC
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Abd small I
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AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
Lt
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IntraPet Imaging RBIILLC
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M8 Elite
Rt adr
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AP 96.6% MI 1.4 TIS 0.2
mindray
M8 Elite
Rt Kidney
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IntraPet Imaging RBIILLC
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Abd small I
06-06-2022 01:34:32 PM Admin
EMRrtk9minpinnm2011
AP 96.6% MI 1.4 TIS 0.2
mindray
M8 Elite
Liver

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

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