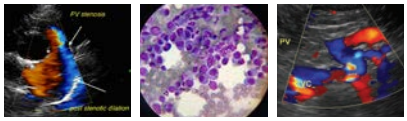
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

7/13/23

PATIENT

Harper Raneses

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

2/20/15

WEIGHT

64.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Hays

INVOICE

43827

PRESENTING CLINICAL SIGNS

Patient presented with reports of diarrhea starting earlier this week after p became very stressed d/t fireworks. P otherwise feeling fine, eating ok, did vomit once this week. Stools slightly soft on exam, orange (has been on chicken and rice). Treating supportively with probiotics/stool firming medications. AFAST showed concern with splenic tumor, no free fluid noted. Please include grade of murmur if applies.

Current Medications: pro-pectalin -- 3 tablets by mouth every 12 hours - started 7/7.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (7.07 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 (7.05 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 (0.86 cm at the caudal pole and 1.0 cm at the cranial pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm at the cranial pole and 0.68 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. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). An approximately 5.5 cm in diameter heterogeneous, hypoechoic, partially microcavitated mass is noted resulting in a capsular bulge without evident capsular escape in the mid spleen. 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. 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.

Free Abdomen

There is trace amount of anechoic free fluid between liver lobes.

There is no apparent lymphadenopathy noted in these images.

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.

PRIMARY FINDINGS

- Heterogeneous, minimally cavitated splenic mass – This could represent neoplasia such as round cell neoplasia versus sarcoma versus other, or a benign hematoma, extramedullary hematopoiesis, etc., which can mimic infiltrative neoplasia and cannot be differentiated without tissue sampling. A scant/trace amount of free fluid between liver lobes is too small to be sampled.

SECONDARY FINDINGS

- Urinary bladder debris

- Mild 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.

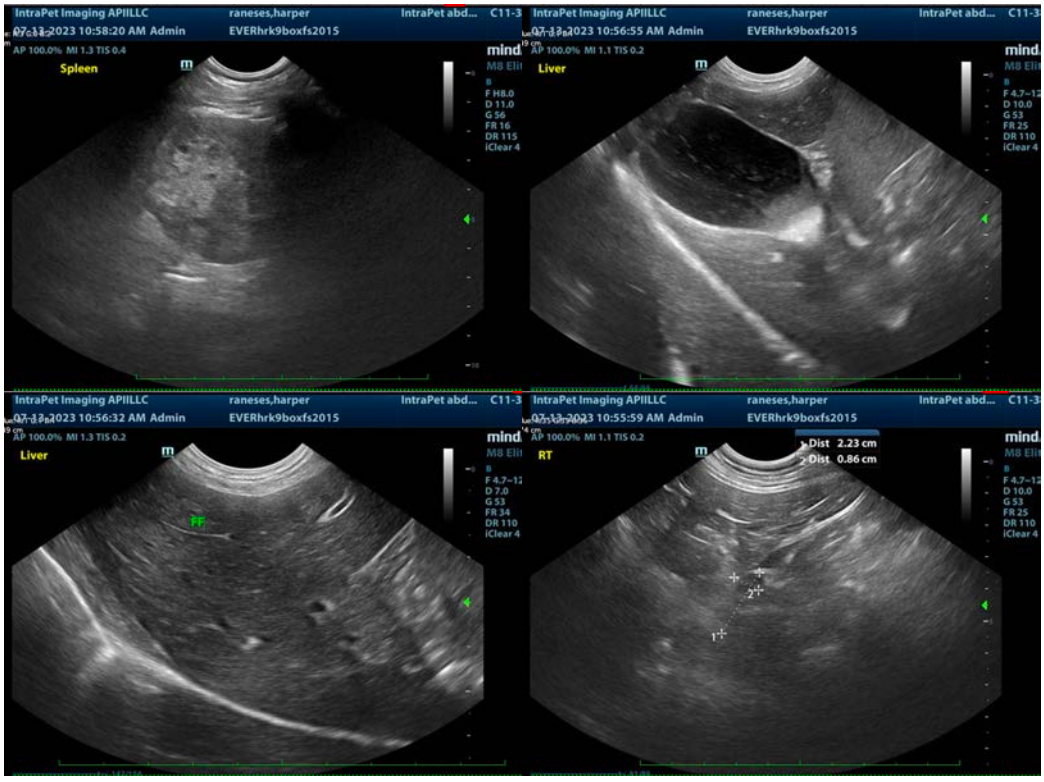
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

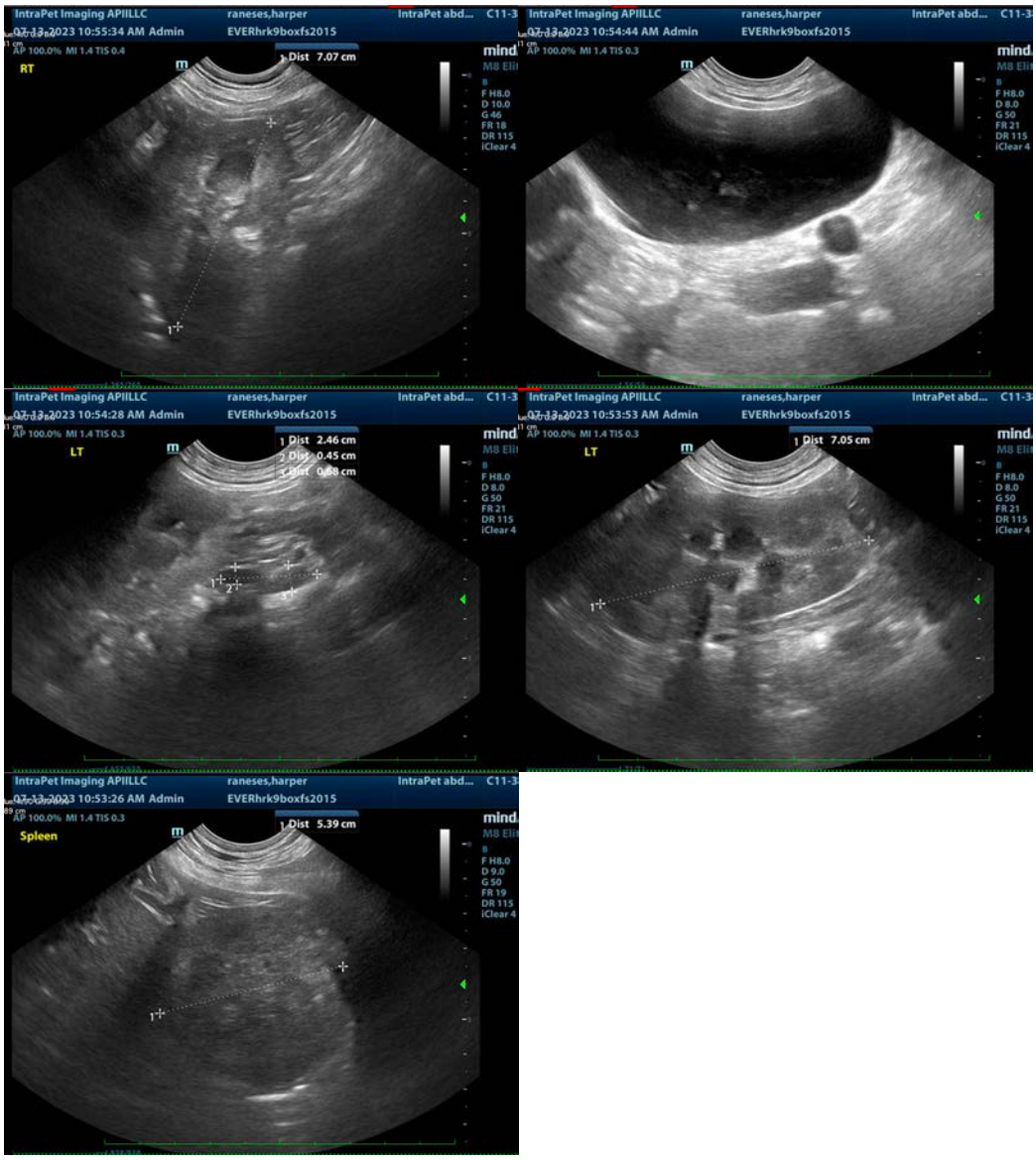
This patient's presenting complaint diarrhea is of unknown and possibly no relation to the discovered splenic mass. Having said that, further evaluation of the splenic mass is recommended, beginning with:

- 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.

- Fine needle aspirate of the splenic mass could be considered if patient's coagulation status is appropriate. Alternatively, an exploratory laparotomy for planned splenectomy could be considered, given the risk of hemorrhage eventually from even benign partially cavitated splenic masses.

- It sounds like the diarrhea was at least partially stress induced and may be resolving, in which case continued supportive management is recommended. If that is not the case or if diarrhea becomes a chronic problem, then further evaluation of the gastrointestinal tract beginning with a fecal exam and a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended as first steps.





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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