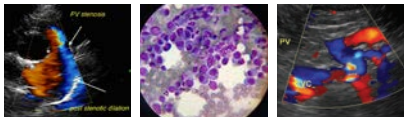
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

7/19/23

PATIENT

Bentley Zepp

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

12/21/11

WEIGHT

50.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Nelson

INVOICE

44155

PRESENTING CLINICAL SIGNS

Bentley presented on 7/14/2023 for lethargy and inappetence for about 2 days. Owner also stated concerns with his hind limbs as he has been having trouble with the stairs. Per owner he has has weak hind limbs for a few weeks. He has lost weight. He has also been vomiting for a few weeks - last vomiting episode was a few days ago of undigested food

Current Medications: Gabapentin 300 mg - 1 tablet by mouth every 12 hours
Lab Results: Regenerative anemia, leukocytosis characterized by neutrophilia, thrombocytosis (platelet count 112 reference range starts at 148, hypokalemia
Radiographs: Large mass in abdominal cavity.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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

The right kidney is normal in size (6.29 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 (7.37 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. A cortical cyst is noted in the caudal pole of the left kidney measured 1.6 cm x 2.1 cm.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.64 cm at the cranial pole and 0.60 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multiple coalescing nodules/masses are noted throughout the parenchyma. Masses are heterogeneous and largely cystic/cavitated in nature. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted. **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.

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 no evidence of free peritoneal effusion noted in these images.

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.

In the mid cranial abdomen, there is an approximately 12 cm x 8 cm, markedly heterogeneous, largely cavitated mass that appears to originate from the spleen in addition to the other nodules/masses described above. However, definitive origin cannot be determined, and liver/lymph node versus other, while considered less likely, can't be definitively ruled out.

PRIMARY FINDINGS

- Multiple heterogeneous, cavitated splenic masses – most concerning for infiltrative neoplasia such as sarcoma versus other. Benign cysts, hematomas, extramedullary hematopoiesis, etc. can mimic infiltrative neoplasia and cannot be ruled out without tissue sampling but are considered less likely.

SECONDARY FINDINGS

- Cortical cyst in the caudal pole of the left kidney

- 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.

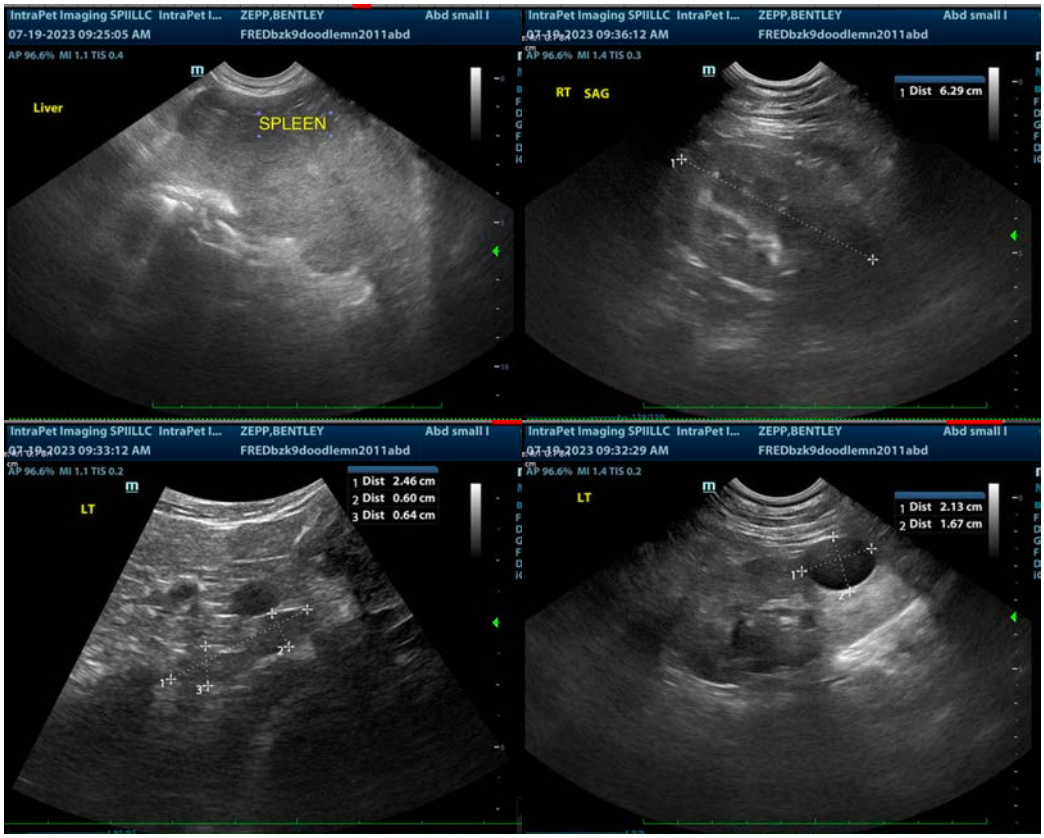
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

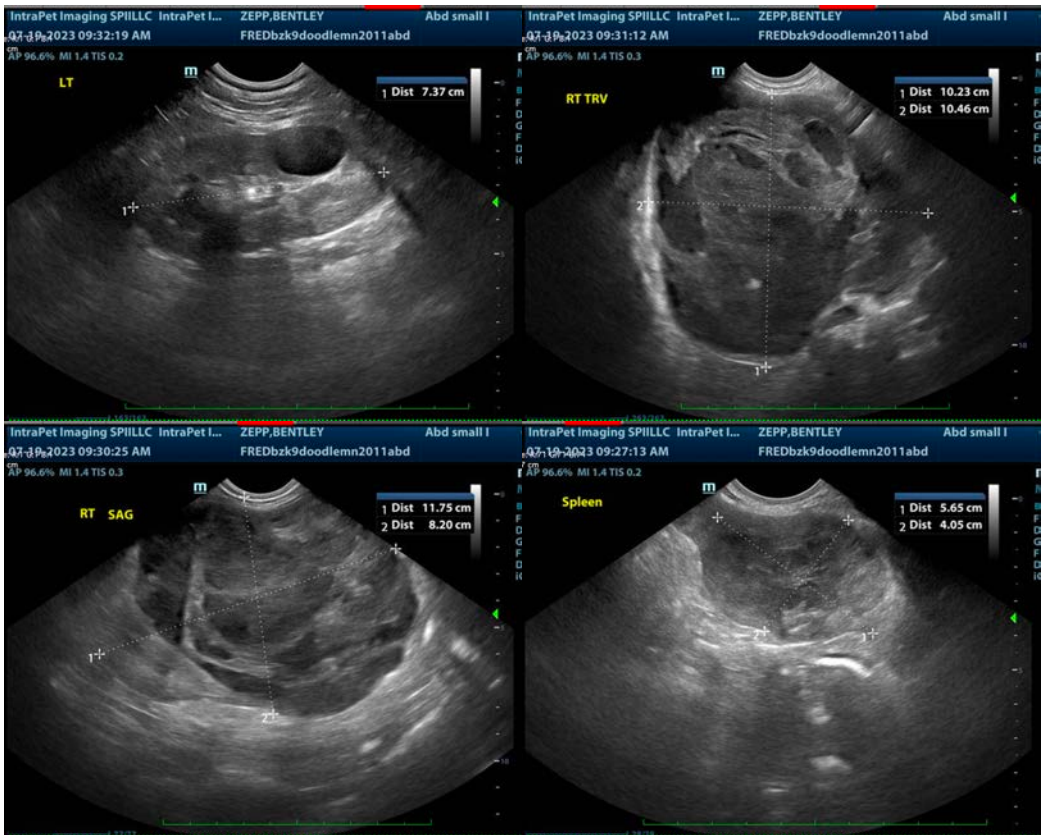
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the spleen, trying to stay nearer the more solid tissue, could be considered if patient's coagulation status is appropriate. However, given the markedly cystic/cavitated nature of the masses, risk of hemorrhage should be considered.

Alternatively, an exploratory laparotomy for planned splenectomy could be considered, given the risk of hemorrhage with even benign cavitated splenic masses.

If surgery is elected, a pre-surgical planning abdominal CT scan could be considered, given the lack of ability to definitively identify the largest mass described above.





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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