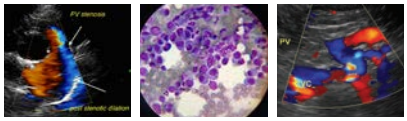
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/1/23

PATIENT

Lilly Hodges

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

4/27/15

WEIGHT

44.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Bel Air Vet Hospital

REFERRING VET

Dr. Young

INVOICE

44547

PRESENTING CLINICAL SIGNS

Lilly presented for leg swollen right hind leg on 7/22/23. She had a small, soft tissue bump at that site for about 5-6 years from when she had TPLO surgery. She was told to keep a eye on it. The leg swelled up in about 24 hours. Thirst, and bathroom habit are normal. She hasn't eaten since Wednesday when the leg became swollen. There has been no vomiting, diarrhea, coughing or sneezing. Lilly eats a diet of Blue Buffalo, wet food in morning, dry kibble throughout the day. They are on Heartgard Plus and NexGard for flea, tick and heartworm prevention. Other medications given include none. On physical examination there was pitting edema on the right hind limb from the stifle distal to the toes. The mass was firm, hot and mobile within the subcutaneous tissue. The mass measured 3.192" x 2.606". There was an other smaller mass on the lumbar spine that has not changed in size. Cytology revealed a Mast Cell Tumor for the leg mass and a possible spindle cell tumor of the spine mass.

Current Medications: 7/22/23 - Carprofen 37.5 mg PO BID for 7 days, 7/22/23 - Cephalexin 500mg PO BID x 14 days, 7/26/23 - Benadryl 50mg PO BID until surgery, 7/26/23 - Famotidine 10 mg PO BID until surgery.
Lab Results: FNA & Cytology 7/22/23 revealed a Mast Cell Tumor for the leg mass and a possible spindle cell tumor of the spine mass. CBC/Chemistry 7/22/23 - unremarkable
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

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 (6.33 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 (5.84 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 (0.63 cm at the cranial pole and 0.73 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 (0.70 cm at the cranial pole and 0.73 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic 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 visible stomach wall is normal in thickness 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 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.

The sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. The enlarged lymph node measures approximately 2.3 cm long x 0.70 cm thick.

ULTRASONOGRAPHIC FINDINGS

- **Splenic micronodular hyperplasia pattern –** This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

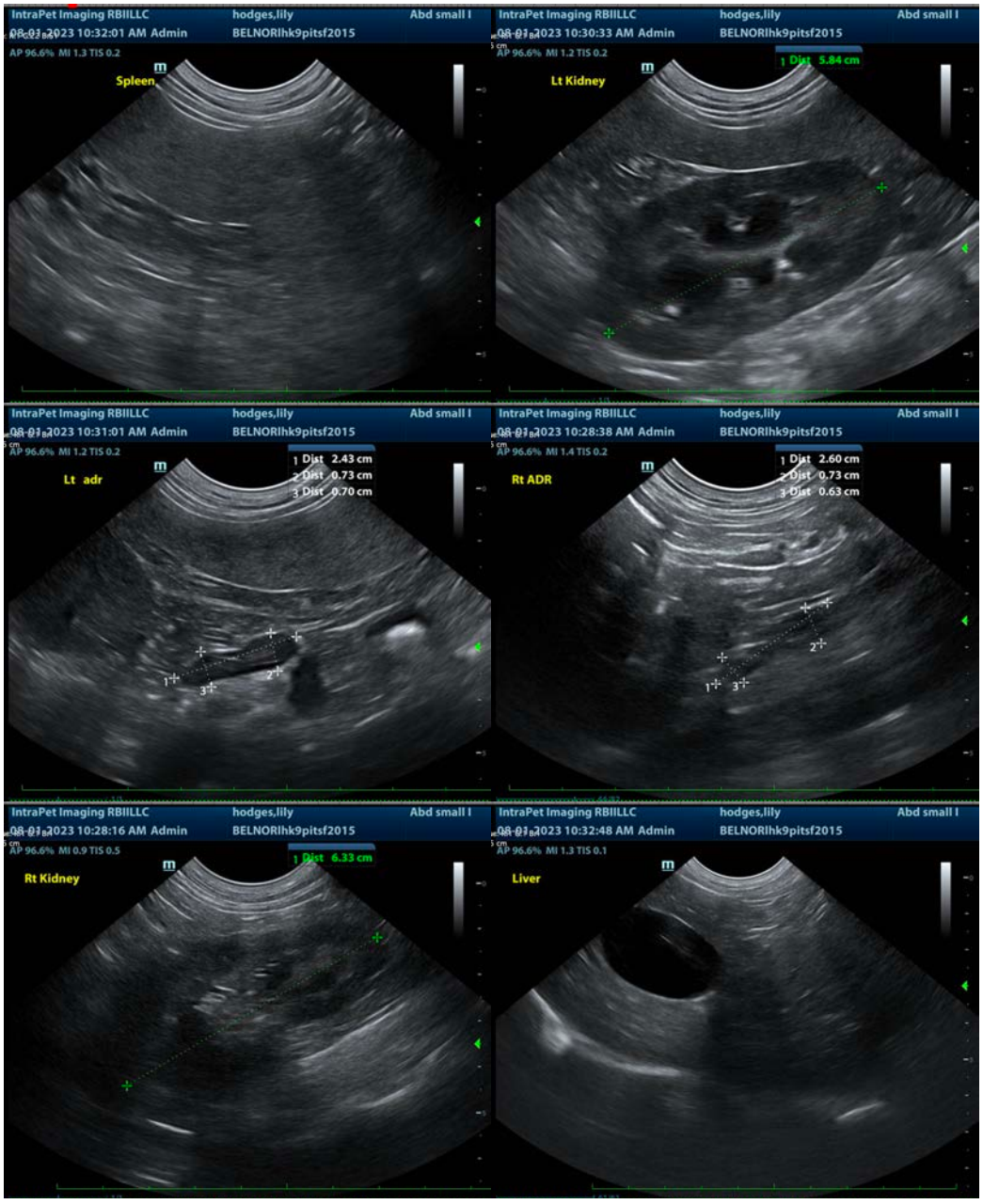
- **Reactive sublumbar lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

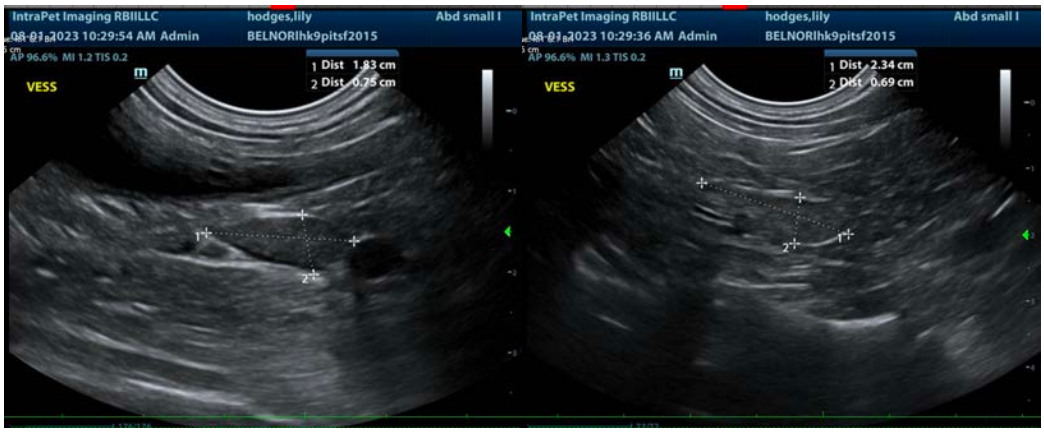
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, 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.

Given this patient's history, fine needle aspirates of the spleen as well as the sublumbar lymph nodes (if they can safely be reached, which may be difficult) are recommended if patient's coagulation status is appropriate.

Pending results, especially given the potentially two different cancers, consultation with a veterinary oncologist should be considered.





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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