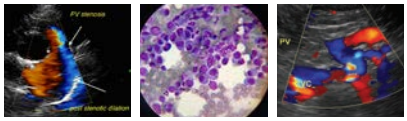
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

8/10/23

PATIENT

Splash Rhodes

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

2/19/12

WEIGHT

94 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Hicks

INVOICE

44585

PRESENTING CLINICAL SIGNS

Referral from EMRVC for hospitalization and AUS - concern for splenic mass vs other Anemic, and wt loss Rads - abdominal mass effect mid abdomen - suspect splenic vs other, lateral chest rad included BW - low HCT 30.2, RBCs, HGB 11.4, Reti16.6 - nonregenerative anemia WBC 25.17 (H), Neut 21.96 (H), Mono 1.92 (H) ALKP 415 (H) Treatment : IV catheter placed right cephalic v. IV fluids started at 200 ml/hr phylyte Cerenia inj 10 mg/ml - 4.0 ml IV at 10:30 am Famotidine inj 10 mg/ml - 2.0 ml Iv.

Current Medications: Maropitant, gabapentin, yunnan, entyce, ondansetron.
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

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 (7.89 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 (8.06 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 (1.1 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 (0.68 cm at the cranial pole and 0.94 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 mildly irregular capsular contour. Parenchyma is normal in echogenicity with a mildly heterogeneous echotexture, but no discrete nodules or masses are observed, except for a well demarcated hyperechoic homogeneous nodule in the mid body, non-capsule disrupting. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules as well as some hyperechoic nodules with hypoechoic rims, consistent with “target lesions” of varying sizes “moth-eaten”. Additionally, in the right caudal liver there is a 6.5 cm in diameter mildly heterogeneous isoechoic mass. 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 observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Diffusely, lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Nodular Liver -** This finding is concerning for infiltrative disease, especially given the "target" appearance of the nodules as well as the more focal discrete right caudal mass, such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.

- **Aggressive diffuse lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

- **Mildly heterogeneous spleen –** This could represent benign extramedullary hematopoiesis with benign myelolipoma most likely. However, given concurrent disease, infiltrative round cell or metastatic neoplasia can't be ruled out.

- **The pancreas is prominent in size and surrounded by enhanced hyperechoic mesenteric fat –** This could represent emerging or concurrent mild acute pancreatitis. The enhanced mesentery could be secondary to the hepatic pathology, unless consistent with pancreatitis

- **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

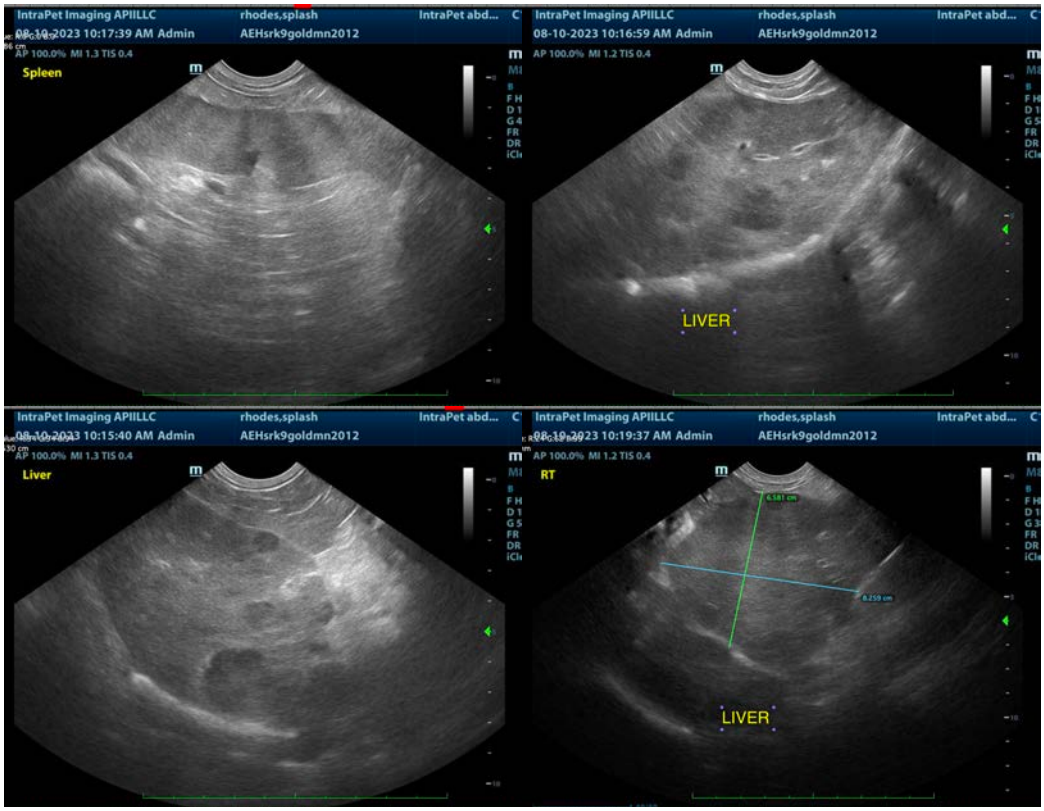
combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

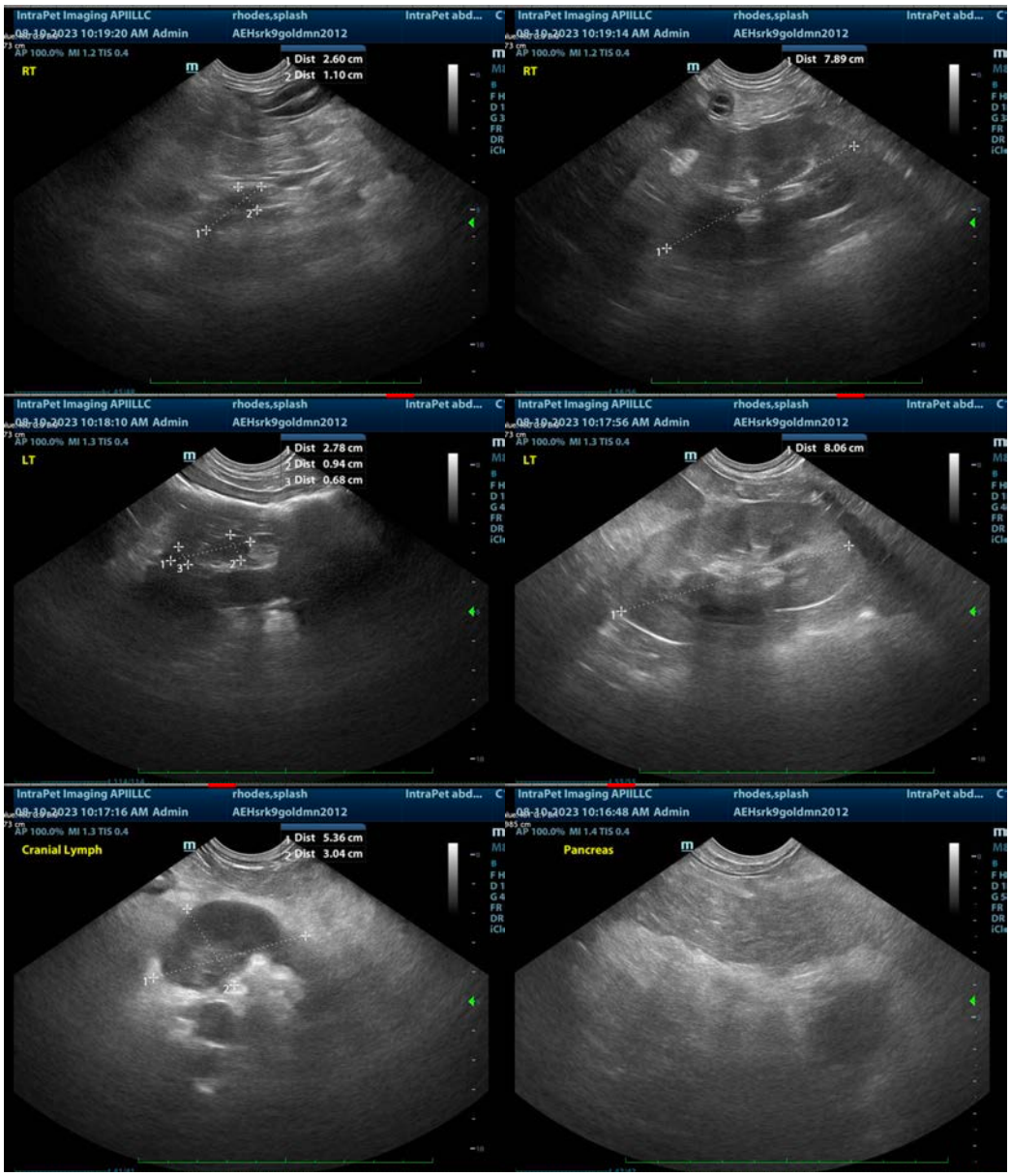
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 liver as well as the enlarged lymph nodes are recommended if patient's coagulation status is appropriate.

Further diagnostic and therapeutic recommendations other than supportive/symptomatic medical management of clinical signs are dependent on cytology results.

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rhodes,splash
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RT
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2 Dist 1.10 cm
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rhodes,splash
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Cranial Lymph
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2 Dist 3.04 cm
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rhodes,splash
IntraPet abd...
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AEHsrk9goldmn2012
AP 100.0% MI 1.4 TIS 0.4
Pancreas

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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