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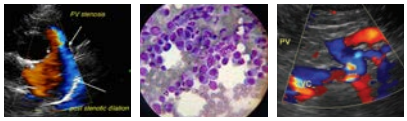

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/15/22

PATIENT

Luna Elter

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

5/19/18

WEIGHT

64.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Padonia Vet Hospital

REFERRING VET

Dr. Anis

INVOICE

40473

PRESENTING CLINICAL SIGNS

Fluid on the abdomen, P was spayed 3 months ago.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (6.52 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 (6.11 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 adrenal glands are unable to be well visualized in these images.

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). A 1.0 cm focal hypoechoic nodule is noted near the tail of the spleen, which results in a small capsular bulge. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged in size with mildly irregular/undulating margins. The deep parenchyma is mottled by multifocal discrete hypoechoic nodules and masses of varying sizes creating a “motheaten” appearance. Normal liver appears present caudally.

The gallbladder is unable to be well visualized/assessed due to marked hepatic pathology in the area.

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 a large amount of echogenic free fluid.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Nodular Liver -** This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.

- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

- Large amount of echogenic free fluid.

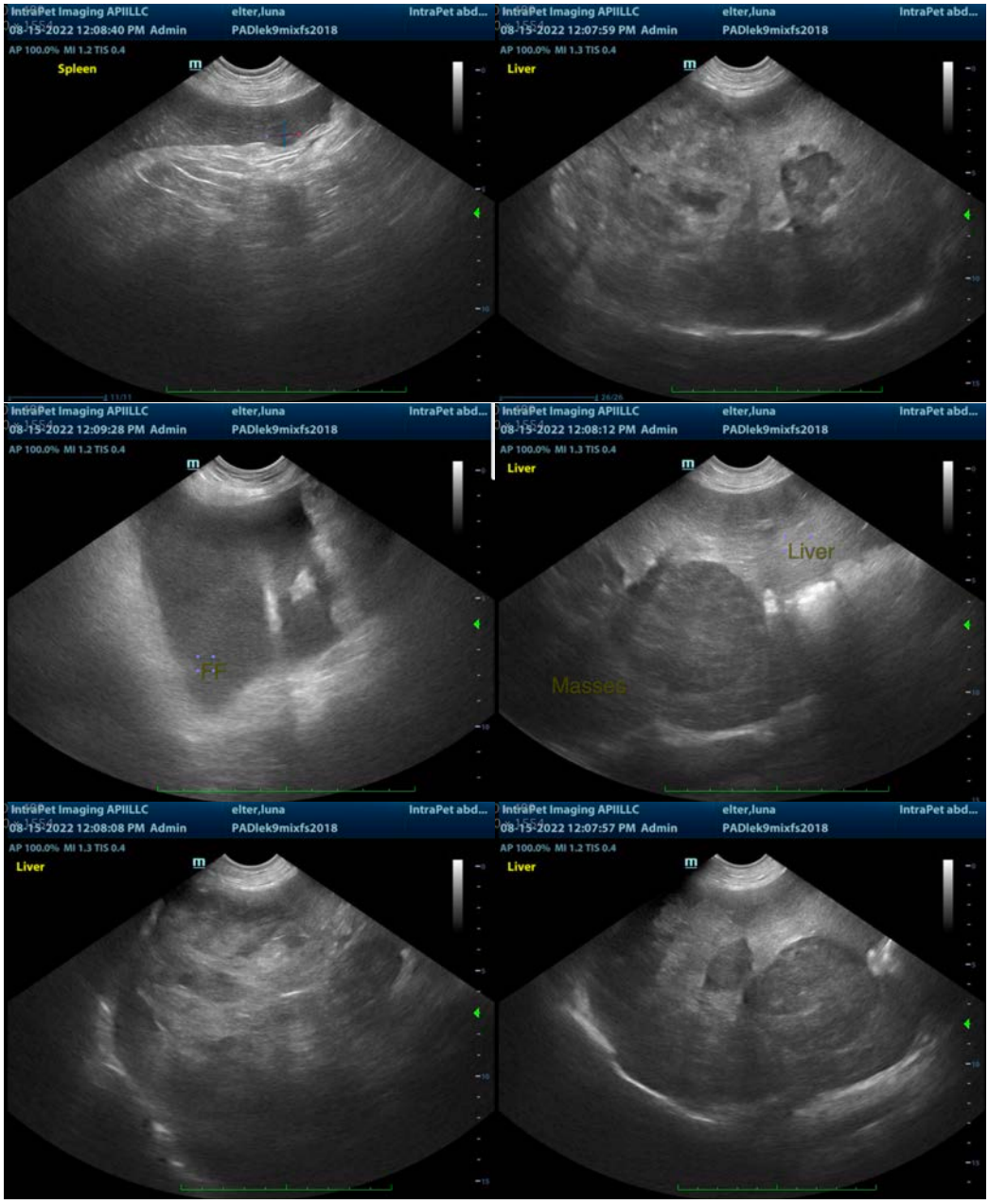
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the severe hepatic pathology and the appearance of the fluid, fluid sampling is recommended to rule out a hemoabdomen ,as well as submit for cytology +/- culture if indicated based on cytology results, if not diagnostic for a hemoabdomen.

A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. However, if a hemoabdomen is diagnosed, an exploratory laparotomy for planned excisional biopsies of the liver masses and splenic nodule would be recommended over a fine needle aspirate, given the risk of hemorrhage.

While surgery may be necessary to stop a bleed, the ability to fully remove the visibly gross disease is questionable based on these images. A pre-surgical planning abdominal CT scan could be considered for better guidance on resectability.

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.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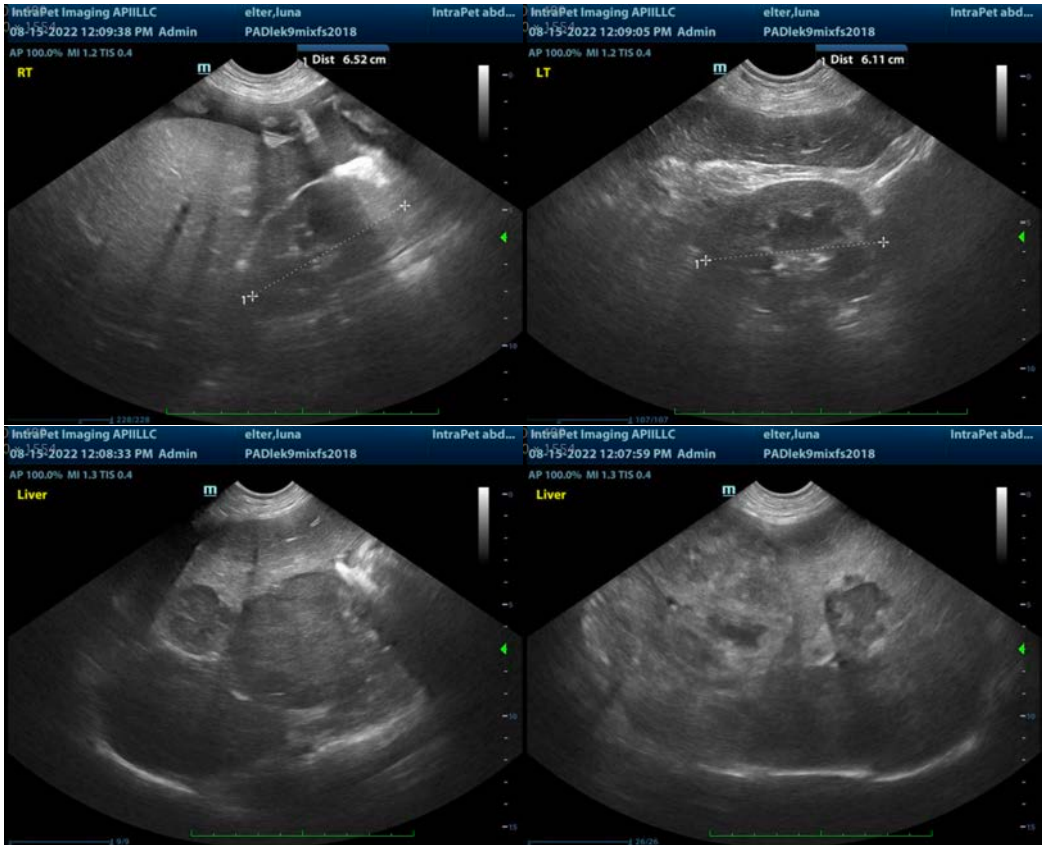

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com