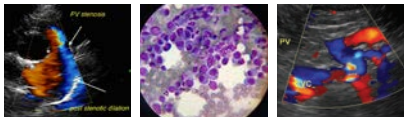
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

8/17/22

PATIENT

Floyd White

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

5/29/10

WEIGHT

26.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Banfield Westminster

REFERRING VET

Dr. Carroll

INVOICE

40555

PRESENTING CLINICAL SIGNS

Chronic liver enzyme elevations and distended abdomen. Low dose dexamethasone suppression test normal end of June 2022

Current Medications: First Shield Trio (f/t prevention)
Lab Results: End of June 2022 - Reflab LDDS test: Cortisol baseline 2.7
4 hr post 1.6 HIGH, 8 hr post 1.2. An 8 hr post cortisol <1.4 does not support hyperadrenocorticism. October 2021 - elevated ALKP 659 r/o arthritis, mild elevation in ALT 160 r/o inflammatory, infectious-
dental tartar, other
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

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 area of the prostate is examined without evident pathology.

The right kidney is normal in size (5.96 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted.

The left kidney is normal in size (5.35 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted. A cortical cyst is noted in the cranial pole of the left kidney.

Adrenal Glands

The right adrenal gland is normal in size (2.2 cm long x 0.89 cm at the cranial pole and 0.96 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 (2.5 cm long x 0.80 cm at the cranial pole and 0.90 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. The tail of the spleen is especially rounded in appearance with a mass-like lesion off of the tail of the spleen. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded, swollen margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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 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 very large amount of free fluid within the abdomen. No appreciable lymphadenopathy. No evidence of pericardial or pleural effusion in these images, but mild pleural effusion cannot be definitively ruled out.

PRIMARY FINDINGS

- **Scalloped spleen –** can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- **Very large amount of free abdominal fluid** – Differentials include increased arterial pressure or decreased venous return secondary to cardiac disease or potentially portal hypertension or lymphatic obstruction, etc. Decreased oncotic pressure secondary to hypoalbuminemia, vasculitis, or even paraneoplastic fluid cannot be ruled out.

SECONDARY FINDINGS

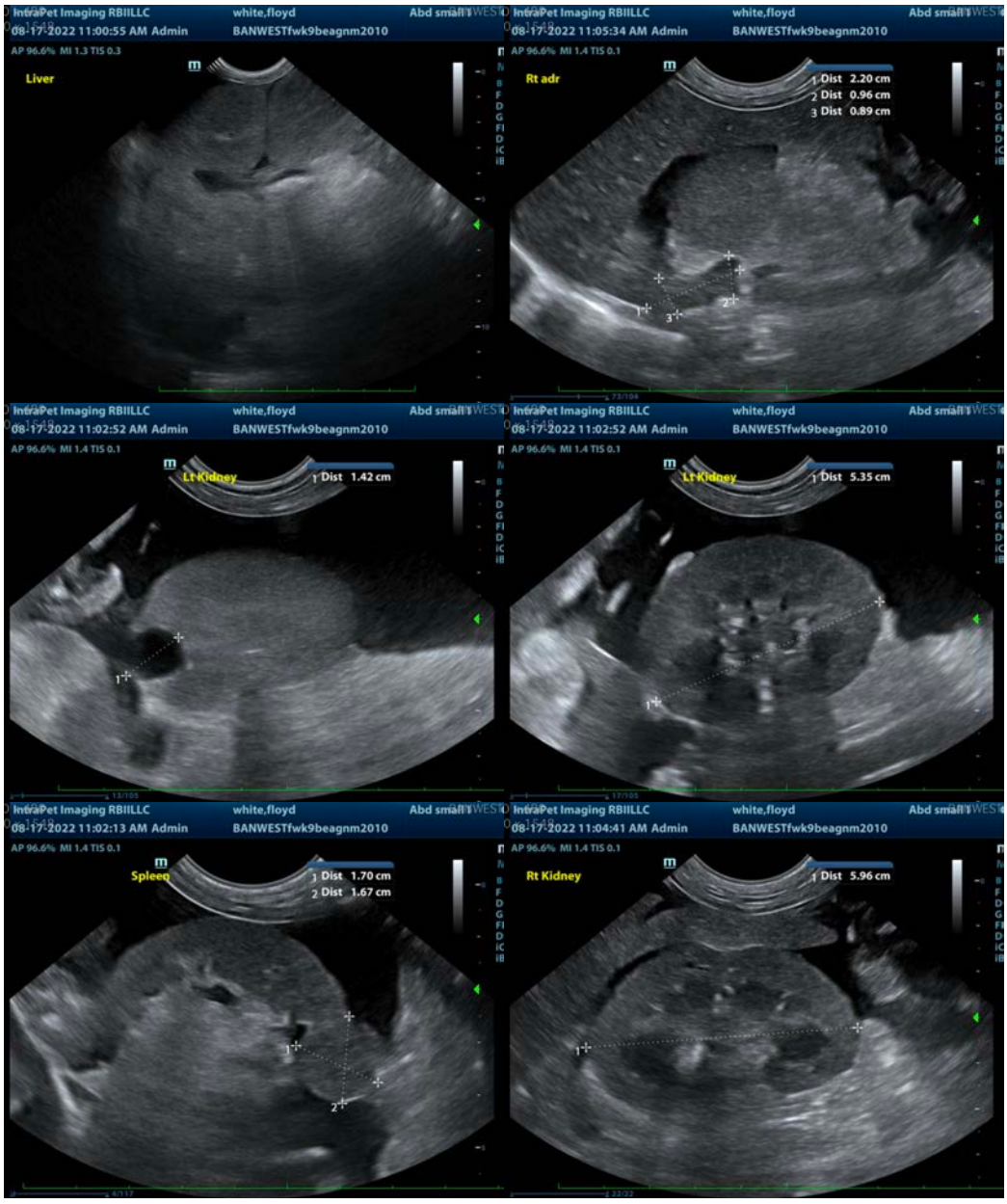
- Left renal cortical cyst and bilateral non-obstructive nephrolithiasis

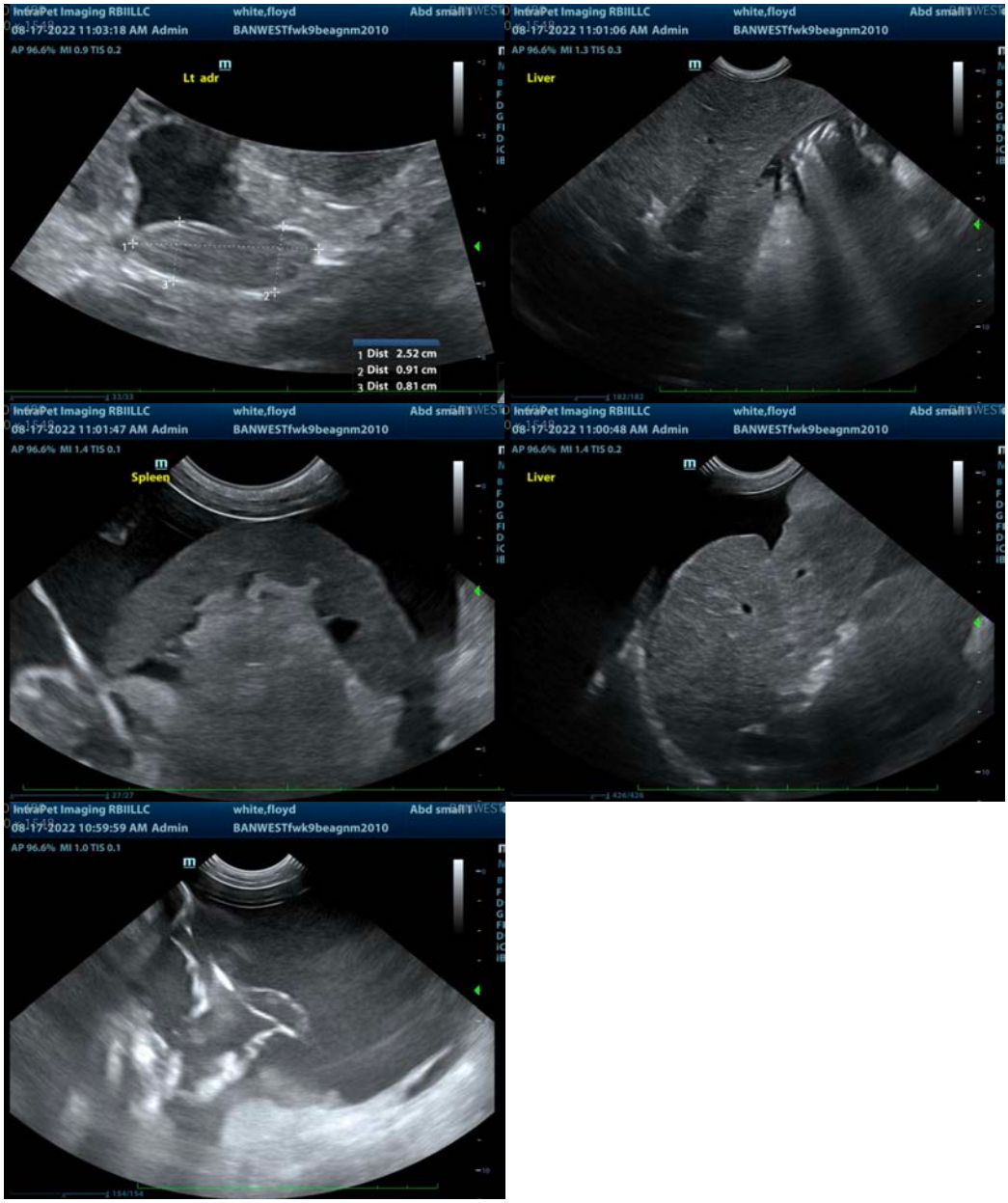
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

An echocardiogram is recommended, especially if there are any indications of cardiovascular disease on physical exam.

Diagnostic and therapeutic abdominocentesis of the free abdominal fluid is recommended with submission of fluid for cytology +/- culture, if indicated based on cytology results. If a diagnosis is not obtained from fluid cytology, a fine needle aspirate of the spleen +/- liver is recommended if patient's coagulation status is appropriate.





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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