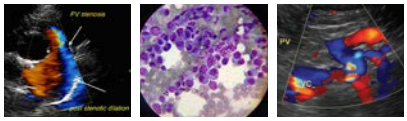
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/19/22

PATIENT

Abby Bolton

SPECIES

Canine

BREED

Retriever

SEX

Spayed Female

AGE

9/3/11

WEIGHT

85 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Silcox

INVOICE

40601

PRESENTING CLINICAL SIGNS

8/18/2022, after going outside, the patient stiffened up, fell over, head/neck stretched back, and was non - responsive. Did not respond to petting/talking to her for about 20 sec, then was really not herself for about 10-15 minutes, wouldn't get up, then she started to respond to the owner, got up, but has been acting abnormal since (anxious/clingy). Dull mentation, slow to respond. decreased responses to facial stimulation. CP deficits. Can stand with assistance.

Current Medications: 1250mg Keppra BID
Lab Results: Elevated ALT, Hematuria
Radiographs: Cardiomegaly/ Globoid Heart, pulmonary metastatic disease, Possible abdominal mass.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.

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 (8.13 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 (7.22 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 measures 4.4 cm long x 0.27 cm at the cranial pole and 0.65 cm at the caudal pole, with a mildly heterogeneous, capsular expanding, hyperechoic nodule/mass at the cranial pole. There is no evidence of capsular escape or vascular invasion appreciated in these images.

The left adrenal gland is normal in size (1.87 cm long x 0.62 cm at the cranial pole and 0.54 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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). No focal nodules or masses are observed. 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. Double wall noted, likely owing to the concurrent effusion. 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 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 a moderate amount of echogenic free abdominal fluid noted.

There is no apparent lymphadenopathy noted in these images.

Other

There is an irregular polypoid, mild to moderately echogenic mass measuring 2.8 cm x 5.0 cm in size, occupying the pericardial space between the right auricle and the pericardium. The mass does appear to invade the right auricular wall. Pericardial effusion is noted.

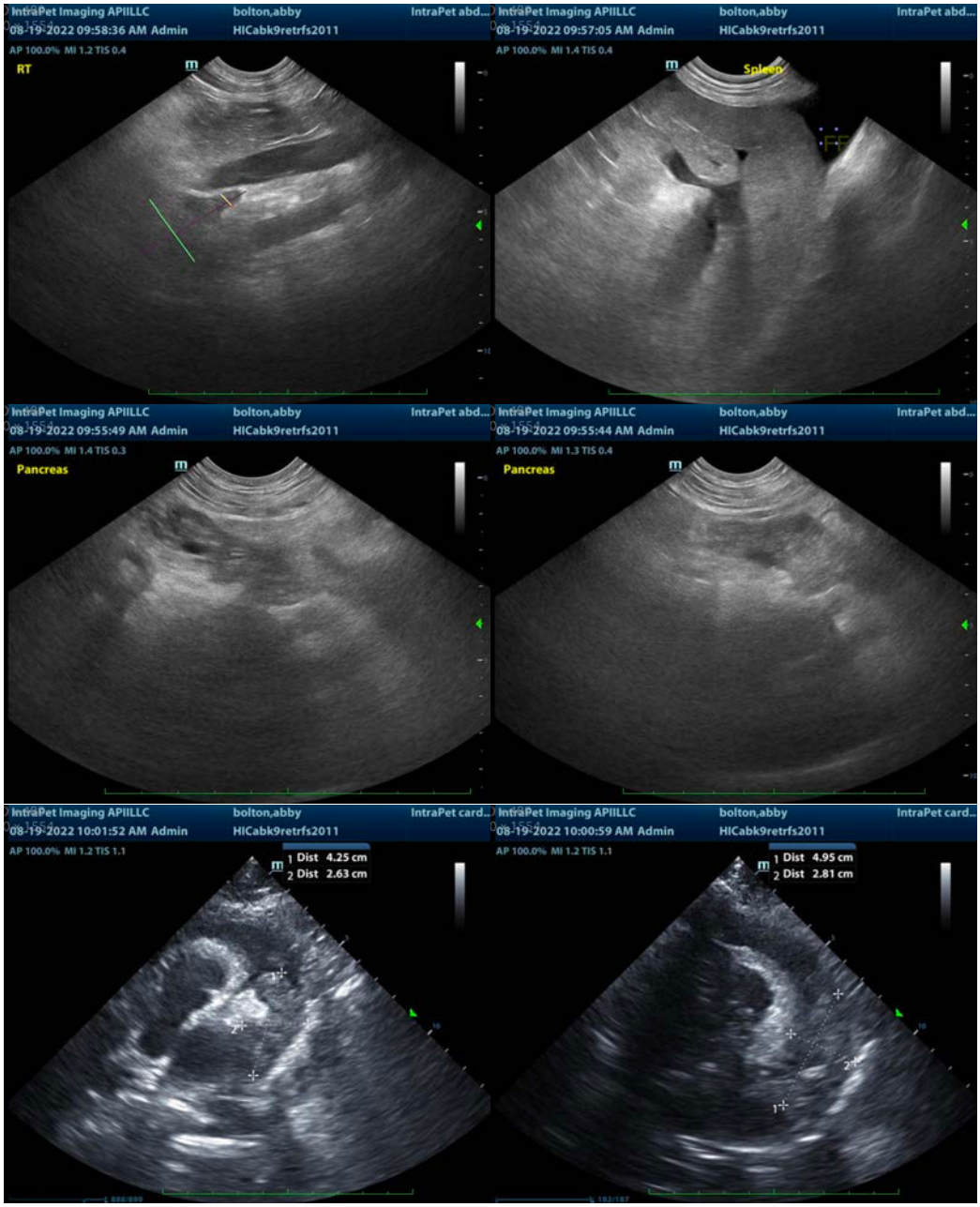
ULTRASONOGRAPHIC FINDINGS

- Heart base mass – most consistent with right auricular hemangiosarcoma and concurrent pericardial effusion.
- Acute pancreatitis is suspected
- Right adrenal mass – most consistent with an adenoma or even possibly adrenal hyperplasia. An early/emerging pheochromocytoma or adenocarcinoma cannot be ruled out but are considered much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the abdominal fluid include cardiac tamponade from the pericardial effusion versus potentially obstruction of the vena cava return from the mass itself, or potentially unrelated abdominal fluid secondary to the acute pancreatitis. This patient's seizure-like episode/collapse could have been an actual seizure or collapse related to tamponade activity, or potentially related to an acute bleed. Therefore, recommendations include:

A pericardiocentesis pending operator comfort, if patient's coagulation status is appropriate, followed by supportive/symptomatic medical management of clinical signs that patient may be having related to pancreatitis, followed ultimately by consultation with a board certified oncologist for next therapeutic management steps regarding the suspect hemangiosarcoma. There is no additional hemangiosarcoma suspected pathology noted, and the adrenal mass is believed to be unrelated.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RT
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Pancreas
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Pancreas
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1 Dist 4.25 cm
2 Dist 2.63 cm
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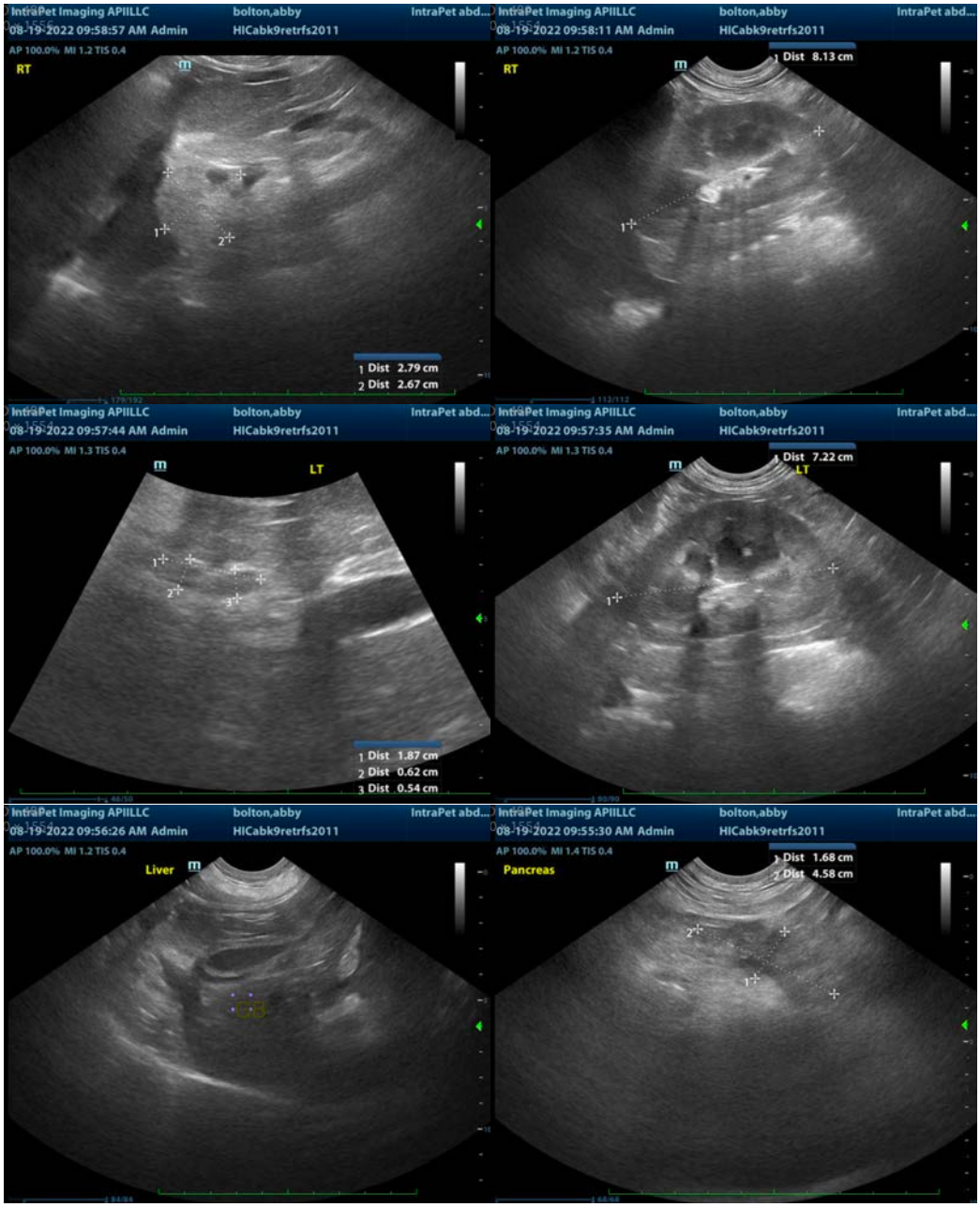
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AP 100.0% MI 1.2 TIS 0.4
RT
1 Dist 2.79 cm
2 Dist 2.67 cm
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RT
1 Dist 8.13 cm
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HICabk9retrfs2011
AP 100.0% MI 1.3 TIS 0.4
LT
1 Dist 1.87 cm
2 Dist 0.62 cm
3 Dist 0.54 cm
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AP 100.0% MI 1.3 TIS 0.4
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Liver
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Pancreas
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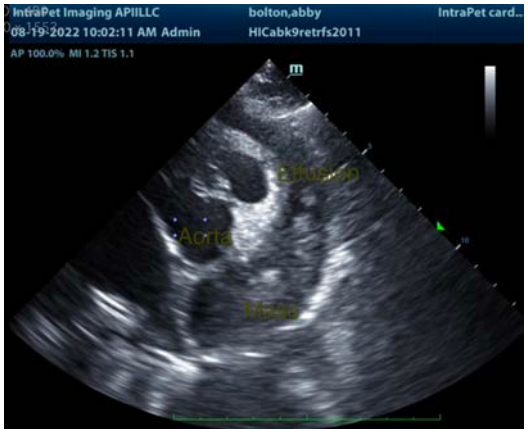
2 Dist 4.58 cm



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