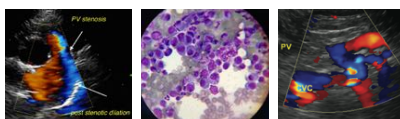


IMAGING PERFORMED BY

IntraPet.com



**SonoPath**

Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

8/22/22

**PATIENT**

Marcel Duchamp  
Denninger

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

4/11/11

**WEIGHT**

64.5 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Eastern AH

**REFERRING VET**

Dr. Bottaro

**INVOICE**

32436

**PRESENTING CLINICAL SIGNS**

Stage 2 splenic hemangiosarcoma, splenectomy May 2022. Being treated through Blue Pearl. On doxorubicin. This is for restaging diagnostics

Current Medications: Doxorubicin - unknown dose/duration

Lab Results: See attached.

Radiographs: chest views pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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 (neutered) is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (6.03 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

Right kidney is normal is 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

**Adrenal Glands**

Left adrenal gland is normal in size (2.87 cm long, 0.83 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.76 cm long, 0.74 cm at cranial pole and 0.79 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is absent and reportedly surgically removed recently.

**Liver**

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. 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 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. 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 appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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.

There is no apparent lymphadenopathy noted in these images.

There is no evidence of pericardial effusion or heart base tumors in these images.

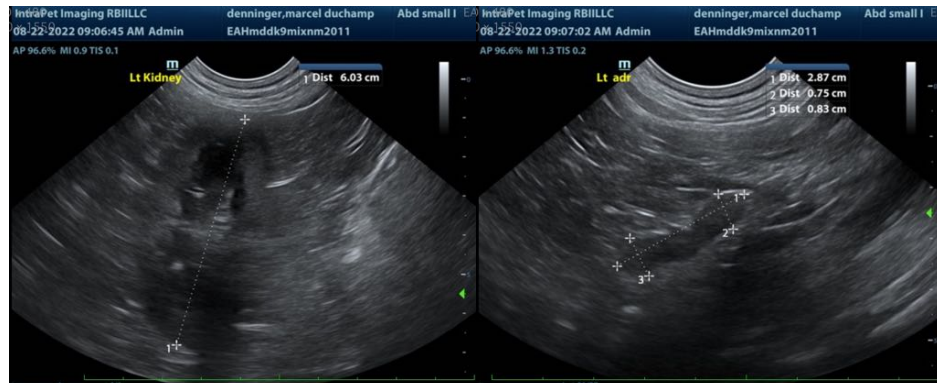
## **ULTRASONOGRAPHIC FINDINGS**

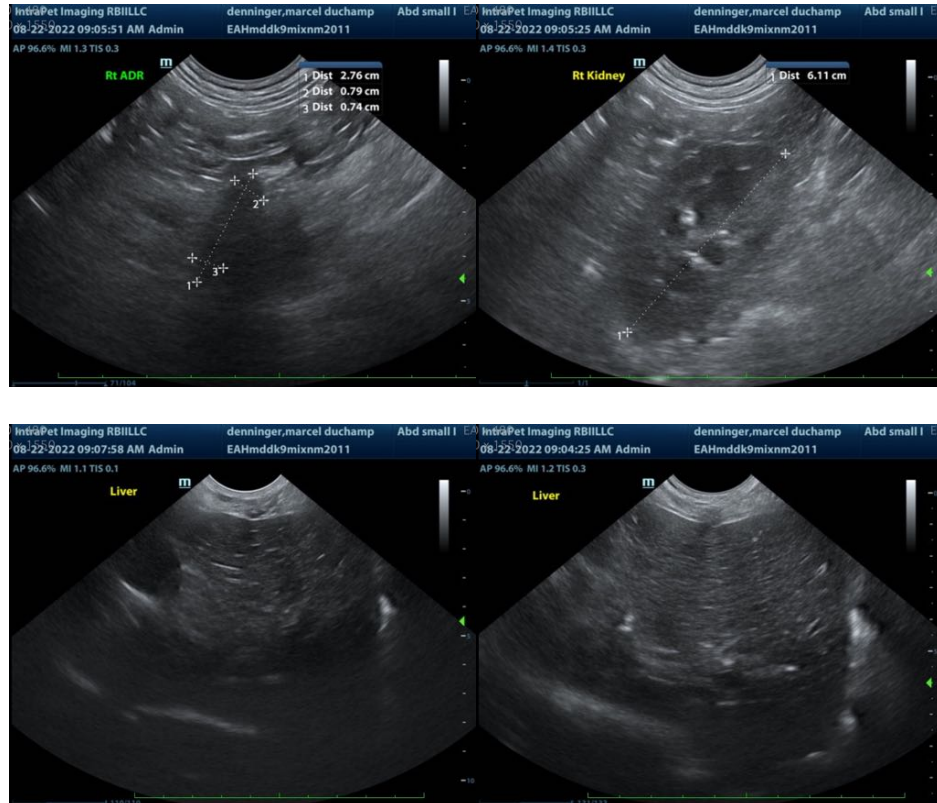
### **Primary Findings**

- **Absent spleen, reportedly surgically removed.**
- **Age related liver changes.**
- **Non-obstructive nephrolithiasis bilaterally.**

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of metastatic disease present in these images at this time. Recommendations include follow-up as directed by the managing oncologists.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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