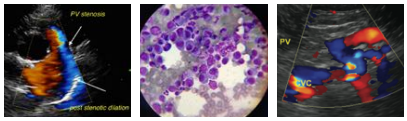
IMAGING PERFORMED BY

IntraPet.com



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

DATE
8/8/22

PATIENT
Chapman Stein

SPECIES
Canine

BREED
Fox Terrier

SEX
Neutered male

AGE
8/5/10

WEIGHT
19.4 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Nacke Horney

INVOICE
32199

PRESENTING CLINICAL SIGNS

Owner just got home from the military - patient greeted owner like normal A bit later was noted to be lethargic - abdomen would tight and legs would start to shake - was not very responsive and gums appeared gray Was drinking a lot of water today Known grazer - later today was not interested in eating or treats.
Current Medications: Yunnan Baiyao, Gabapentin, Ondansetron.
Radiographs: Abdomen 2 View Lat and V/D abdomen- concern for trace FF, possible mass in left cranial abdomen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 (4.7 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.

Right kidney is normal is size (4.57 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

Left adrenal gland is normal in size (2.0 cm long, 0.81 cm at cranial pole and 0.79 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.1 cm long, 1.0 cm at cranial pole and 0.73 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 5.0 x 6.0 cm mixed/heterogenous cavitated hypoechoic to anechoic mass resulting in a capsular bulge/escape near the tail of the spleen.

Liver

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.

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 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 a scant amount of anechoic free fluid around the splenic mass. There was no evident pericardial effusion or heart base lesions are noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- **Mixed, cavitated splenic mass**, most concerning for infiltrative neoplasia such as sarcoma versus other. Benign lesion such as hematoma, extramedullary hematopoiesis, etc. can mimic malignant lesions and cannot be definitely ruled out, but is considered less likely.

- **Scant amount of anechoic free fluid** is present around the mass.

Secondary Findings

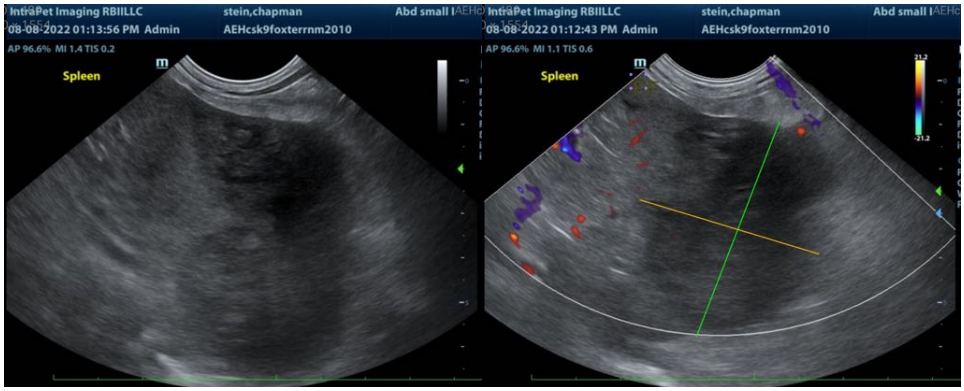
- **Gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

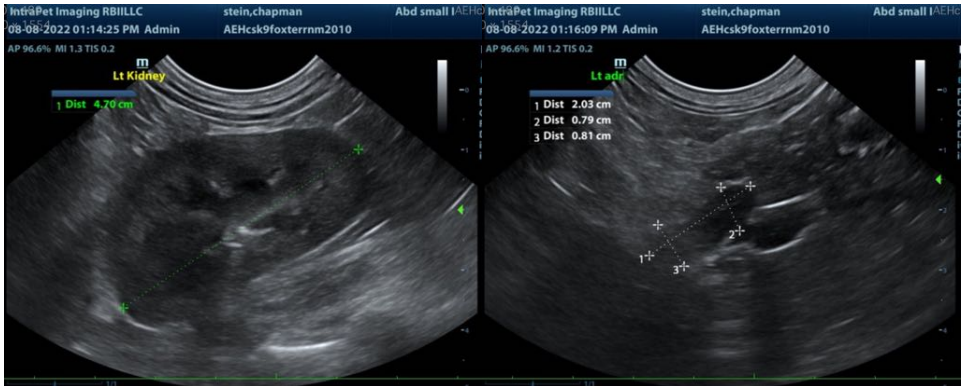
- **Reactive mesenteric lymph nodes –** Lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

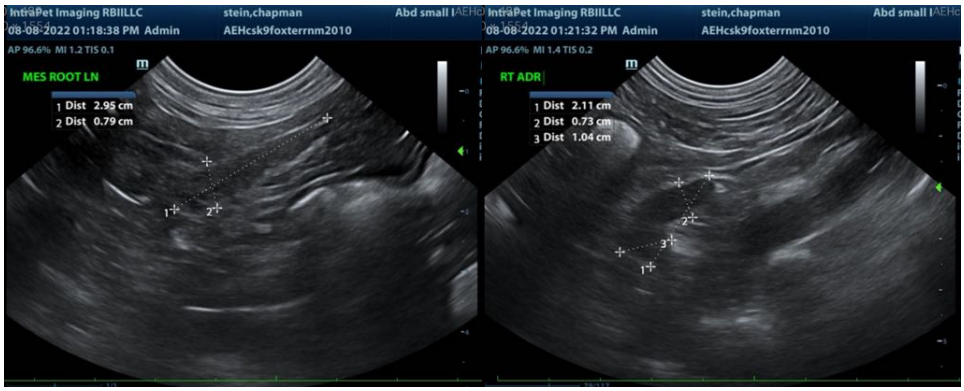
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. 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.

2. Exploratory laparotomy for planned splenectomy is recommended given the suspicion for hemorrhage into and possibly around the mass.


IntraPet Imaging RBIILLC
stein,chapman
Abd small I
08-08-2022 01:13:56 PM Admin
AEHcsk9foxterrnm2010
AP 96.6% MI 1.4 TIS 0.2
Spleen
IntraPet Imaging RBIILLC
stein,chapman
Abd small I
08-08-2022 01:12:43 PM Admin
AEHcsk9foxterrnm2010
AP 96.6% MI 1.1 TIS 0.6
Spleen


IntraPet Imaging RBIILLC
stein,chapman
Abd small I
08-08-2022 01:14:25 PM Admin
AEHcsk9foxterrnm2010
AP 96.6% MI 1.3 TIS 0.2
Lt Kidney
1 Dist 4.70 cm
IntraPet Imaging RBIILLC
stein,chapman
Abd small I
08-08-2022 01:16:09 PM Admin
AEHcsk9foxterrnm2010
AP 96.6% MI 1.2 TIS 0.2
Lt adr
1 Dist 2.03 cm
2 Dist 0.79 cm
3 Dist 0.81 cm


IntraPet Imaging RBIILLC
stein,chapman
Abd small I
08-08-2022 01:18:38 PM Admin
AEHcsk9foxterrnm2010
AP 96.6% MI 1.2 TIS 0.1
MES ROOT LN
1 Dist 2.95 cm
2 Dist 0.79 cm
IntraPet Imaging RBIILLC
stein,chapman
Abd small I
08-08-2022 01:21:32 PM Admin
AEHcsk9foxterrnm2010
AP 96.6% MI 1.4 TIS 0.2
RT ADR
1 Dist 2.11 cm
2 Dist 0.73 cm
3 Dist 1.04 cm

The information and recommendations provided are based on the images p resented 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