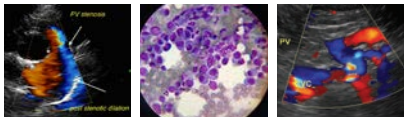
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

9/15/22

PATIENT

Chloe Summers

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12/13/10

WEIGHT

71.1 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. DelFavero

INVOICE

41384

PRESENTING CLINICAL SIGNS

Panting, mass on chest that O would like removed, so scanning for neoplasia, chronically elevated T4, chest rad review pending

Current Medications: Started on 9/12/22: 100mg Cefpodoxime #15
300mg Gabapentin #28
Lab Results: 9/12/22: T4 5.7, CBC/CH: NSF
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
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 (7.58 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 (7.65 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 is normal in size (3.19 cm long x 0.77 cm at the cranial pole and 0.79 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 (2.95 cm long x 0.65 cm at the cranial pole 0.77 cm at the caudal pole), 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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. A 3.3 cm x 6.0 cm primarily homogeneous isoechoic mass is noted in the left caudal liver. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Cervical Region

A large, heterogeneous, primarily hypoechoic, partially mineralized right thyroid mass is noted that measures 3.2 cm x 1.9 cm in size. The mass appears discrete with regular margins and adequate differentiation from surrounding tissue. The left thyroid gland is small, compensatory.

ULTRASONOGRAPHIC FINDINGS

- Homogeneous, isoechoic liver mass that trends towards benign appearance, as can be seen with a hepatoma or adenoma. However, a well differentiated primary liver tumor such as hepatocellular carcinoma or even metastatic lesion, round cell neoplasia, etc. cannot be definitively ruled out without tissue sampling.

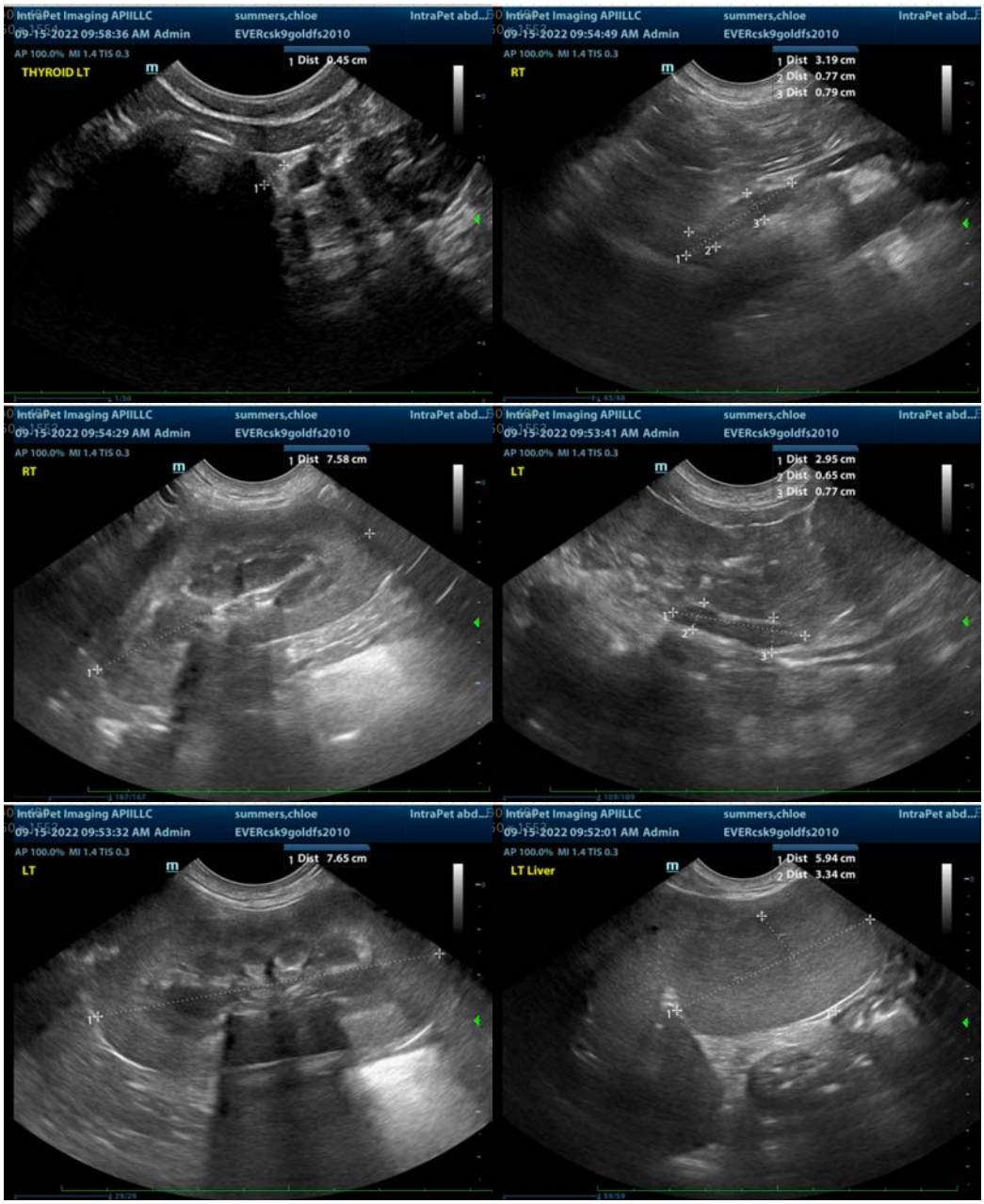
- Heterogeneous, mineralized, right thyroid mass – Most concerning for a malignant thyroid tumor, given patient signalment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs, as are reportedly pending, are recommended.

A fine needle aspirate of the liver mass is recommended if patient's coagulation status is appropriate.

A calcium level is recommended if not recently evaluated, given the mineralized appearance of the thyroid mass. A fine needle aspirate of the thyroid mass could be considered if patient's coagulation status is appropriate, being aware of hemorrhage that often occurs with this procedure owing to the vascular nature of thyroid masses. The mass appears minimally invasive ultrasonographically. However, a cervical CT scan could be considered for further evaluation/staging, especially if surgical removal is planned. Pending cytology results, further consultation with a board certified oncologist is recommended regarding ultimate therapy.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THYROID LT
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RT
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2 Dist 0.77 cm
3 Dist 0.79 cm
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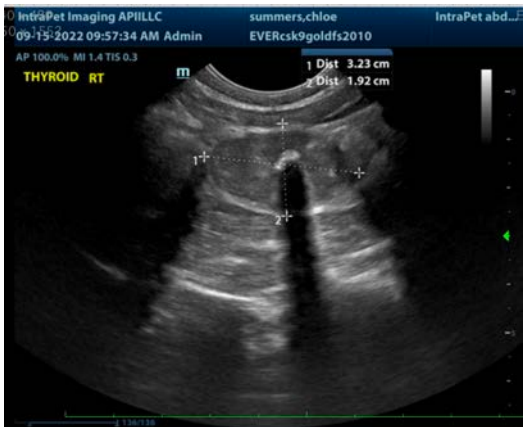
2 Dist 3.34 cm



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