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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE**

1/12/23

**PATIENT**

Sookie Sue Cherry

**SPECIES**

Canine

**BREED**

Coonhound X

**SEX**

Spayed Female

**AGE**

12/25/10

**WEIGHT**

51 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Bayside AMC

**REFERRING VET**

Dr. Buchanan

**INVOICE**

44199

**PRESENTING CLINICAL SIGNS**

Hx of 11lbs of unintended weight loss over the last 12 months. Diarrhea.

Current Medications: Provable, Metronidazole.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torb 0.46ml with hub of ace IM.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.33 cm. The right kidney measures 5.66 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.23 cm x 0.86 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 2.64 cm x 0.80 cm at the cranial pole and 0.79 cm at the caudal pole.

**Spleen**

The **spleen** revealed a largely isoechoic to mixed echogenic 4.5 cm mass in the mid body. Other hypoechoic nodular changes noted in the spleen.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. No evidence of metastatic disease.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated

normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. A colic lymph node was slightly enlarged at 1.77 cm x 0.95 cm. Length to width ratio was maintained.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **Heart**

Rapid view of the heart revealed no evident pathology.

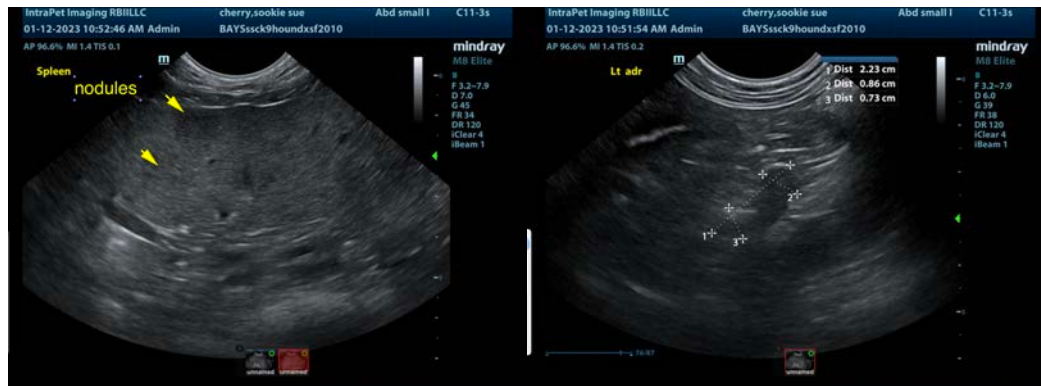
## **ULTRASONOGRAPHIC FINDINGS**

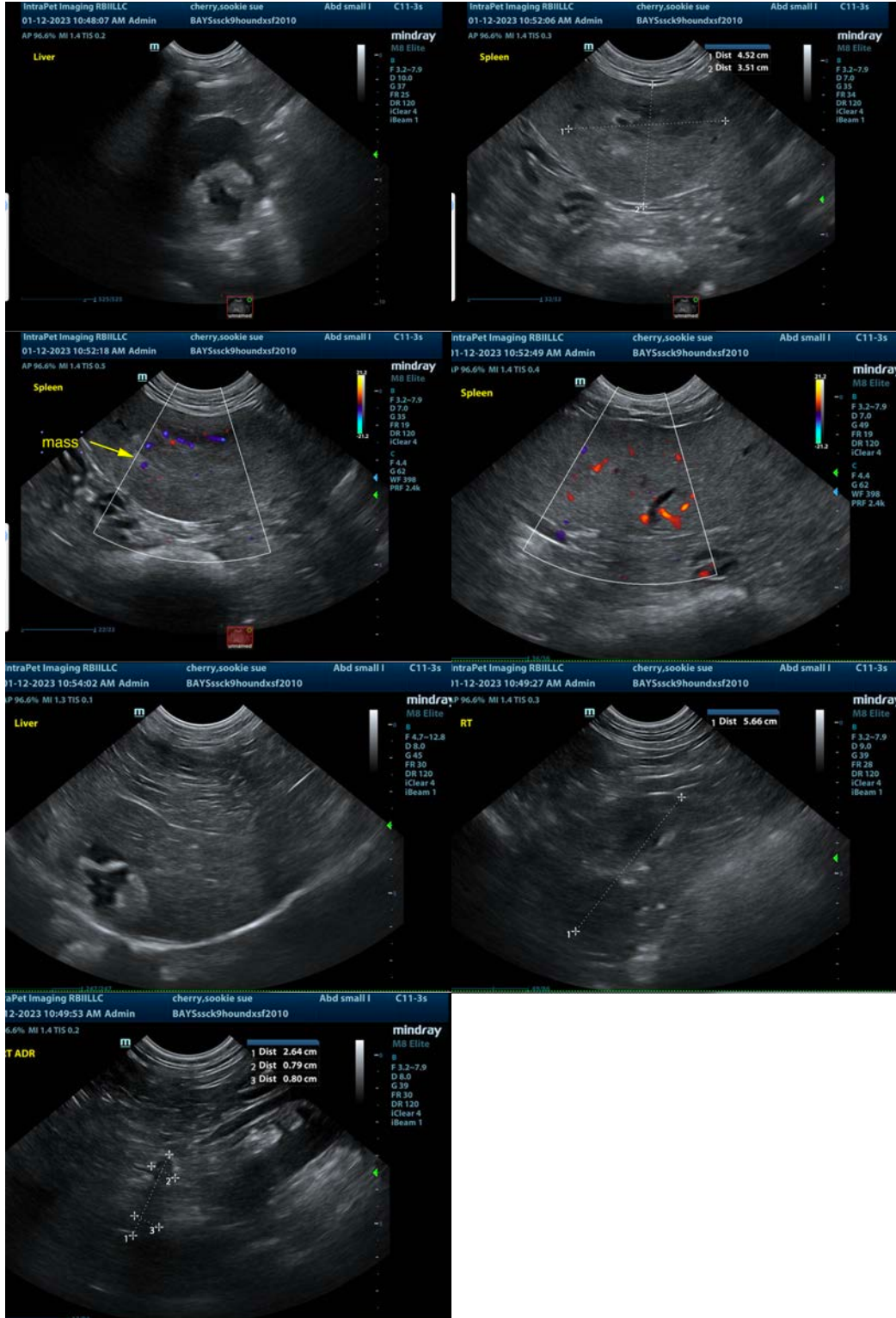
- Splenic mass and nodular changes – strong concern for underlying round cell neoplasia. Hemangiosarcoma less likely.
- Slight colic lymphadenopathy
- Age related renal changes
- Age related hepatic changes

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

FNA of the spleen and colic lymph node could be considered from a cursory evaluation. Otherwise, direct splenectomy with inspection and removal of the colic lymph node could be considered. The colic lymph node appeared reactive.

Chest radiographs warranted as well as full CNS examination to assess for potential metastatic disease that may be playing a role.





**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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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