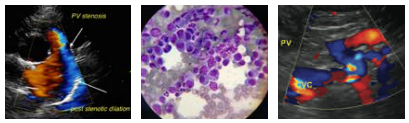
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
1/13/22

PATIENT
Harewood Baillie

SPECIES
Canine

BREED
Airedale Terrier

SEX
Neutered male

AGE
12/10

WEIGHT
45 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Alexander AH

REFERRING VET
Dr. Alexander

INVOICE
95231

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting and weight loss since August. Rec AUS at that time since BW unremarkable (some suggestion of pancreatitis), but O declined. Pet continued to lose weight and vomiting had continued. Repeat BW pending.
Current Medications: Cerenia given Friday 01/07/22.
Lab Results: Pending
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Declined.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical cysts were noted. The dorsal cortex of the left kidney measured 0.92 cm. The left kidney measured 6.61 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, 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 right adrenal gland measured 2.7 x 0.5 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 1.06 cm and was slightly enlarged.

Spleen

The **spleen** revealed an expansive parenchymal mass that measured 4.36 cm.

Liver

The **liver** revealed coarse architecture with increased portal markings. The liver was hypoechoic with irregular nodular changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

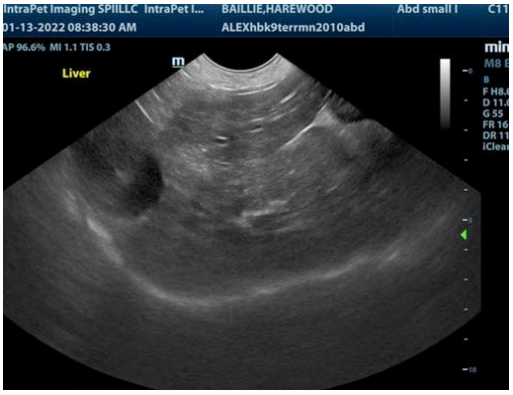
Variable upper **gastrointestinal** thickening was noted with heterogenous parenchymal changes. There was no overt evidence of masses. The gastric wall was thickened, yet had an empty lumen. Small intestinal thickening was also noted.

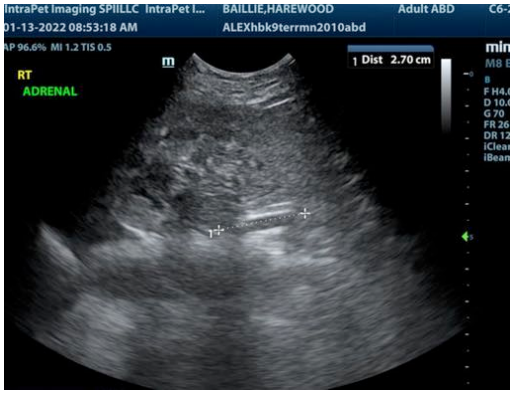
Pancreas
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

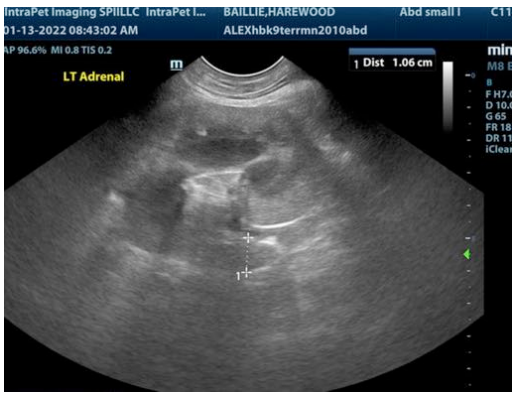
Heart
Imaging of the heart was suggested due to the splenic pathology, yet was declined.

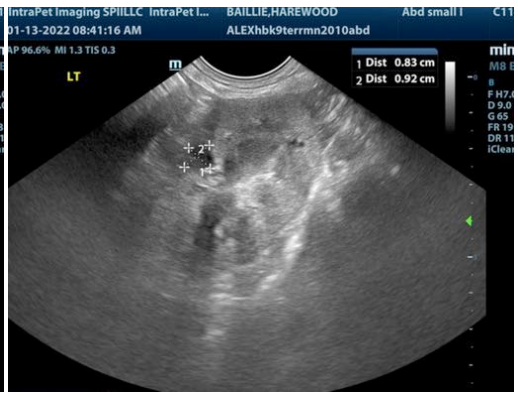
ULTRASONOGRAPHIC FINDINGS
Parenchymal splenic mass.
Variable gastrointestinal thickening.
Minor pancreatic remodeling.
Hepatic remodeling.
Otherwise, geriatric abdomen.

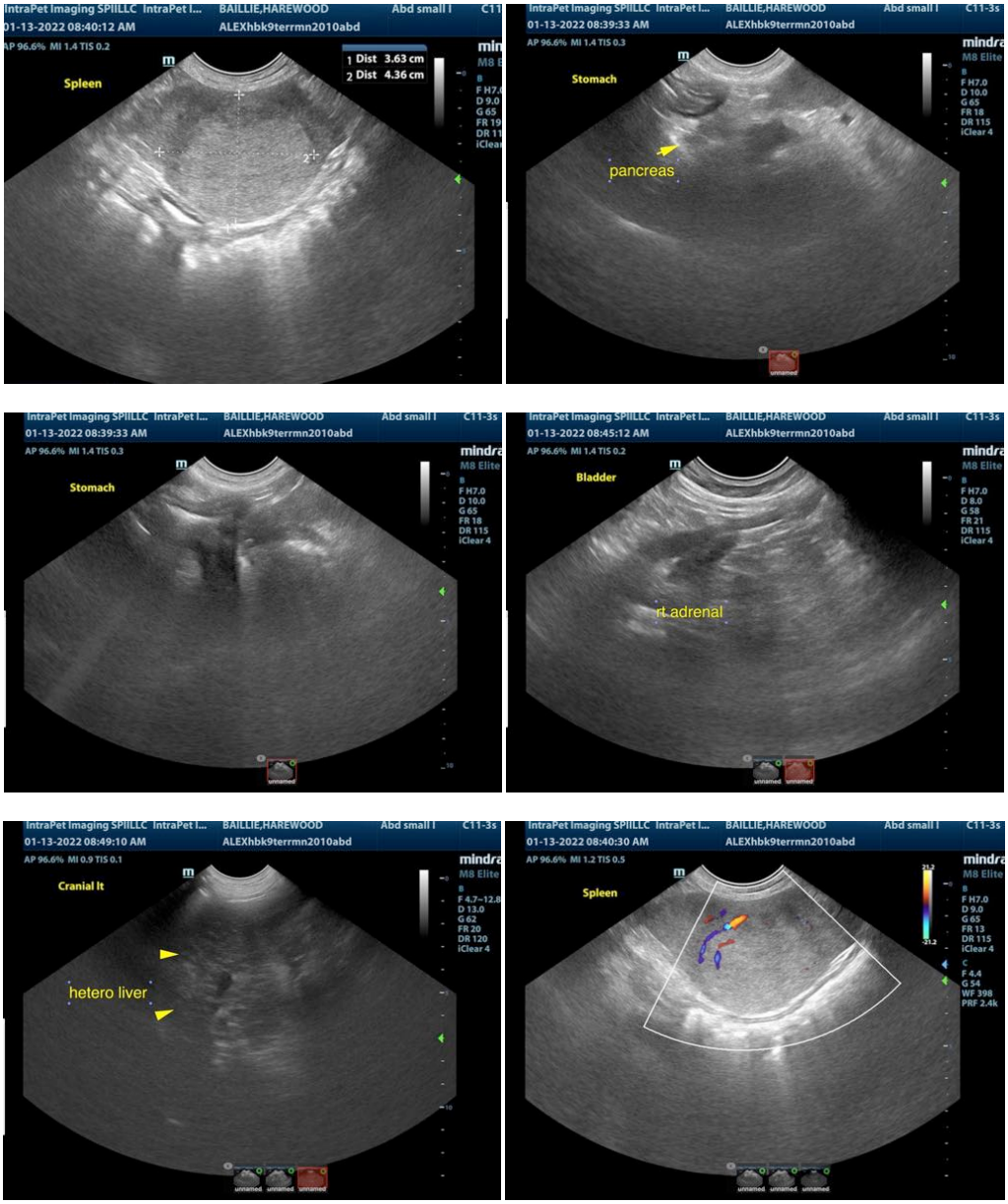
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
I recommend screening FNA of the spleen and liver to assess for potential related round cell neoplasia, which is my suspicion. Otherwise, exploratory splenectomy, liver biopsy and GI biopsy would all be indicated. Round cell neoplasia, hemangiosarcoma, benign hematoma or benign hyperplastic lesion are all possible. Possible early metastatic disease to the liver.











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.

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