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Clinical Sonography & Telectology

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DATE

1/20/22

PATIENT

Moe Sprague

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

5/1/08

WEIGHT

42 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Bay Country VH

REFERRING VET

Dr. Smith

INVOICE

34967

PRESENTING CLINICAL SIGNS

History: chronic vomiting; weight loss.

Lab Results: ALP 235, Lipase 287, USG 1.018.
Radiographs: Cranial abdominal mass, suspect splenic origin.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 **right kidney** was normal in size and contour. However, a retroperitoneal 4.3 cm x 10.0 cm mass was noted attached to the caudal pole or surrounding the right kidney. The right kidney measured 7.38 cm.

The **left kidney** presented normal size and contour, measuring 6.9 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, nodular, irregular and mineralized, measuring 4.7 cm x 2.23 cm at the caudal pole and 1.57 cm at the cranial pole. The **left adrenal gland** was mildly heterogeneous, slightly irregular and mildly enlarged, measuring 3.4 cm x 0.79 cm at the caudal pole and 1.2 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself cranially, unremarkable otherwise.

Liver

The **liver** was heterogeneous with increased portal markings and mixed hypoechoic nodular changes. The gallbladder was unremarkable.

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. No associated abnormal lymphatic activity was 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.

Free Abdomen

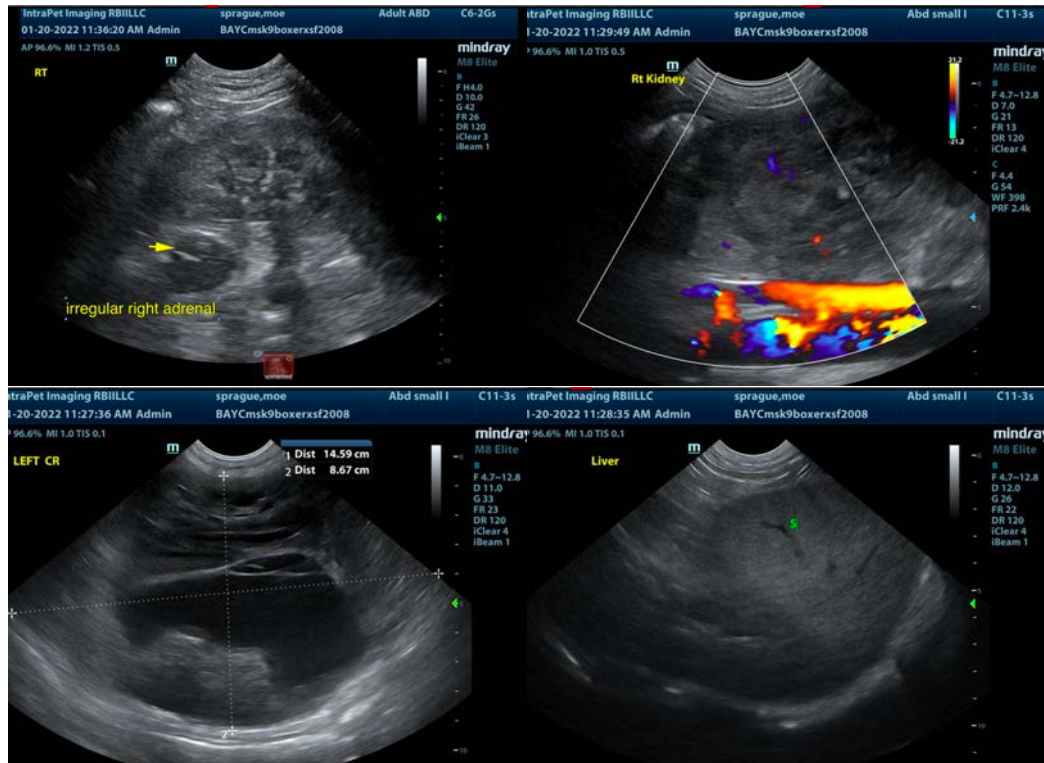
The left cranial abdomen revealed a cystic complex 15.0 cm x 8.7 cm mass. The mass appeared to impinge upon the spleen, yet a connection could not be made. A separate mass was noted, deriving from the retroperitoneal space or right kidney. Both masses have a sarcoma type appearance and do not appear overtly resectable. Ultrasound guided FNA of both masses warranted. CT evaluation warranted. There is a possibility that given the contour and echotexture of the masses that they may be related to the right adrenal, as the echotexture and pattern are similar to that of the right adrenal.

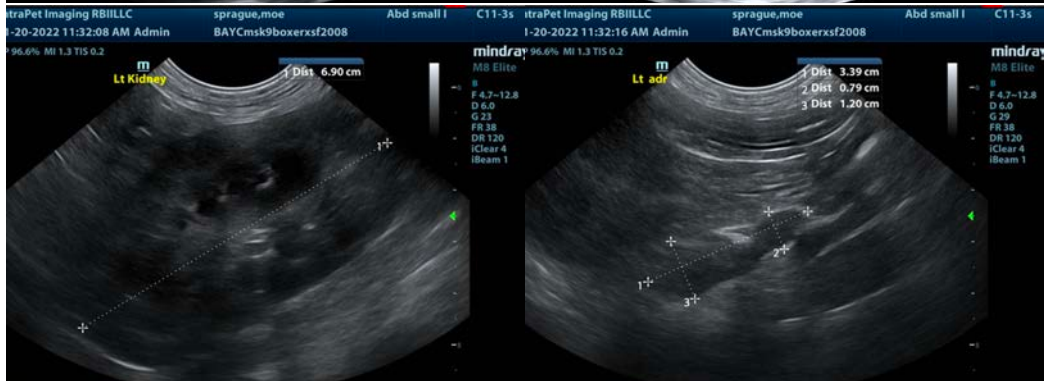
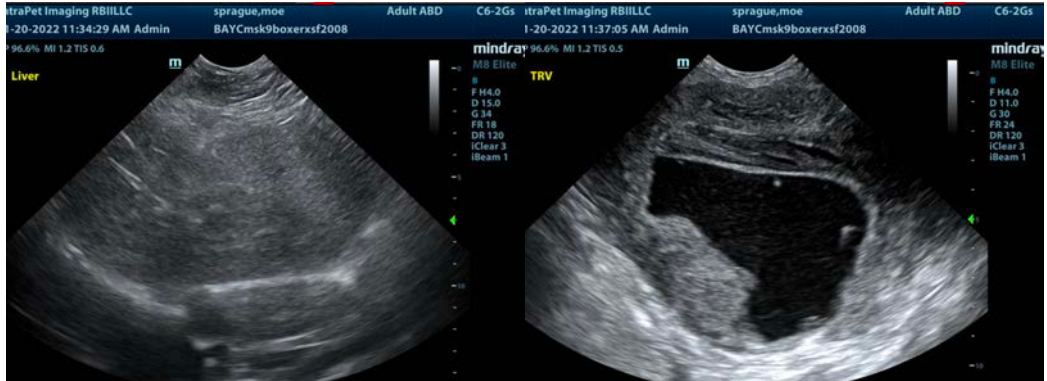
ULTRASONOGRAPHIC FINDINGS

- Two separate unidentified masses in the left cranial abdomen and retroperitoneal space attached to the right kidney.
- Irregular right adrenal gland with similar echotexture
- Nodular hepatic changes
- Deviated spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for potential surgical planning. However, I doubt that clean surgical resection is an option in this patient. FNA of the undifferentiated masses, serial blood pressures, and FNA of the liver all indicated with ideally CT evaluation with contrast.





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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