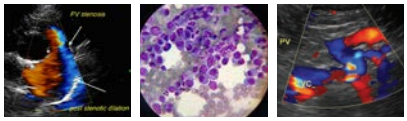
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

1/6/23

PATIENT

Lola Walter

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

8/30/09

WEIGHT

18.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

44053

PRESENTING CLINICAL SIGNS

Lethargic, loose stools, not interested in eating.

Current Medications: None listed.
Lab Results: Pending.
Radiographs: Cranial abdominal mass caudal to stomach.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed By: Stephanie Warga 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 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 right kidney measured 4.04 cm. The left kidney measured 4.48 cm. Pinpoint mineralizations noted in both kidneys.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 2.03 cm x 0.63 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 1.61 cm x 0.46 cm at the cauda pole and 0.47 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive mixed hypoechoic 5.0 cm x 4.7 cm parenchymal mass deriving from the mid cranial body. No evidence cavitation noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. This is consistent with chronic inflammatory hepatopathy. 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. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

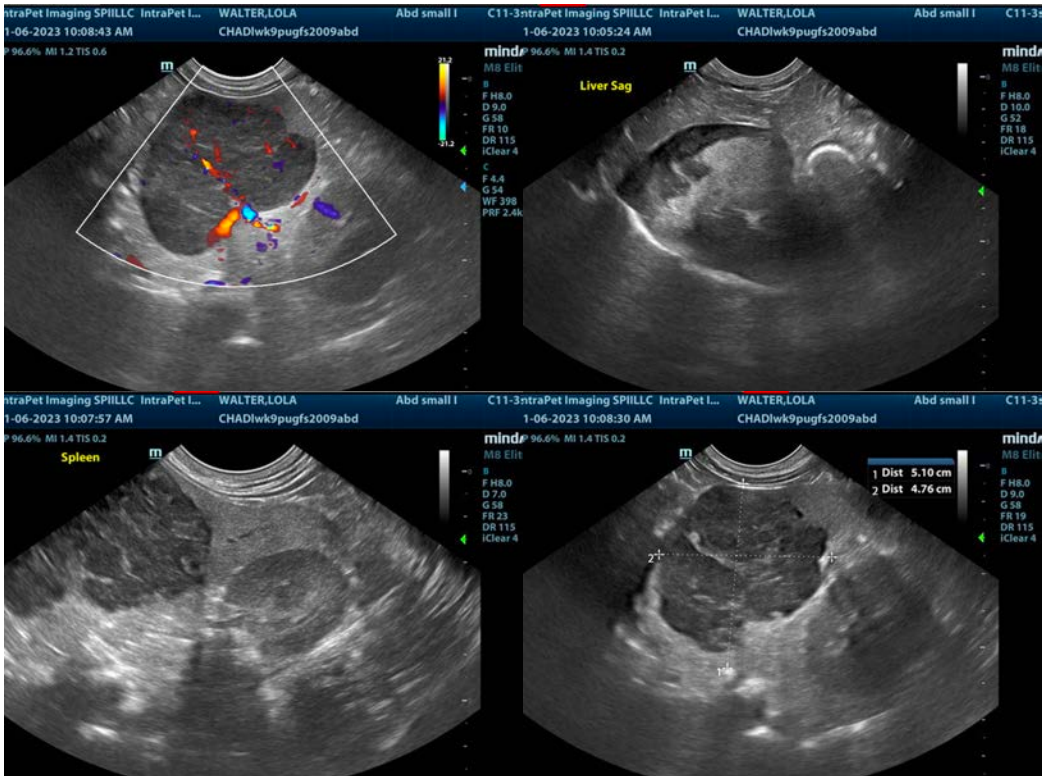
ULTRASONOGRAPHIC FINDINGS

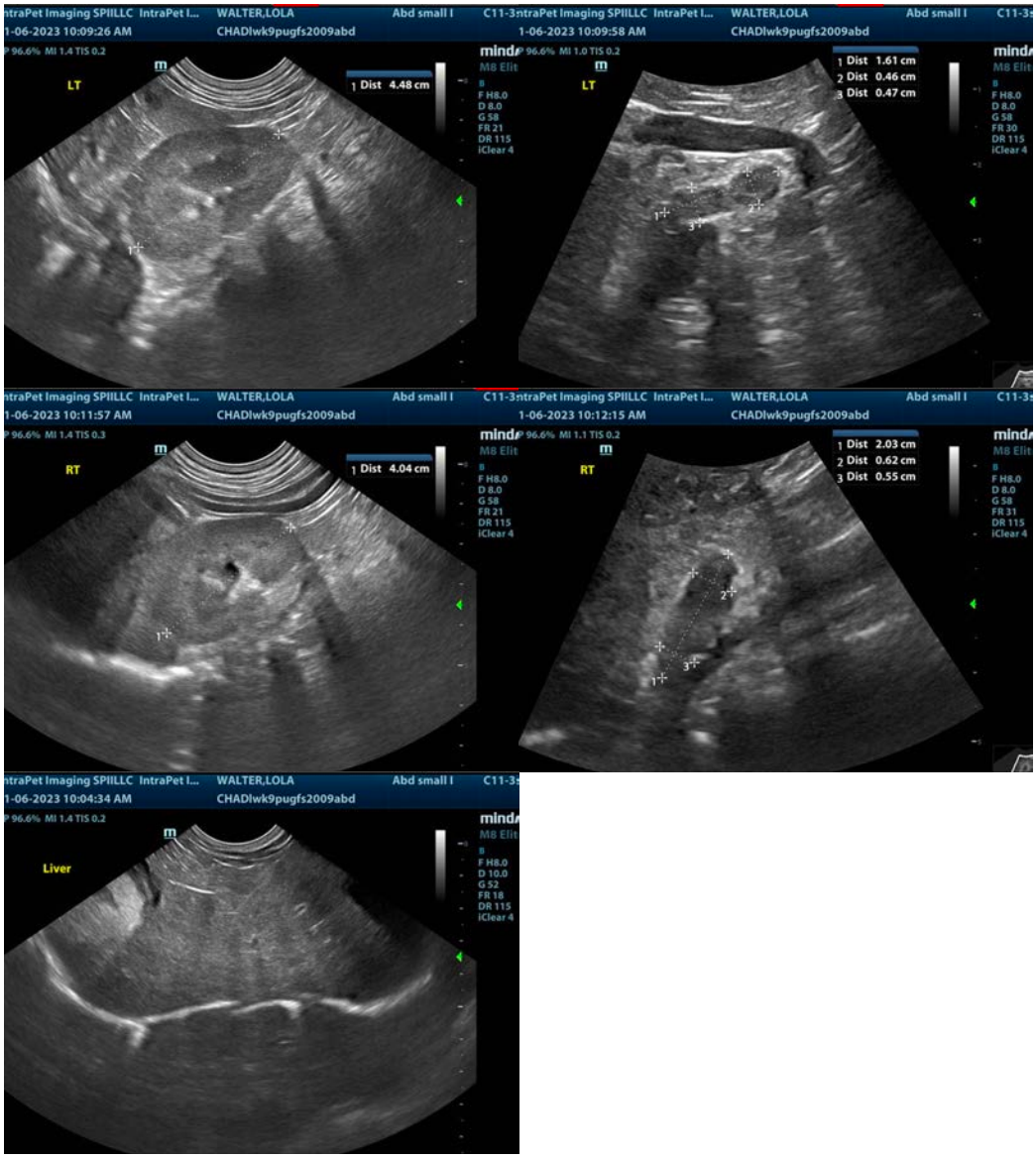
- Splenic mass
- Minor pinpoint nephrolithiasis bilaterally, non-obstructive
- Excessive gallbladder debris
- Age related adrenal changes
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend chest radiographs and exploratory splenectomy with manual expression of the gallbladder to enhance bile flow, given the excessive sludge. Liver biopsy indicated to assess for micrometastasis. Other minor heterogeneous nodular changes noted in the spleen. Round cell neoplasia, stromal tumor, hemangiosarcoma, benign hyperplasia with mass effect all possible, yet the mass meets neoplastic criteria and is fairly vascular. Therefore, surgical removal is strongly encouraged. Screening FNA of the splenic mass and liver could be considered. However, no macroscopic pathology within the liver that would suggest metastatic disease.

Radiographs: Irregular tissue density in the cranial abdomen.





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.

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