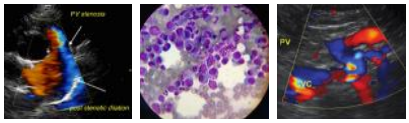
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
10/21/22

PATIENT
Django Bono

SPECIES
Canine

BREED
Irish Wolfhound

SEX
Intact Male

AGE
11/18/16

WEIGHT
155 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Willer

INVOICE
17843

PRESENTING CLINICAL SIGNS

History: Over the past week- a few days ago- vomiting, lethargic; then did not want to get up, did not want to eat; owner had to force feed water to him; but then steadily improving- today- is able to get up and walk around; is able to stand and urinate- but is not eating went to RDVM- painful abdomen; lateral xrays taken; bloodwork- ALT - 942: PLT- 150 referred for continued care

Current Medications: Famotidine, Buprenorphine, Ampicillin, Cerenia.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 **prostate** was uniform, measuring 4.9 cm.

The **testicles** were imaged and found to be uniform. No evidence of pathology.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 9.78 cm. The left kidney measured 9.78 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 3.15 cm x 0.52 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen was noted.

Liver

The majority of the **liver** appeared to be unremarkable with uniform parenchyma. The gallbladder and common bile duct were 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 visible **pancreas** appeared unremarkable, except where the mass is laying.

Free Abdomen

An undifferentiated hypoechoic 9.3 cm **mass** was noted in the right cranial abdomen with regional inflammation. Significant inflammation was present. Given the pattern, the mass appears to be potentially adhered to the abdominal vault.

A minor amount of **free fluid** was noted in the abdomen.

Other

A rapid view of the **heart** revealed no evident pathology.

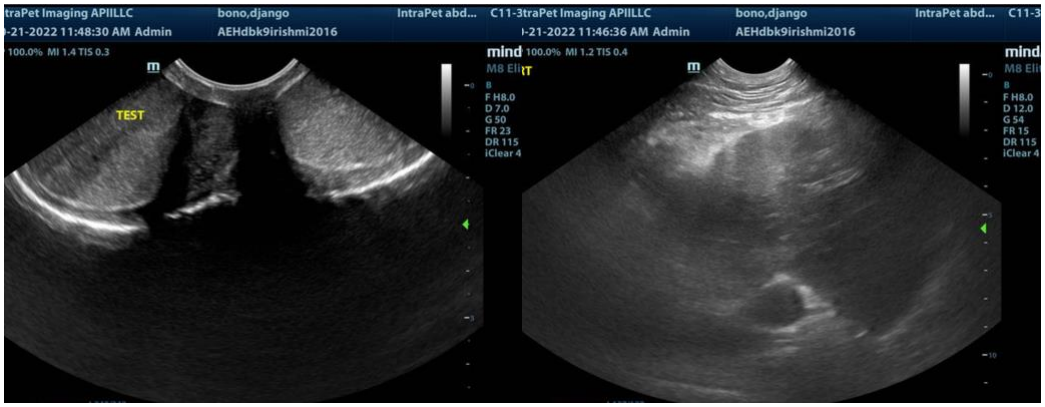
A trace amount of **pleural effusion** is noted through the diaphragm.

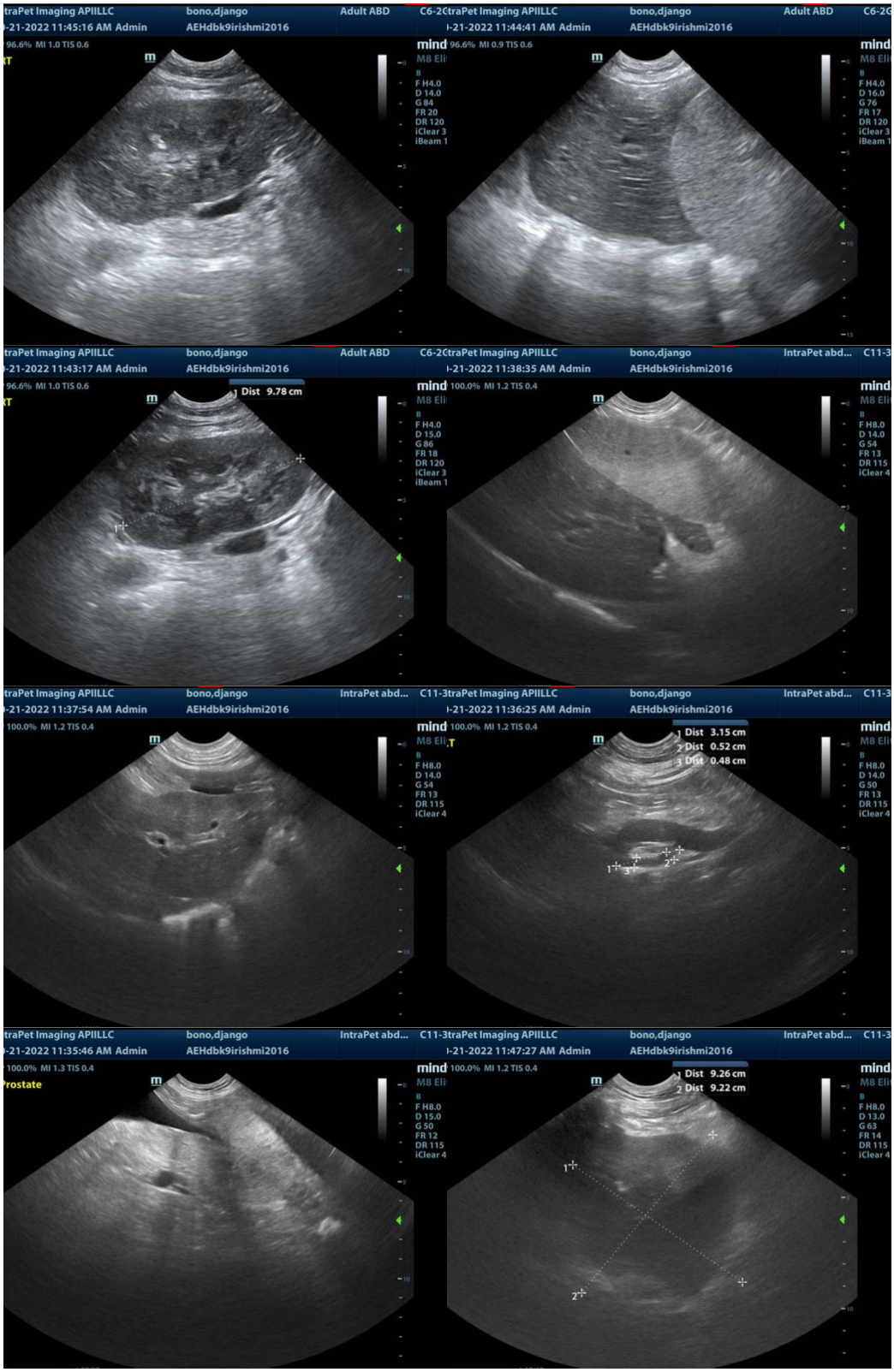
ULTRASONOGRAPHIC FINDINGS

- Mass in the right cranial abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass has hepatic type architecture; however, I cannot link it directly to the liver. The mass is also in the area of the right adrenal gland, right adrenal origin cannot be ruled out. Given the ALT elevation, along with this presentation, I believe this is hepatic origin in all likelihood. FNA is indicated. Pleurocentesis and cytospin are warranted. Abdominal chest CT is indicated for further definition, however, prognosis is guarded to poor and the mass does not appear overtly resectable.

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bono,django
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D 14.0
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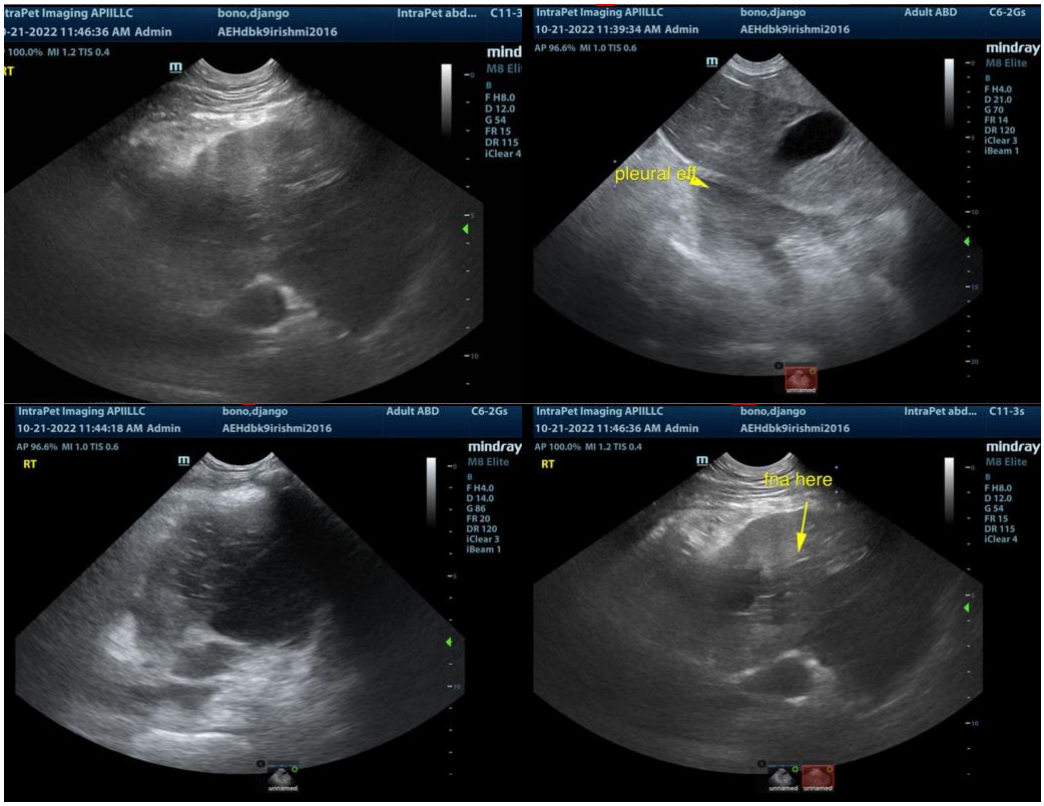

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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