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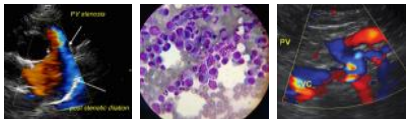

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/22/21

PATIENT

Jersey Dillport

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

11/30/2008

WEIGHT

37 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Clinic of Whiteford

REFERRING VET

Dr. Everhart

INVOICE

14001

PRESENTING CLINICAL SIGNS

History: coughing, cardiac murmur, possible abdominal mass.
Current Medications: Derramax 25mg SID.
Lab Results: chem/ cbc/ thoracic rad/ abdominal rad- pending.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Propofol and Isoflurane.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was moderately thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. A minimal amount of urine was present at the time of the sonogram.

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Mineralization was noted in the kidneys. The right kidney measured 5.58 cm.

The **left kidney** revealed a hypoechoic nodule at the caudal cortex with regional inflammation, measuring 0.91 cm x 0.59 cm. The left kidney measured 6.53 cm.

Adrenal Glands

The **right adrenal gland** was enlarged, measuring 2.84 cm x 1.41 cm at the caudal pole and 1.54 cm at the cranial pole. Capsular expansion and heterogeneous parenchymal changes were noted.

The **left adrenal gland** was enlarged, irregular and heterogeneous, measuring 2.77 cm x 1.29 cm at the cranial pole and 0.84 cm at the caudal pole. Capsular expansion was noted.

Spleen

The **spleen** revealed an expansive mixed echogenic parenchymal mass, measuring approximately 5.0 cm. The splenic mass appeared to derive from the cranial pole. Heterogeneous changes were noted elsewhere in the spleen.

Liver

The **liver** revealed uniform vacuolar hepatopathy pattern with isoechoic and nodular changes with occasional cysts. Lobar impingement upon the gallbladder was noted.

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.

Free Abdomen

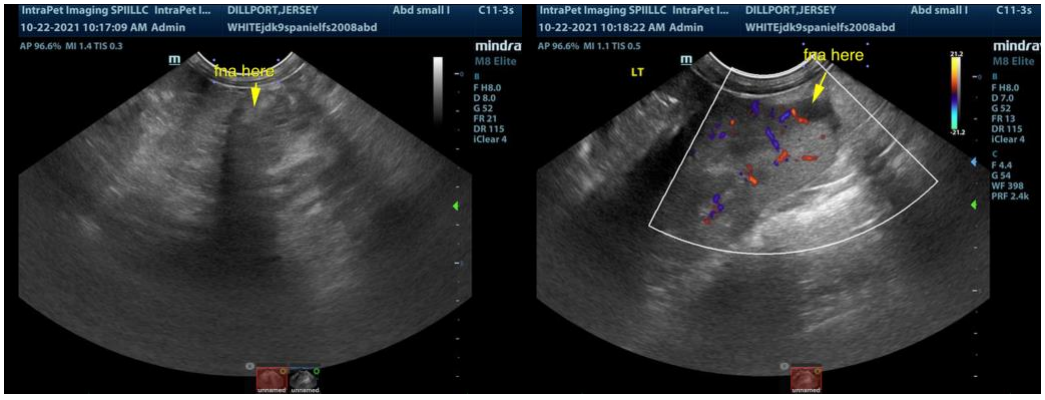
A 3.31 cm x 2.26 cm mixed hypoechoic mass was noted in the left cranial **abdomen**.

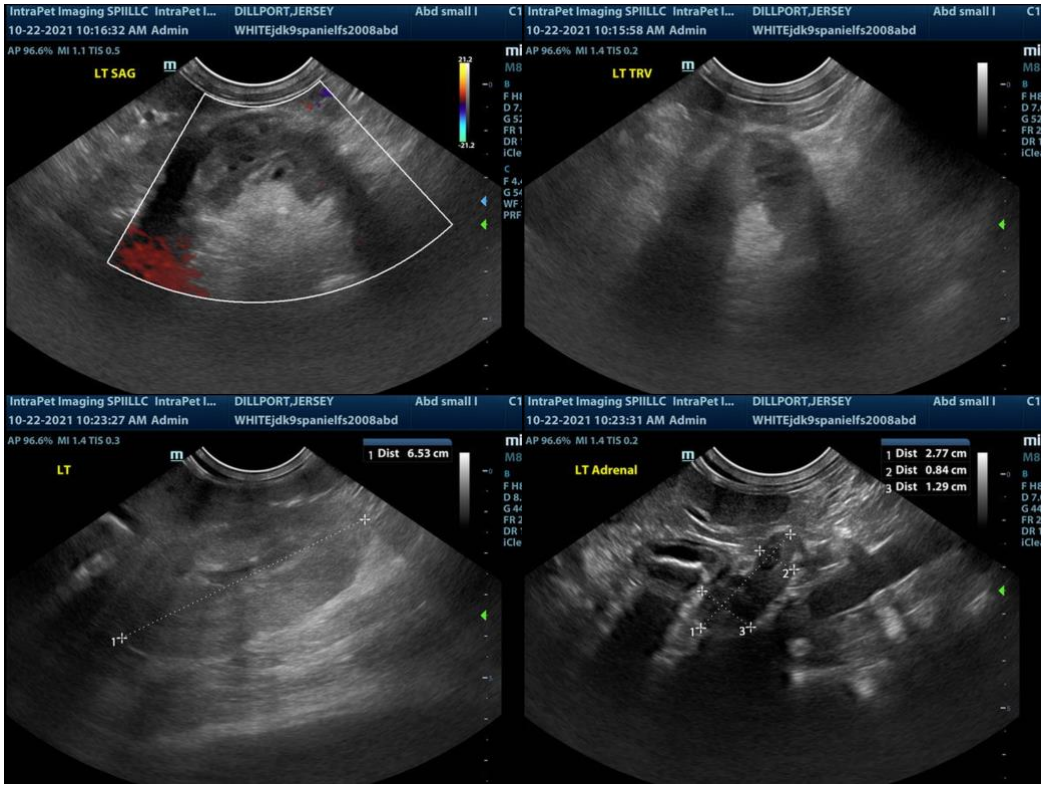
ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Concerning nodule at the caudal pole of the left kidney
- Undefined mass cranial to the left kidney in the left cranial abdomen (region of the pancreas)
- Enlarged irregular adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left cranial mass could be attached to one of the adrenal glands, however, no direct connection could be made. Exploratory surgery could be considered in this patient with splenectomy and left cranial mass inspection and possible removal, however, I am concerned for metastatic disease to the left kidney. I recommend FNA of the left kidney, left cranial abdominal mass and splenic mass for staging purposes prior to any surgical intervention. Multicentric neoplasia is suspected. Given the radiographic report on the thorax, I recommend attempting to find an acoustic window access to the consolidations (if possible) and performing ultrasound guided FNA to screen for thoracic metastatic disease vs bronchopneumonia.

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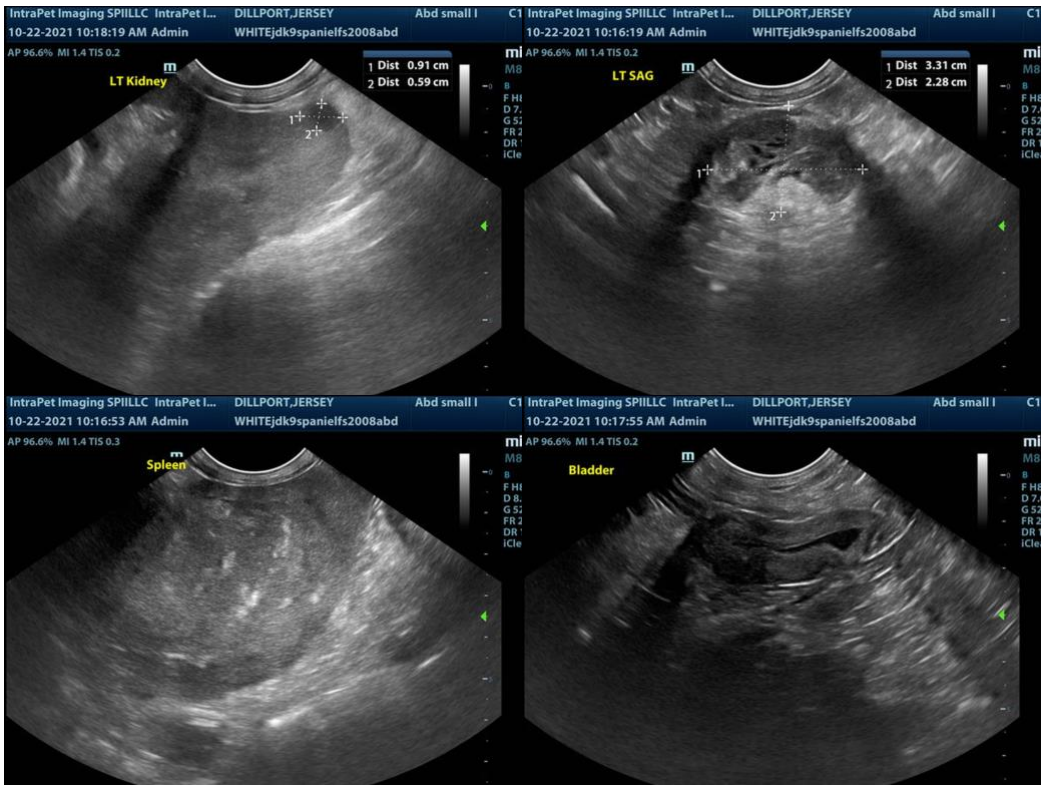
LT Adrenal
1 Dist 2.77 cm
2 Dist 0.84 cm
3 Dist 1.29 cm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LT Kidney
1 Dist 0.91 cm
2 Dist 0.59 cm
IntraPet Imaging SPIILLC IntraPet I... DILLPORT,JERSEY Abd small I C1
10-22-2021 10:16:19 AM Admin WHITEjdk9spanielfs2008abd
AP 96.6% MI 1.4 TIS 0.2
LT SAG
1 Dist 3.31 cm
2 Dist 2.28 cm
IntraPet Imaging SPIILLC IntraPet I... DILLPORT,JERSEY Abd small I C1
10-22-2021 10:16:53 AM Admin WHITEjdk9spanielfs2008abd
AP 96.6% MI 1.4 TIS 0.3
Spleen
IntraPet Imaging SPIILLC IntraPet I... DILLPORT,JERSEY Abd small I C1
10-22-2021 10:17:55 AM Admin WHITEjdk9spanielfs2008abd
AP 96.6% MI 1.4 TIS 0.2
Bladder

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