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Clinical Sonography & Telecytology

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1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/4/22

PATIENT

Summer Brennan

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

2/16/12

WEIGHT

86.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Warga
RDMS, RVT

HOSPITAL NAME

White Marsh AH

REFERRING VET

Dr. Brennan

INVOICE

42559

PRESENTING CLINICAL SIGNS

Hx of SQ mast cell tumor, vomiting, heavy breathing.

Current Medications: Cerenia 4cc SQ, Gabapentin 300mg SID, Carprofen 100mg 1.5 SID, Trazodone 100mg 2 SID PM.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Approved/Requested- Full echo declined at this time.

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. Cortical infarcts and slight pyelectasia noted in the right kidney. The right kidney measured 7.67 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 right adrenal gland measured 3.14 cm x 0.81 cm at the caudal pole and 0.84 cm at the cranial pole. The left adrenal gland measured 3.12 cm x 0.82 cm at the caudal pole and 0.63 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself caudally. Occasional hypoechoic nodule noted.

Liver

The **liver** was largely uniform with occasional hypoechoic nodule up to 1.11 cm. Generalized hepatomegaly and excessive hypoechogenicity noted.

Gastrointestinal Tract & Pancreas

The **stomach** revealed gastric fluid accumulation with mild edematous wall. Enhanced mesentery noted around the stomach and extending into the pancreas. However, largely the pancreas was unremarkable. The small intestine and colon were unremarkable.

Free Abdomen

Subcutaneous caudal abdominal wall revealed a mixed hypoechoic, undifferentiated mass measuring 3.8 cm x 3.6 cm, strongly suggestive for round cell neoplasia.

Iliac lymph nodes were enlarged, rounded, and hypoechoic, measuring up to 1.92 cm x 1.28 cm. A grouping of lymph node measured 4.6 cm.

Rapid view of the heart reveal hypovolemia and mild tachycardia. Assessment for shock indicated. Large amount of thoracic fat present. No evidence of effusion.

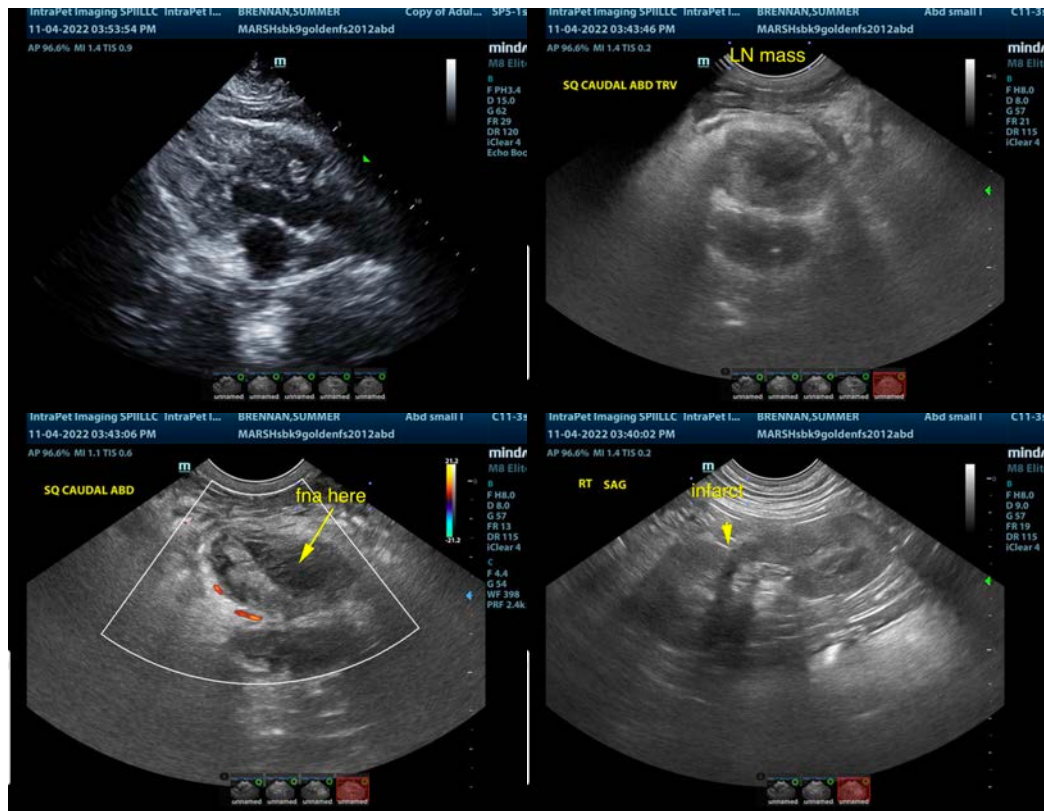
ULTRASONOGRAPHIC FINDINGS

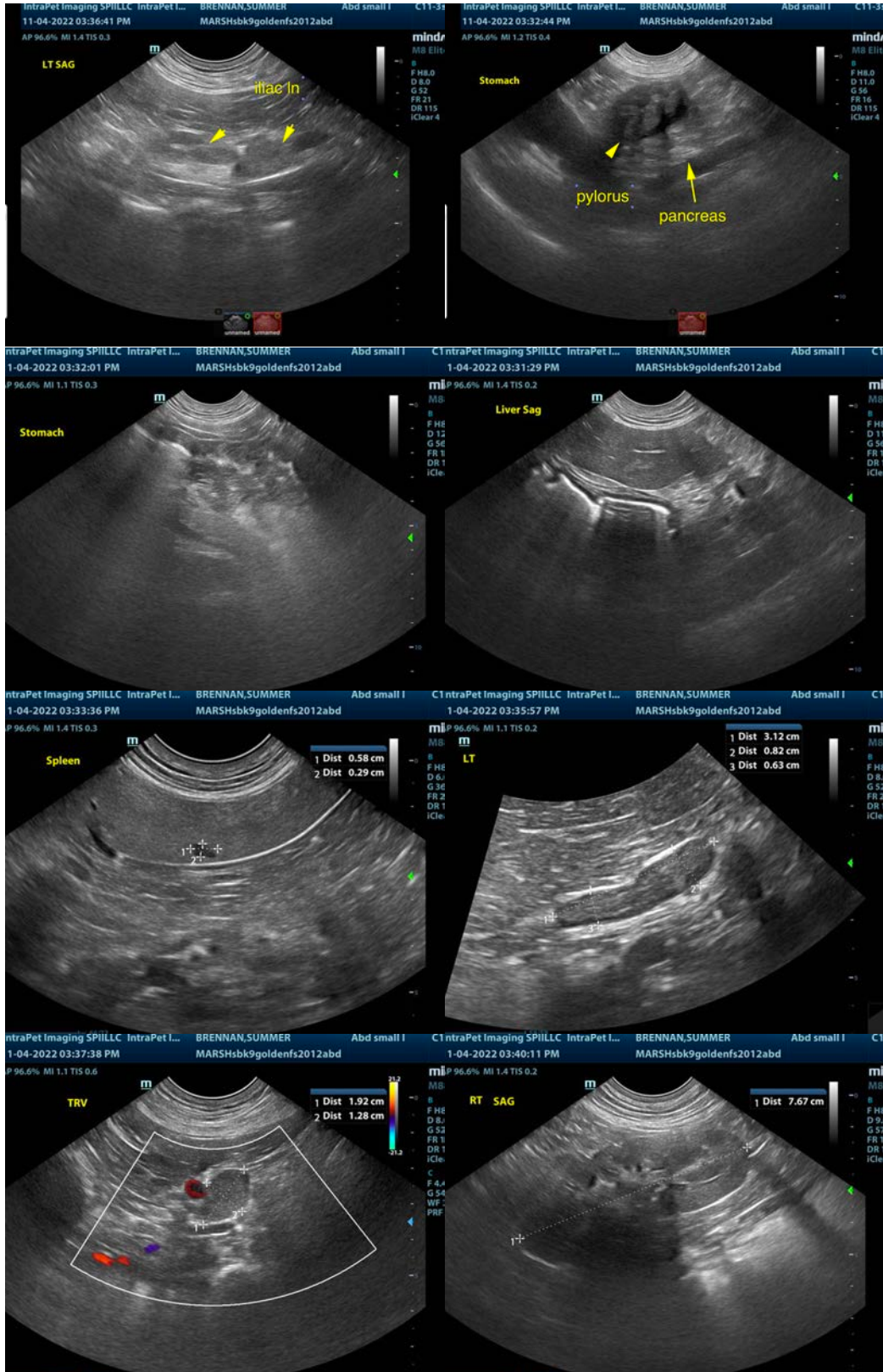
- Swollen liver with nodular changes
- Mildly swollen spleen with splenic fold and nodular changes
- Iliac lymphadenopathy
- Subcutaneous body wall mass
- Right renal infarct and pyelectasia - likely incidental.
- Gastric fluid and edematous wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the body wall mass, spleen, and liver all indicated for staging purposes. Strong concern for round cell neoplasia. GI protectants and treatment for underlying gastritis warranted as a palliative measure. Urinary workup warranted if not already performed, given the pyelectasia.

Radiographs: Mild hepatomegaly, mild splenomegaly.







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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