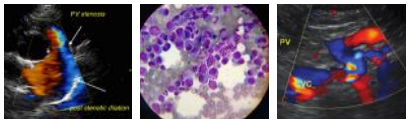
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/10/21

PATIENT

Bella Farmer

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

8/28/06

WEIGHT

46.6 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Cross

INVOICE

13006

PRESENTING CLINICAL SIGNS

History: Patient treated at Pet Er for constipation on 9/24/21. Patient presented on 12/4/21 for not eating and straining to have a BM.
Patient has a painful abdomen on palpation.

Lab Results: Unremarkable.
Radiographs: Attached separately.
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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **left kidney** revealed an expansive cortical mass, measuring 4.5 cm x 2.18 cm, with ill-defined margins, capsular expansion, pericapsular inflammatory pattern and dorsal cortical disruption. The left kidney measured 3.67 cm.

The **right kidney** presented a similar cortical mass (4.4 cm x 2.2 cm). The right kidney measured 6.33 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 3.3 cm x 0.8 cm at the caudal pole and 0.84 cm at the cranial pole. The right adrenal gland measured 3.2 cm x 0.8 cm at the caudal pole and 0.64 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.

Liver

The **liver** revealed a deep left cranial cystic mass of similar echotexture and disruptive structure compared to that of the renal cortices, likely metastatic lesion impinged upon and/or adhered to the diaphragm. Gallbladder sand and calculi 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. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

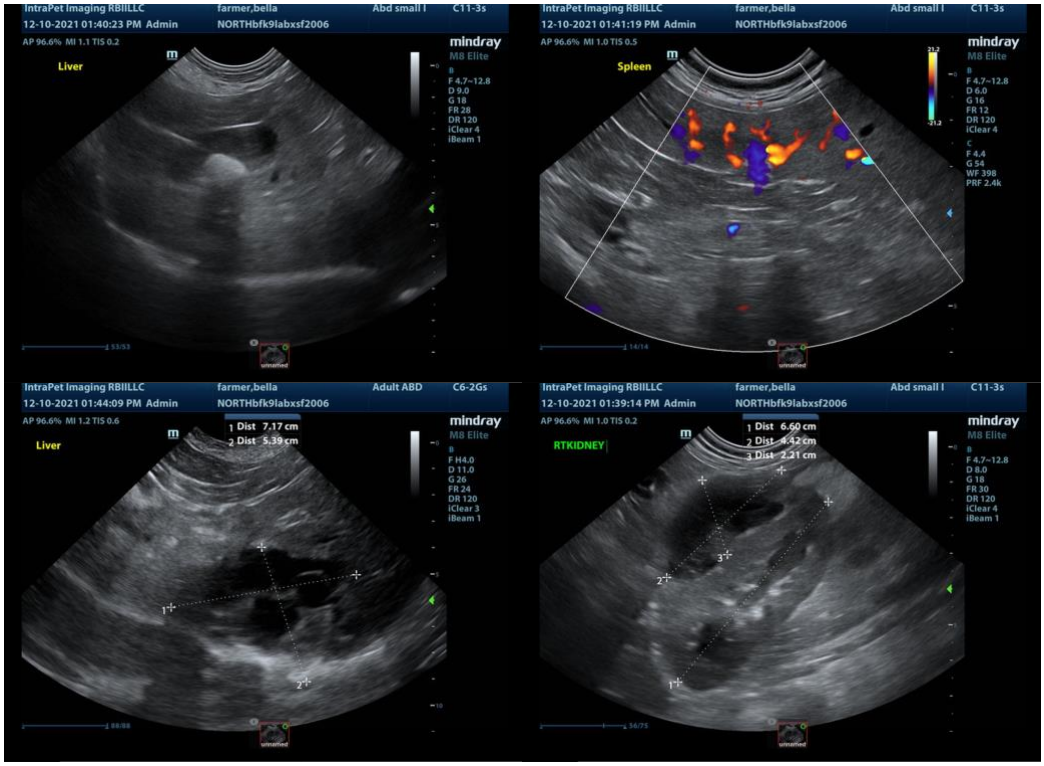
The right caudal **abdomen** revealed an undifferentiated 8.6 cm x 4.3 cm mixed hypoechoic mass of unknown origin.

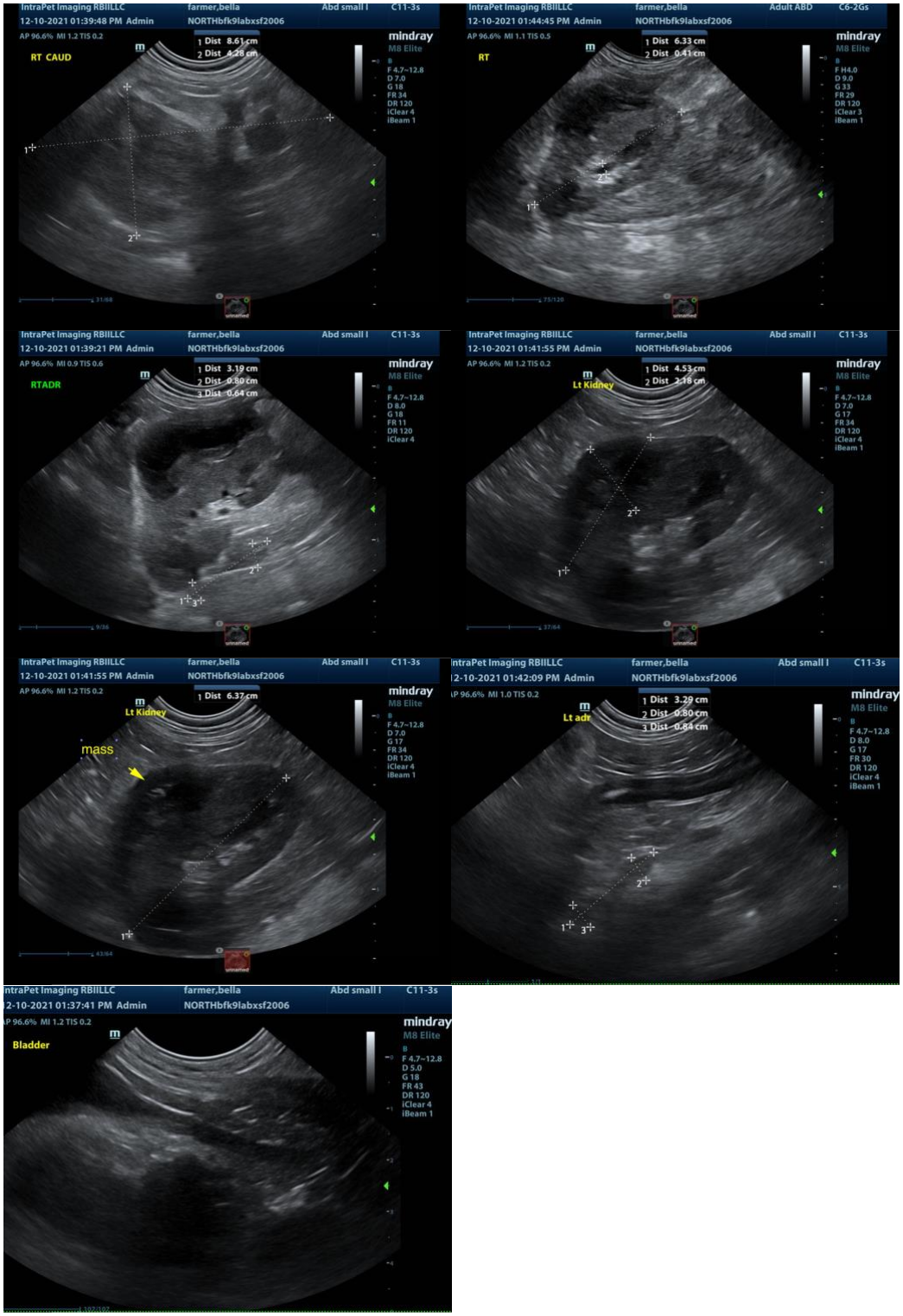
ULTRASONOGRAPHIC FINDINGS

- Bilateral renal masses with cystic hepatic mass, likely metastatic, hemangiosarcoma pattern
- Right caudal abdominal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the parenchymal portions of the masses could be considered for further definition and eventual chemotherapeutic intervention. Prognosis is guarded to poor depending upon cytology results and potential response to chemotherapy.





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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