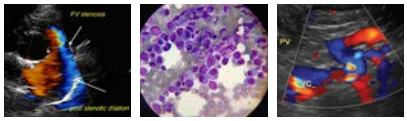
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

12/19/21

PATIENT

Isis Bellone

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

2009

WEIGHT

43 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

33574

PRESENTING CLINICAL SIGNS

12-17-2021 Presenting Complaint: Vomiting. Not Eating. Diabetes Mellitus. History: Last summer she started urinating excessively; would leave spots of urine when sitting down or sleeping. Also owner has noticed her having episodes of panting when she is not hot. Last week she was diagnosed with diabetes. Went yesterday to get insulin and learn how to give; haven't started it yet because she started vomiting and has not been eating.

Medications: amoxicillin, gabapentin, vetsulin, maropitant, benzapril, and protonix.

Lab Results: Elevated WBC 23, Glucose 355, BUN 32, ALP 348, Lipase 3053, Amylase 1801
Radiographs: Xray Abdomen 2 View: Mass effect in chest; possible cardiomegaly +/- mass. Abdomen -- mass in mid-abdomen; possibly associated with spleen.

Date of Previous IntraPet Ultrasound: No previous.

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 **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. Slight pyelectasia noted in the right kidney. The right kidney measured 7.6 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 3.13 cm x 0.92 cm at the caudal pole and 0.73 cm at the cranial pole.

Spleen

The **spleen** revealed a complex mixed hypoechoic 10+ cm mass with mild regional free fluid.

Liver

The right cranial **liver** revealed a continuation of the hepatic parenchyma into the thorax. Diaphragmatic hernia or infiltrative lesion invading the thorax deriving from the liver. This appears to be stable. The remainder of the liver appeared unremarkable. The gallbladder was unremarkable.

Gastrointestinal

Gastric stasis was noted. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was mildly enlarged and slightly irregular, surrounded by free fluid.

Heart

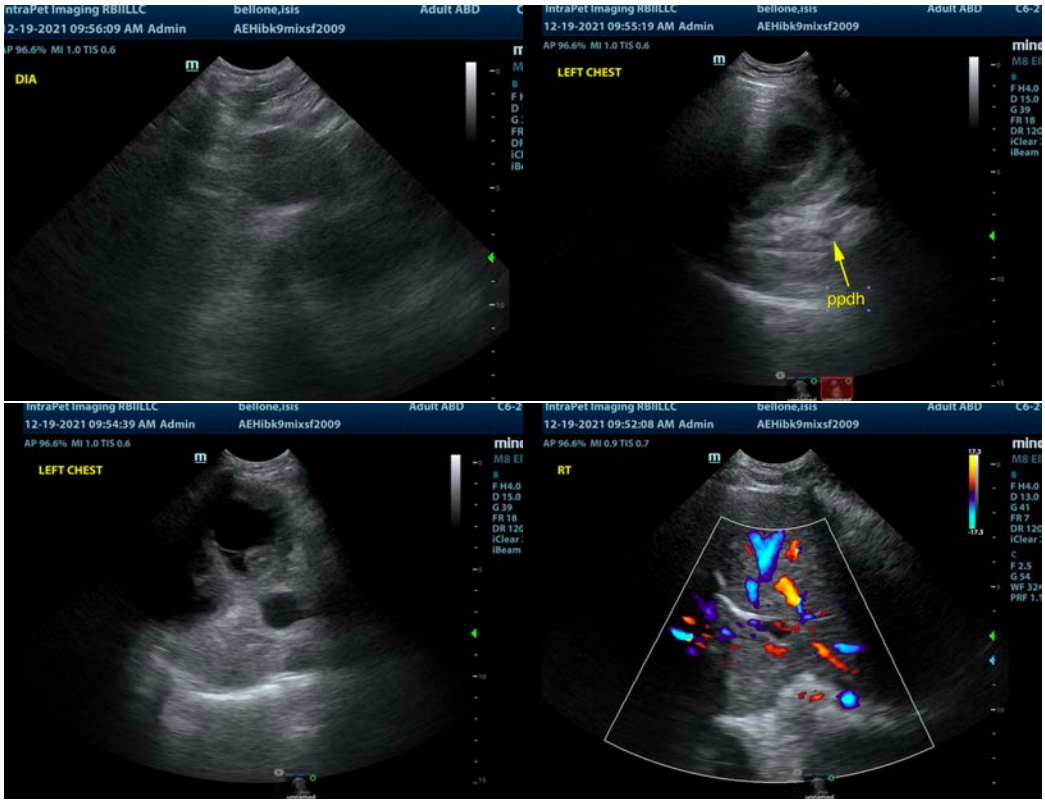
Rapid view of the heart revealed no evident pathology in the right auricle.

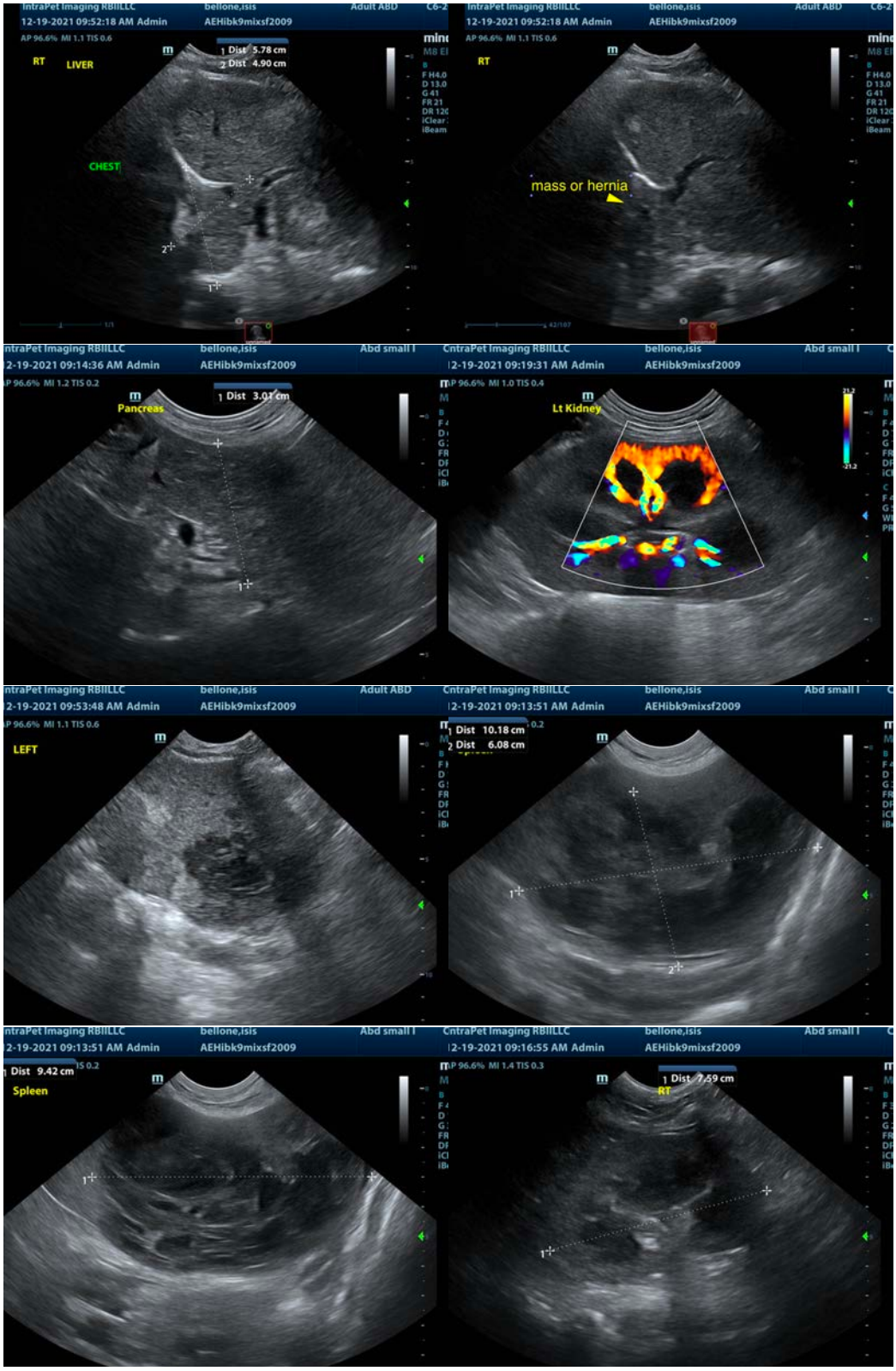
ULTRASONOGRAPHIC FINDINGS

- Splenic mass
- Hepatic diaphragmatic hernia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic diaphragmatic hernia may be congenital and stable. However, a neoplastic process cannot be completely ruled out. Chest CT would be ideal, or direct exploratory surgery. The herniated lesion may be an incidental finding. It appeared to be continuous with the pericardial space. Pericardial diaphragmatic hernia suspected. The splenic pathology is likely the primary cause. Chest radiographs +/- CT recommended to further define the suspected hernia followed by exploratory splenectomy with liver inspection and biopsy. Hemangiosarcoma, round cell neoplasia, hematoma all possible causes of the splenic lesion.

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AEHibk9mixsf2009
RT
LIVER
1 Dist 5.78 cm
2 Dist 4.90 cm
CHEST
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RT
mass or hernia
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Pancreas
1 Dist 3.01 cm
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Lt Kidney
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LEFT
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1 Dist 10.18 cm
2 Dist 6.08 cm
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AEHibk9mixsf2009
1 Dist 9.42 cm
Spleen
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AEHibk9mixsf2009
1 Dist 7.59 cm
RT

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