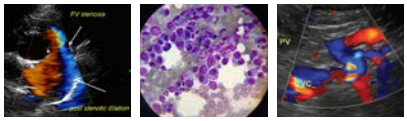
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

12/28/21

PATIENT

Boh Lockwood

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

4/19/11

WEIGHT

102 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Muedeking

INVOICE

33758

PRESENTING CLINICAL SIGNS

History: not wanting to eat on Tuesday or Thursday- has been eating turkey and rice, canned beef and chicken since Friday. Urinated in house 2x- drinking normally. Had crustiness in nose and was breathing heavy.
Lab Results: USG 1.006, pH 9, BUN subnormal 5, ALT 141, ALP 308.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Trazadone 200mg.
Stat Report: 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 and no evidence of pelvic dilation was present. The left kidney measured 8.7 cm with slight mineralization noted. The right kidney measured 8.25 cm.

Adrenal Glands

The **adrenal glands** were not visualized owing to patient demeanor.

Spleen

The **spleen** presented multifocal nodular changes. An overt 3.0 cm mass was noted with regional free fluid. A larger splenic mass measured 10 cm x 7.6 cm.

Liver

The **liver** presented multifocal hypoechoic lesions. Coarse architecture noted with heterogeneous parenchymal changes, non-specific. However, some lesions appear to be target type lesions and may be metastatic from the spleen. The largest nodule measured 3.0 cm. The gallbladder was 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 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

A moderate amount of free fluid was noted in the abdomen.

Rapid view of the heart revealed no evident pathology. The right auricle and pericardium were free of evident metastatic lesions.

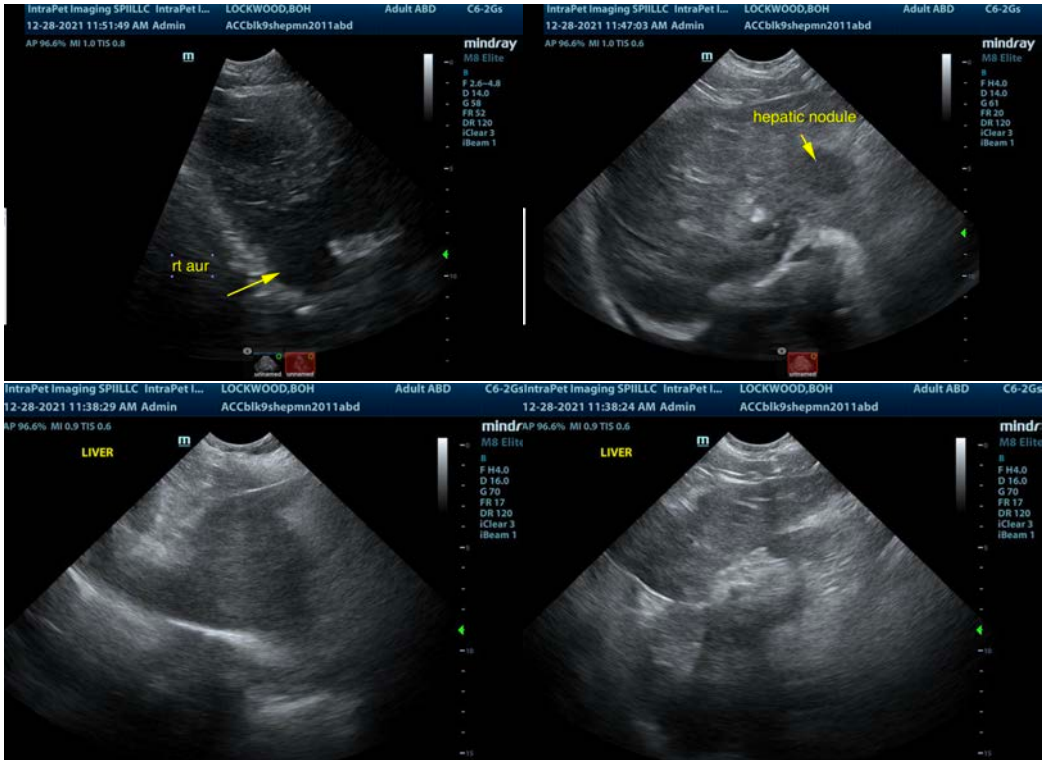
ULTRASONOGRAPHIC FINDINGS

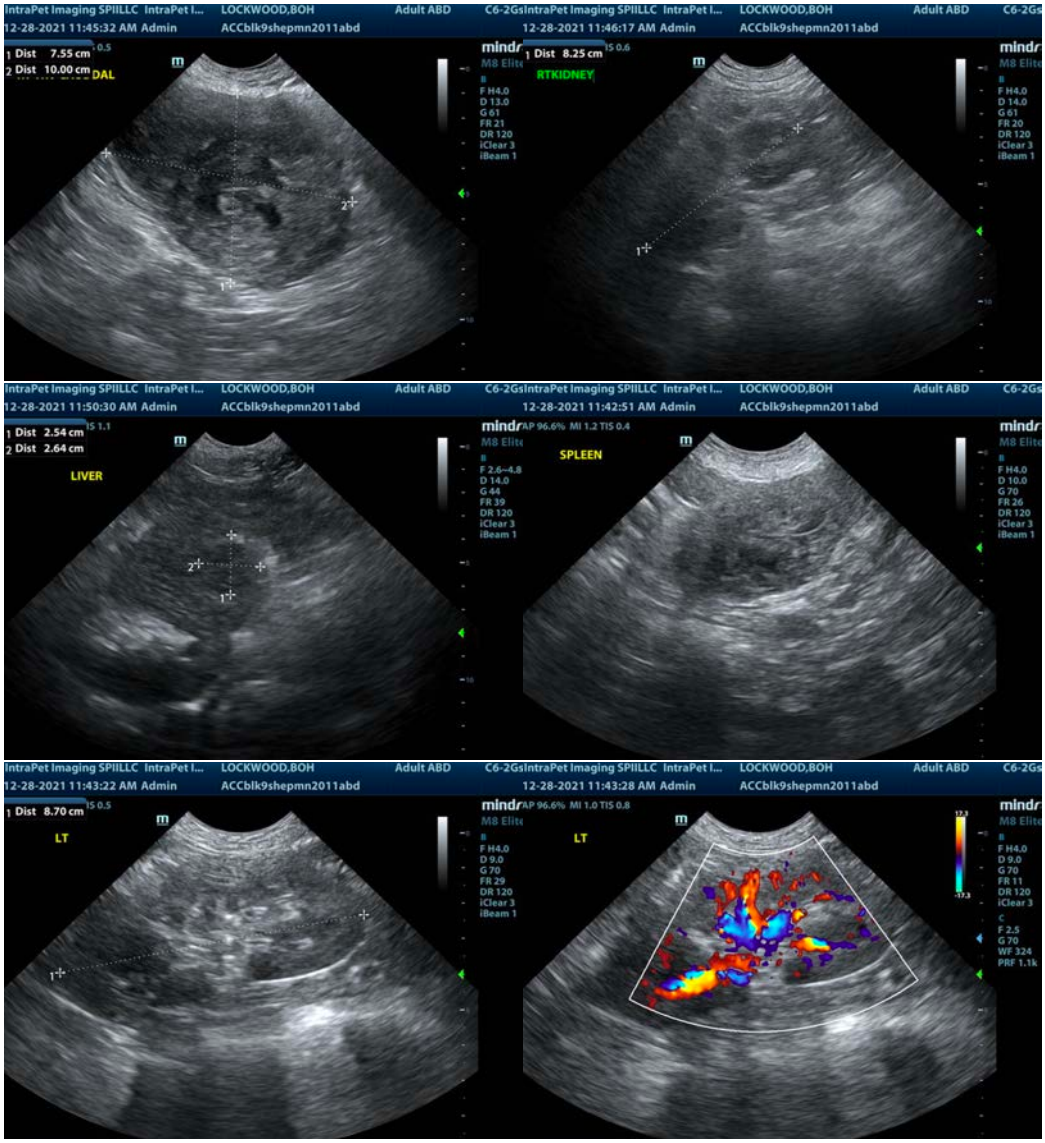
- Splenic masses and disruptive nodular changes
- Heterogeneous liver – suspicion for metastatic disease
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic +/- hepatic hemangiosarcoma suspected. Exploratory surgery indicated if 3-view chest radiographs are free of evident pathology. However, the liver should be fully inspected and biopsied for potential metastatic disease

A full diagnostic scan was unable to be done today. Pet would need further sedation of which was declined at the time of the scan for additional diagnostic imaging.





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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