IMAGING PERFORMED BY

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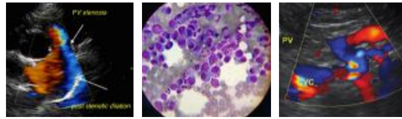

SonoPath
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DATE
12/30/22

PATIENT
Lance Scipioni

SPECIES
Canine

BREED
Labrador

SEX
Neutered Male

AGE
9/2/14

WEIGHT
103 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Goessling

INVOICE
20295

PRESENTING CLINICAL SIGNS

History: Referred for abdominal ultrasound. Seen today by RDVM for limping, firm swelling on right tibial area of 2 months duration. Tried to FNA but wasn't epilating well. Patient then began repeatedly vomiting. NSF on abdominal rads. On blood work- increased ALT, low Na, low K, low Cl, increased eosinophils. Rapidly becoming very depressed in hospital

Current Medications: Buprenorphine, Ondansetron.
Radiographs: Soft tissue swelling of dorsal tibia RHL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 2.0 cm beyond the cystourethral junction.

The **kidneys** were mildly swollen. The left kidney revealed slight irregular subcapsular halo.
The left kidney measured 7.9 cm. The right kidney measured 8.65 cm.

Adrenal Glands
The **left adrenal gland** was 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 3.26 cm x 0.84 cm at the caudal pole and 0.91 cm at the cranial pole.

The **right adrenal gland** revealed a hyperechoic expansive nodule, measuring 1.54 cm. This is likely adenoma. The right adrenal gland measured 3.61 cm x 0.72 cm at the caudal pole and 1.65 cm at the cranial pole.

Spleen
The **spleen** revealed multifocal hypoechoic nodular changes, measuring up to 0.81 cm.

Liver
The **liver** revealed increased portal markings and a moderate amount of remodeling. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was empty. The gastric wall was thickened without overt loss of mural detail, however, hypertrophied mucosal changes were noted. Variable small intestinal thickening was noted with reactive surrounding mesentery. Areas of luminal intestinal stasis were 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

Free fluid was noted in the caudal abdomen.

Other

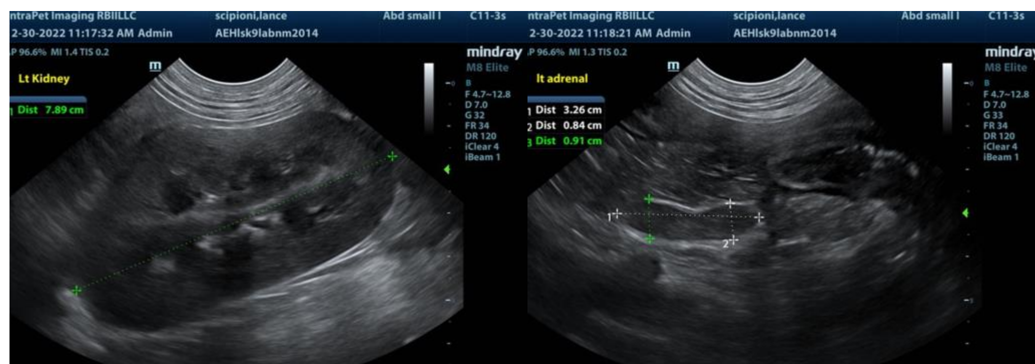
The **right hind leg** revealed a heterogenous hypoechoic mass, measuring approximately 5.0 cm.

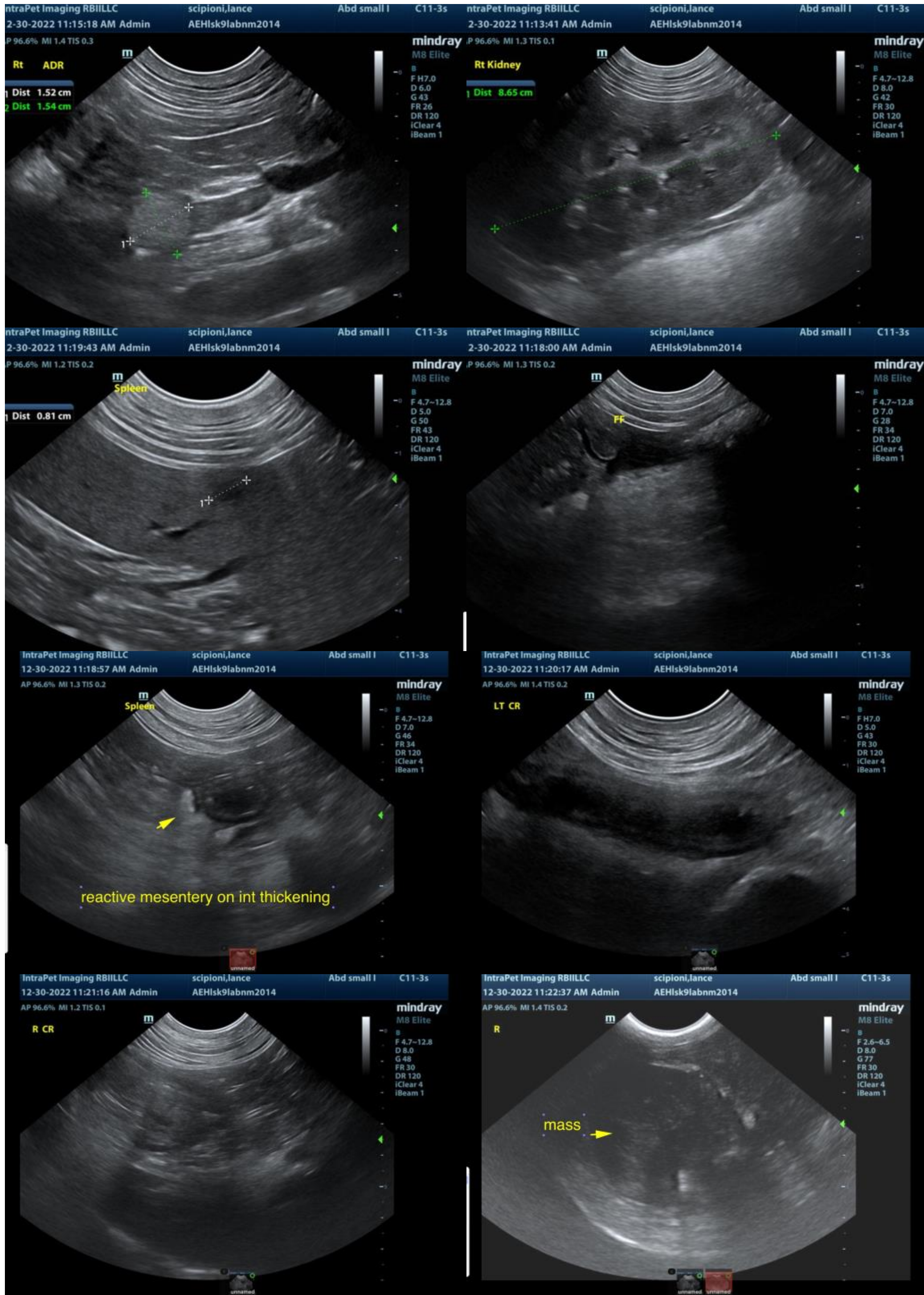
ULTRASONOGRAPHIC FINDINGS

- Upper gastrointestinal thickening with hypertrophied mucosal changes, reactive mesentery and regional stasis
- Micronodular spleen
- Hepatic remodeling
- Right adrenal adenomatous type nodule
- Swollen kidneys with left kidney slight irregular subcapsular halo
- Free fluid
- Mass in the right hind leg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for round cell neoplasia given the global presentation. FNA of the leg mass, spleen, liver and left kidney would be ideal in this patient. The intestinal presentation is concerning, as enteritis with potential emerging intestinal necrosis or round cell neoplasia with reactive mesentery and emerging peritonitis is of clinical concern. However, I recommend global sampling in this patient to assess for multicentric neoplastic process that may be emerging prior to eventual surgical resection of the intestinal presentation. Prognosis is guarded. Medical management for gastrointestinal upset is warranted in the meantime until cytology can be evaluated.





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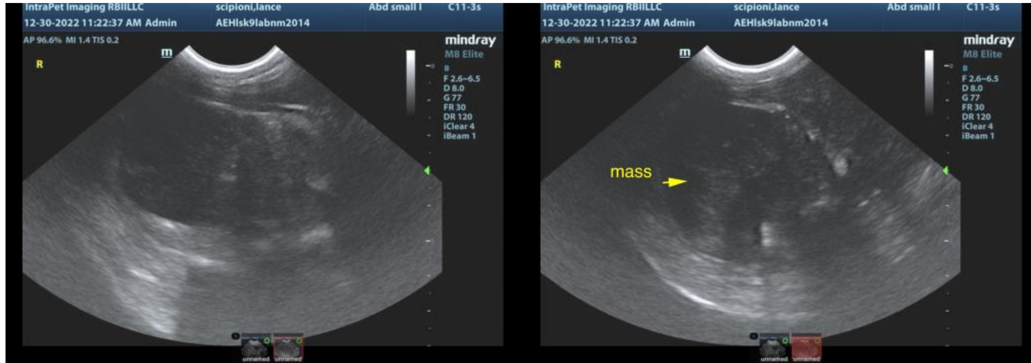

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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