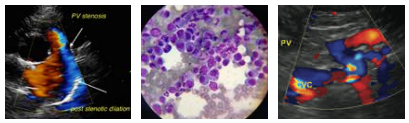
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
2/25/22

PATIENT
Sugah Chandlier

SPECIES
Canine

BREED
English Bulldog

SEX
Spayed Female

AGE
5/28/14

WEIGHT
48.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Martinoli

INVOICE
96355

PRESENTING CLINICAL SIGNS

2/23/22- Was normal earlier today, got a bath then an hour later she had explosive diarrhea. Looked dazed and unresponsive and was drooling extensively. Gums looked very pale to owner. Called RDVM and he recommended she come right in. No history of heart problems. Has always been very lethargic when going on walks but has been like that since a very young dog.
Current Medications: Furosemide, Gabapentin, Buprenorphine.
Lab Results: See attached.
Radiographs: Possible lung mets.
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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.9 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 2.13 x 0.71 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.7 x 1.1 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The **spleen** was hypoechoic with an expansive mass that measured 2.9 x 2.03 cm.

Liver

The **liver** was swollen with increased portal markings. Minor, hypoechoic nodular changes were noted in the liver, yet were non-disruptive. The gallbladder and common bile duct were 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.

Heart

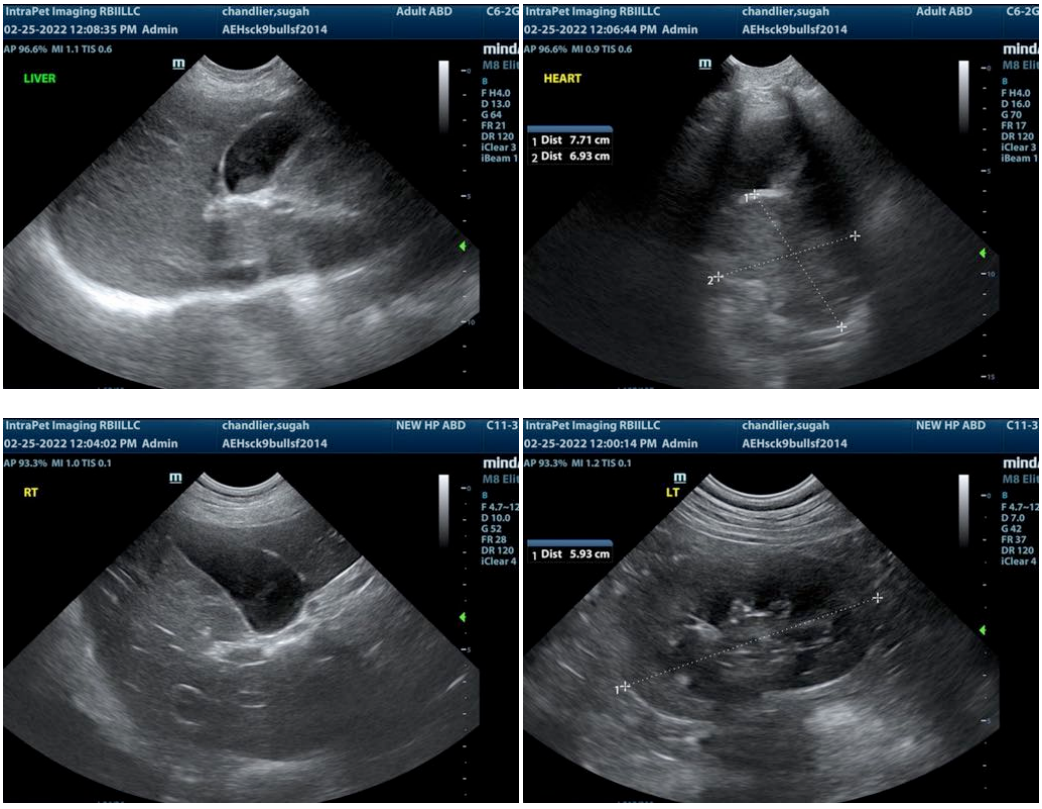
Rapid view of the heart revealed A 7.7 cm, hypoechoic heart base mass. This is likely hemangiosarcoma given the pattern. A separate chest mass was noted and measured 7.53 cm with mixed, hypoechoic changes. The architecture was disrupted. This is likely of lung derivation.

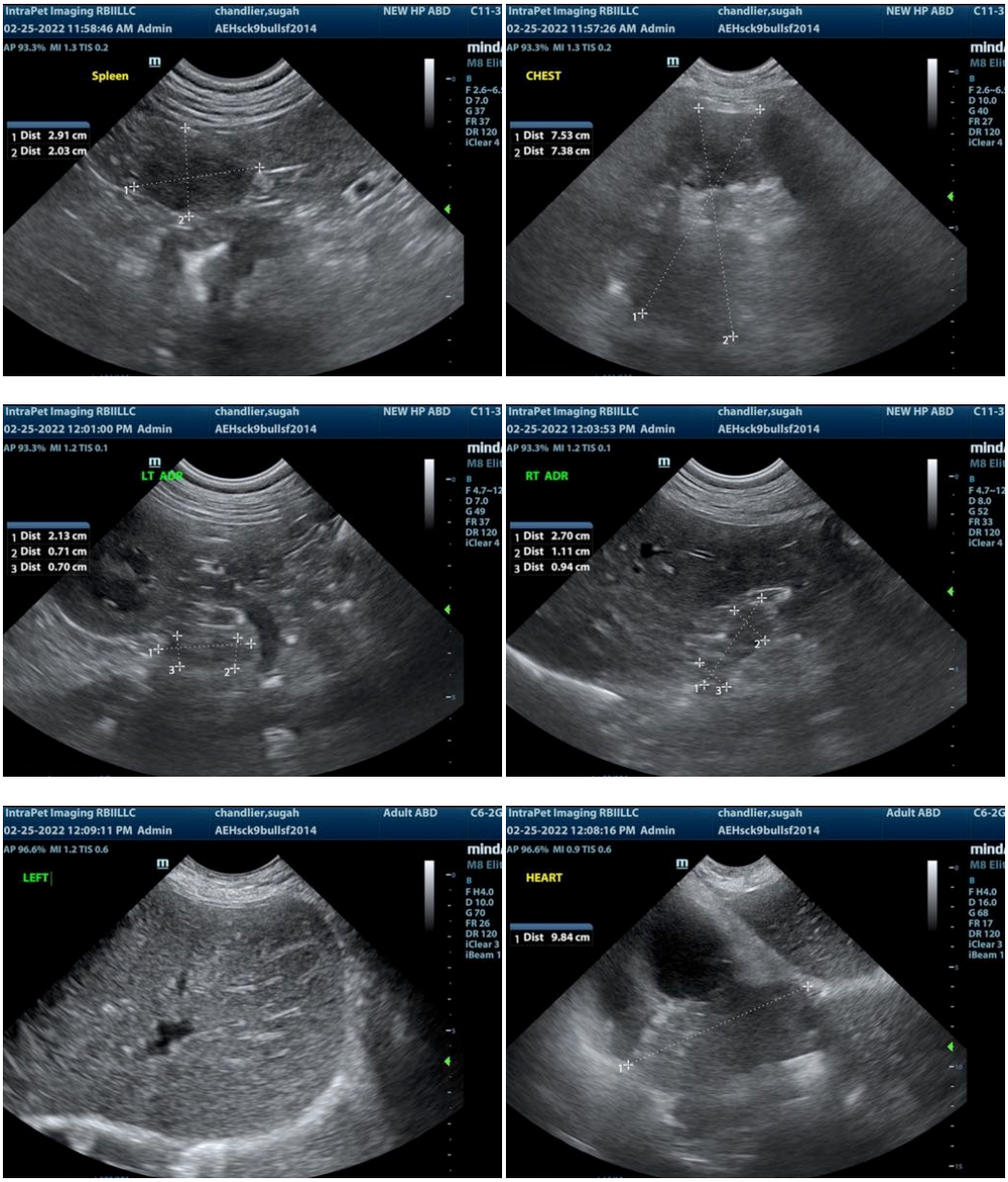
ULTRASONOGRAPHIC FINDINGS

Small splenic mass.
Heart base mass and lung mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric sarcoma is suspected. FNA of the lung and splenic mass could be considered. Oncology review is recommended.





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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