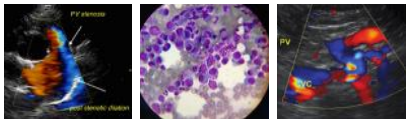
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
3/11/22

PATIENT
Sybil Jacobs

SPECIES
Canine

BREED
Mtn. Curr

SEX
Spayed Female

AGE
3/8/13

WEIGHT
40 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. King

INVOICE
14296

PRESENTING CLINICAL SIGNS

History: Pet was sent by RDVM for ultrasound – notes report a cranial abdominal mass.

Current Medications: None listed.
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 **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 7.1 cm. The right kidney measured 7.0 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 2.46 cm x 0.8 cm at the caudal pole and 0.74 cm at the cranial pole. The right adrenal gland measured 2.77 cm x 0.93 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

The **spleen** revealed a moderately complex cavitated and mineralized/fibrotic mass, measuring 10 cm, deriving from the mid caudal body. Other nodular changes were noted in the spleen.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 left cranial **abdomen** revealed a 2.0 cm, hypoechoic rounded structure, should be inspected at surgery or sampled for staging.

Other

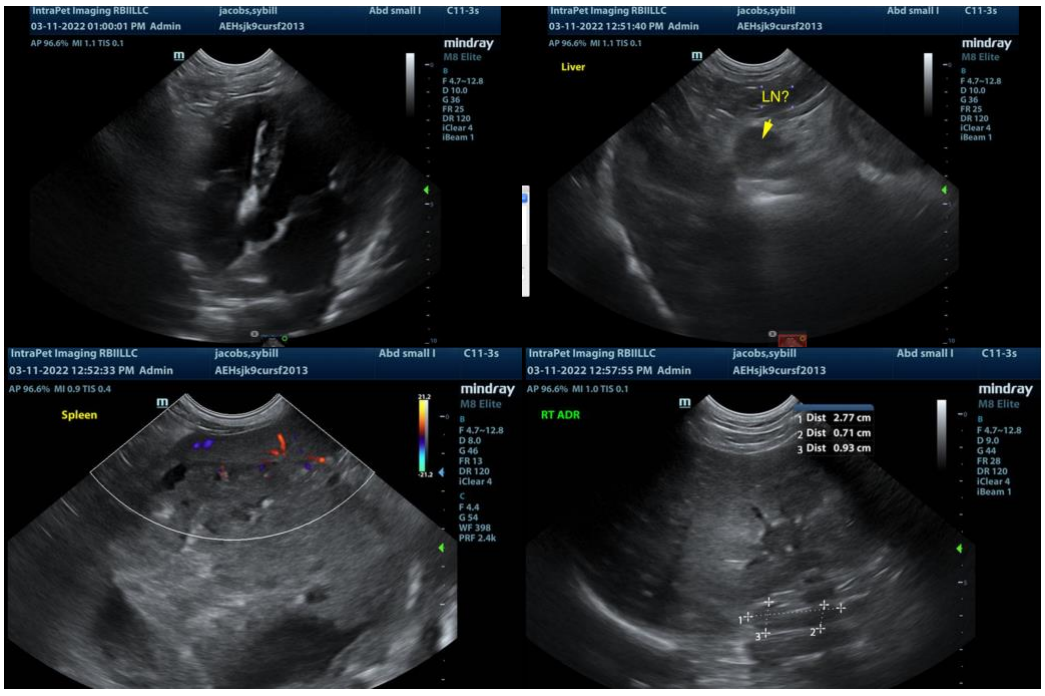
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium. Normal contractility noted. No contraindication to anesthetic procedure.

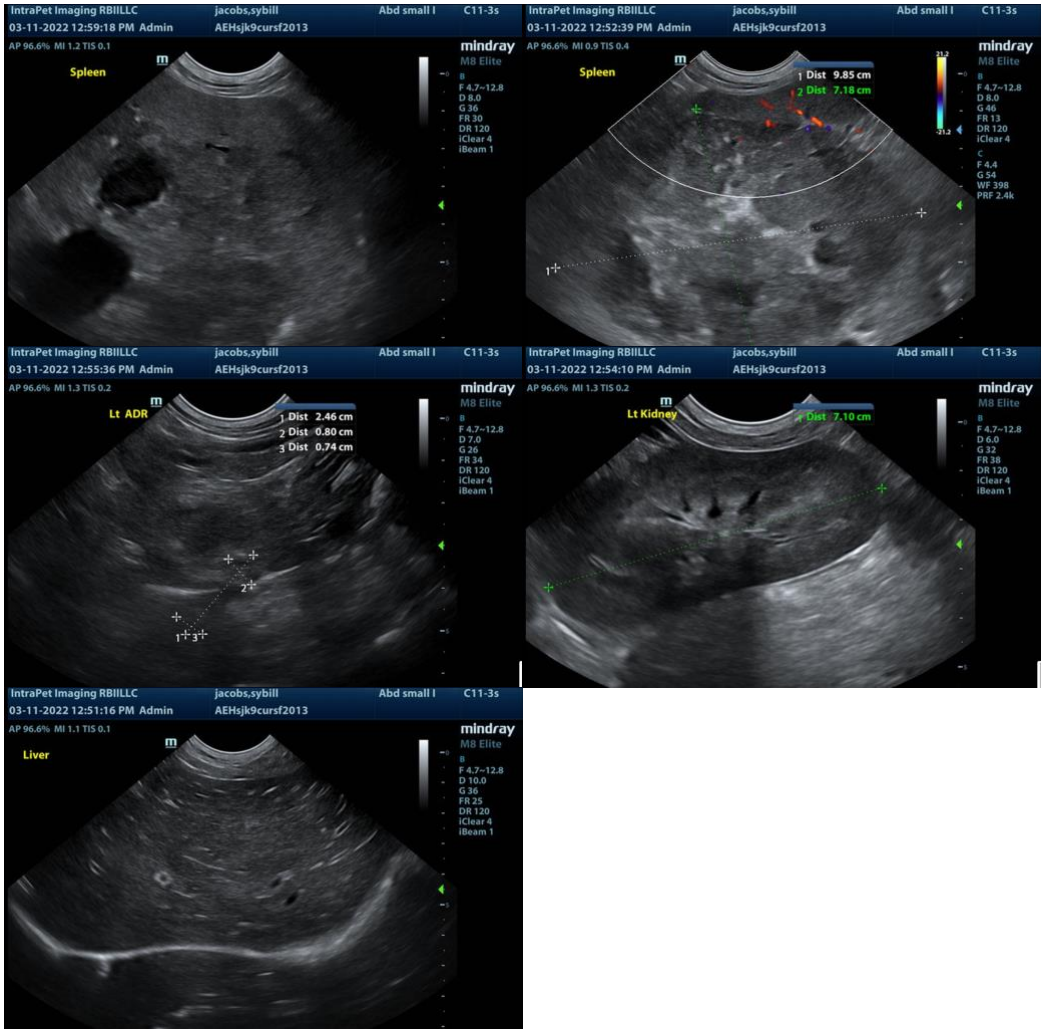
ULTRASONOGRAPHIC FINDINGS

- Splenic mass, appears isolated
- Hypoechoic structure in the left cranial abdomen- should be inspected at surgery or sampled

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery indicated with expectation toward splenectomy, liver inspection and biopsy and inspection of the 2.0 cm structure in the left cranial abdomen. The structure may represent an accessory spleen versus lymph node. Chest radiographs indicated prior to surgery to ensure metastatic disease is not an issue. Portions of the left pancreatic limb may be involved in the splenic pathology. Hemangiosarcoma, fibrosarcoma, benign tumor all possible yet less likely.





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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