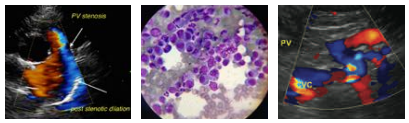
IMAGING PERFORMED BY

IntraPet.com



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

DATE
4/18/22

PATIENT
Derry Walsh

SPECIES
Canine

BREED
Labrador Retriever

SEX
Neutered male

AGE
11/25/12

WEIGHT

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Bayside Animal
Medical Center

REFERRING VET
Dr. Sims

INVOICE
99339

PRESENTING CLINICAL SIGNS

Pet presented for second opinion on hepatomegaly, splenomegaly diagnosed on 4/13/22. Weight loss and anorexia noted. Prior records indicate elevated liver enzymes and mild anemia.
Current Medications: Entyce, Cerenia, Gabapentin.
Lab Results: See attached.
Radiographs: Splenomegaly.
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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.82 cm. The left kidney measured 3.58 cm with splenic masses impinging upon the left kidney.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 3.4 x 1.08 cm at the caudal pole and 1.17 cm at the cranial pole. The left adrenal gland measured 3.44 x 1.16 cm at the cranial pole and 0.96 cm at the caudal pole.

Spleen

Undifferentiated **splenic** masses were noted and measured up to 8.0 cm.

Liver

The **liver** was riddled with multiple, coalescing and distorted target type nodules. Liver masses measured up to 10.5 cm. The gallbladder was deviated by regional mass effects.

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. Multiple, cranial abdominal lymph nodes were enlarged, rounded and hyperechoic measuring up to 2.3 cm.

Pancreas

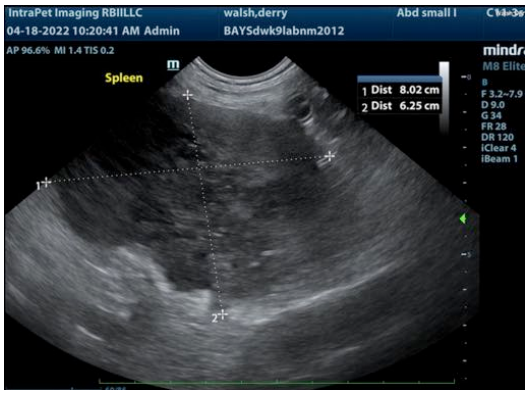
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

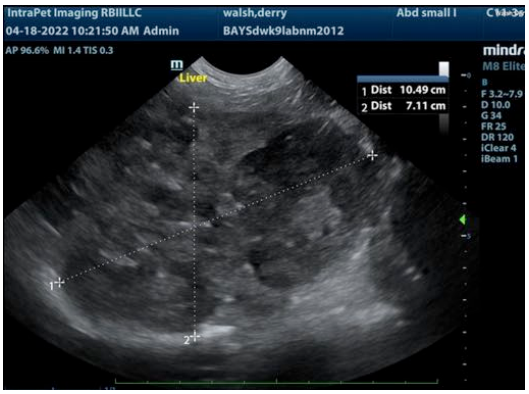
ULTRASONOGRAPHIC FINDINGS

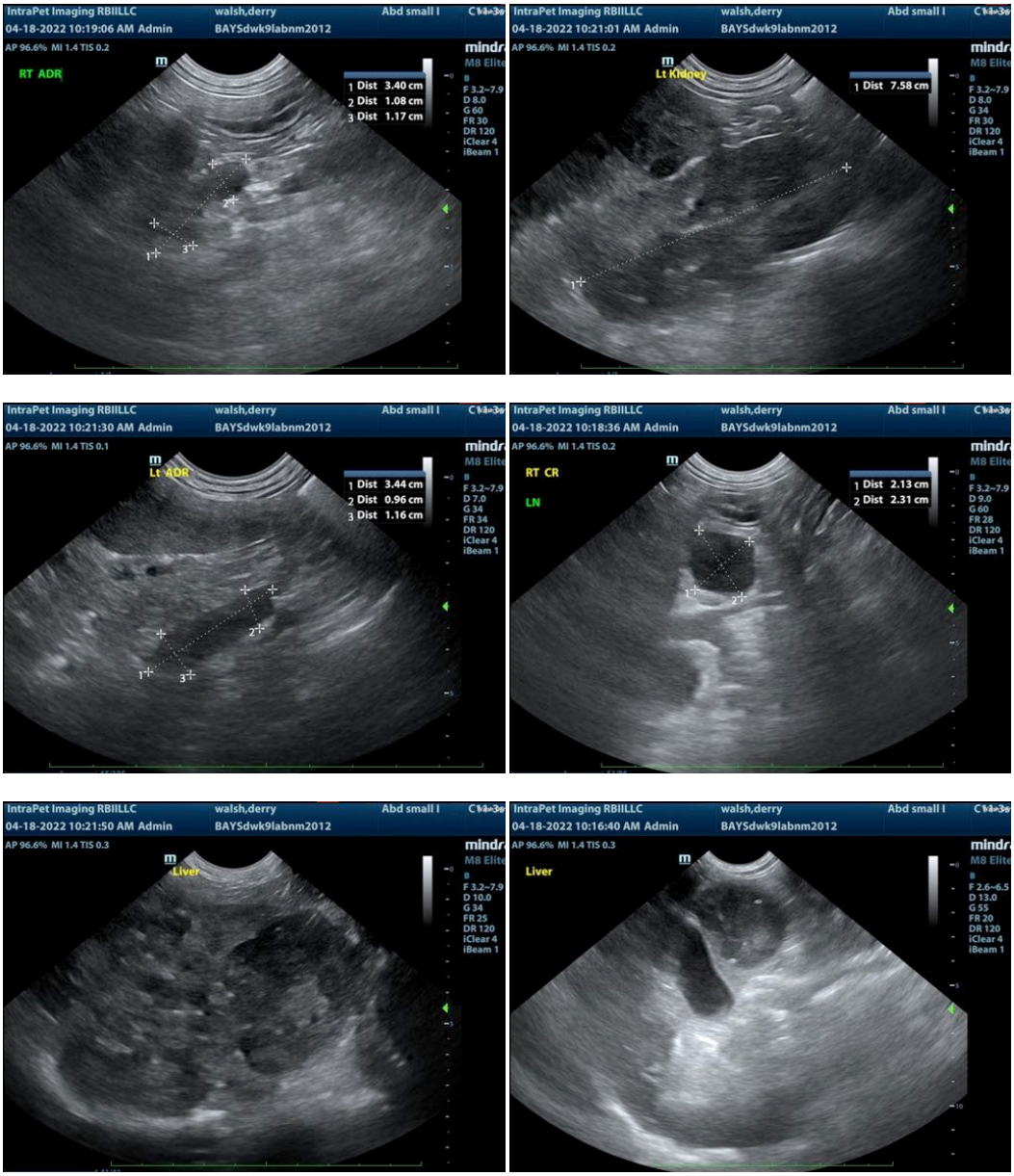
Multi-centric sarcoma pattern in the spleen, liver and lymph nodes with regional inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prognosis is poor. Humane euthanasia should be considered given the extent of the pathology. Variable areas of free fluid were also noted.







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
Eric.Lindquist@SonoPath.com