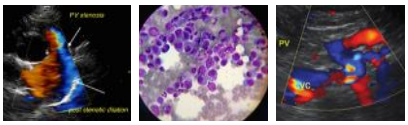
IMAGING PERFORMED BY

IntraPet.com



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

DATE
04/20/2022

PATIENT
Penny Walinski

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed female

AGE
10 years

WEIGHT
87.2 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Northwind Animal Hospital

REFERRING VET

Dr. Wilson

INVOICE

10425ag

PRESENTING CLINICAL SIGNS

P presented on 4/15/22 for anorexia and lethargy. p also has intermittent regurgitation. p loss about 10% body weight since previous presentation 1 month prior. p refuses to eat food, but will consume treats

Current Medications: 4/15/22 cerenia 160 mg: 1 tab PO SID for nausea/vomiting
Lab Results: 4/15/22 cbc and chem: NSF GLU 129
Radiographs: 4/15/22 RL ABD RAD: loss of serosal detail in the cranial/mid abdomen - spleen??
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 mildly 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 6.56 cm in length.

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 3.15 cm in length by 0.8 cm caudal pole width by 0.81 cm cranial pole width. The right adrenal gland measured 2.06 cm in length.

Spleen

The spleen revealed a mixed hypoechoic expansive undifferentiated 9+ cm mass with enhanced surrounding mesentery.

Liver

The liver was riddled with multiple disruptive and distorted target nodules creating multiple masses up to 6 cm. The gallbladder was deviated yet 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

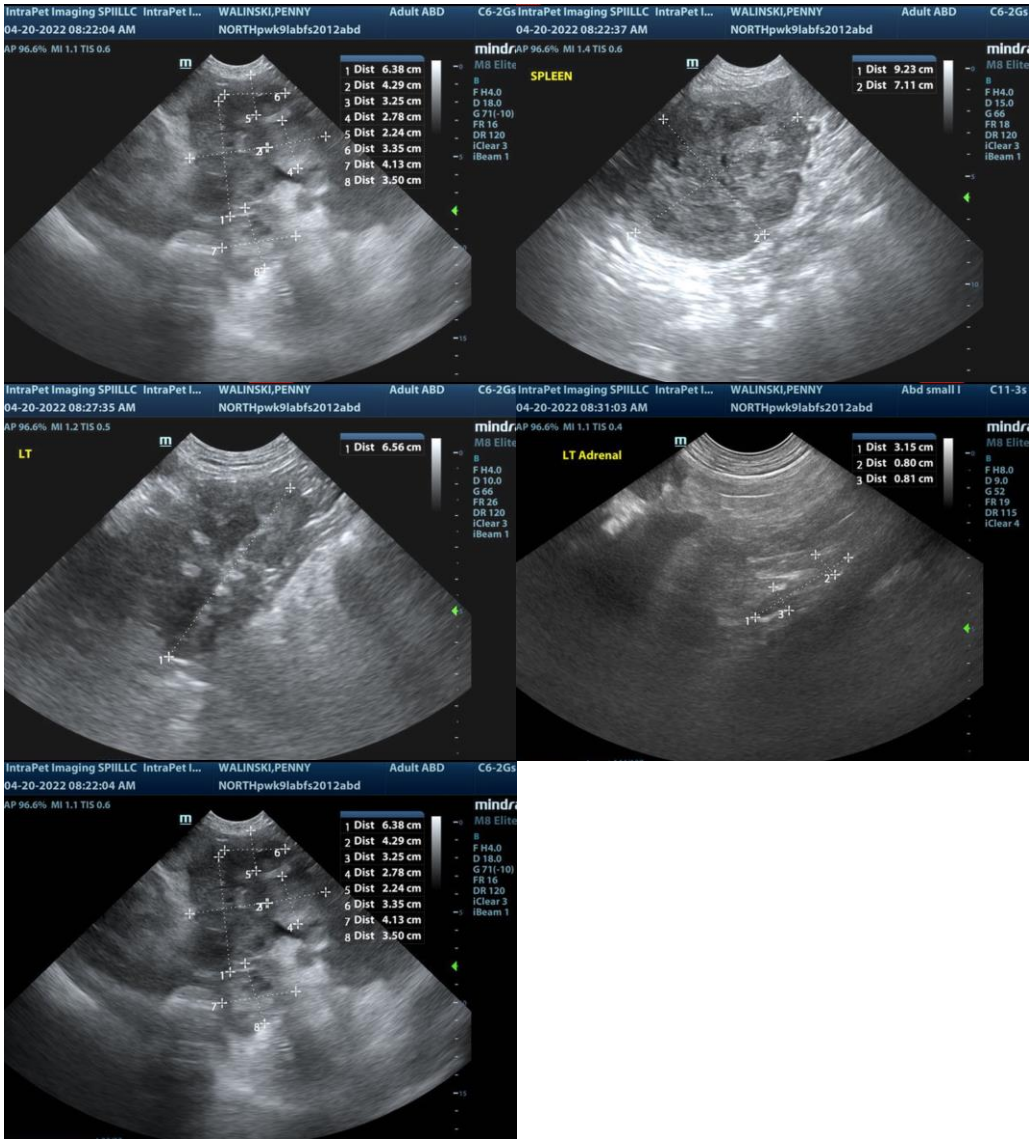
Reactive mesentery noted throughout the cranial abdomen. Distorted hypoechoic irregular cranial abdominal lymph nodes. Regional free fluid present.

ULTRASONOGRAPHIC FINDINGS

- Splenohepatic neoplasia sarcoma pattern-particularly aggressive.
- Regional inflammation present.
- Enlarged cranial lymph nodes.
- Regional free fluid-lymphatic obstruction or portal hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An FNA of the spleen and liver with immediate chemotherapeutic intervention could be considered however prognosis is poor.



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