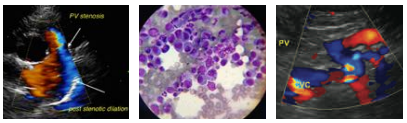
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
4/25/22

PATIENT
Franco Blick

SPECIES
Canine

BREED
German Shepherd

SEX
Neutered male

AGE
5/7/11

WEIGHT
101 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Bayside AMC

REFERRING VET
Dr. Oliver

INVOICE
99506

PRESENTING CLINICAL SIGNS

Chronic diarrhea, ADR this morning with shaking. In exam palpated an abdominal mass confirmed with radiographs.
Current Medications: Apoquel.
Lab Results: See attached.
Radiographs: Mid abdominal mass, probable splenic in origin.
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. Pinpoint mineralization was noted. The right kidney measured 6.5 cm. The left kidney measured 7.54 cm.

Adrenal Glands

The right **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 right adrenal gland measured 3.33 x 0.94 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland was slightly enlarged and measured 3.0 x 1.1 cm at the cranial pole and 0.84 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive parenchymal mass that measured 9.4 cm and was deriving from the cranial body.

Liver

The left **liver** revealed a mixed, hyperechoic, disruptive mass that measured 7.0 cm in the left medial liver and impinged upon the diaphragm cranially. The remainder of the liver revealed minor gallbladder sand.

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

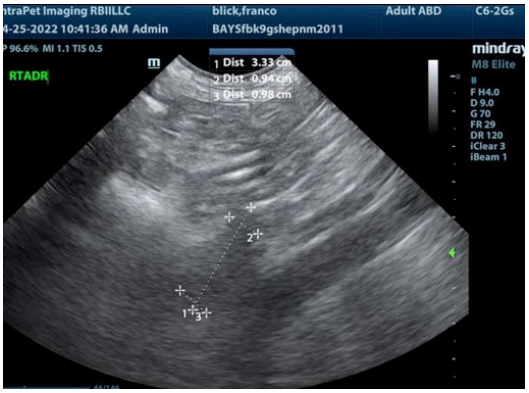
Rapid view of the heart revealed no evidence of pathology of the right auricle or pericardium. The contractility appeared normal.

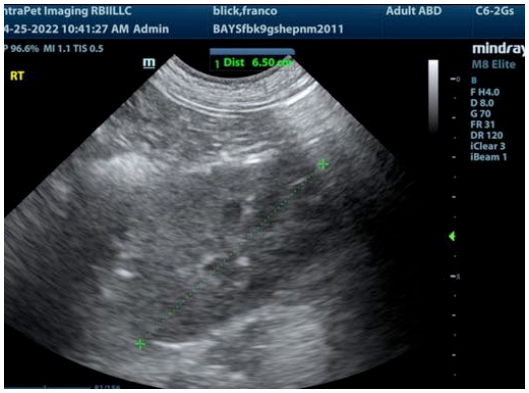
ULTRASONOGRAPHIC FINDINGS

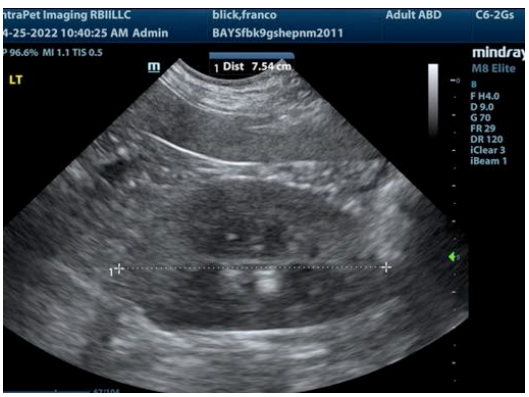
Splenic and hepatic masses, may be unrelated.
Mild hepatic remodeling, largely expected for this age patient.

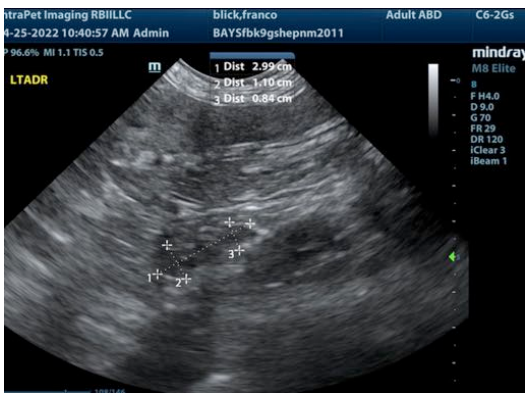
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

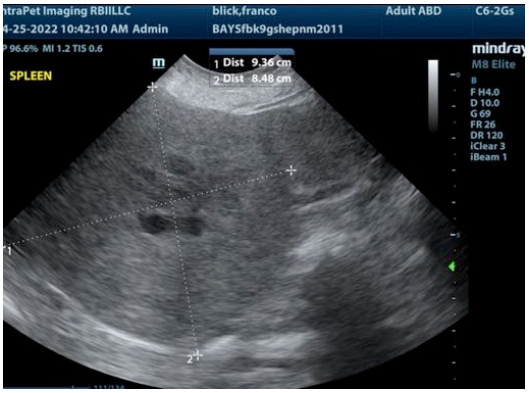
Splenic hemangiosarcoma versus benign hematoma or round cell neoplasia is less likely. The liver mass may be a metastatic lesion from the spleen, carcinoma or most likely hepatocellular carcinoma with a minor potential for benign granulomatous lesion. Screening FNA of the spleen and liver could be considered. CT evaluation for surgical planning of the liver mass could be considered with splenectomy and left liver lobectomy. Chest radiographs are recommended.

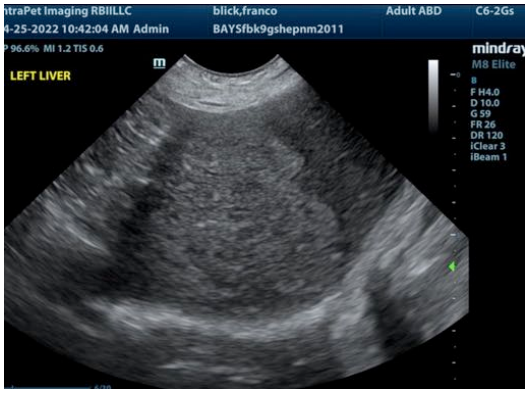


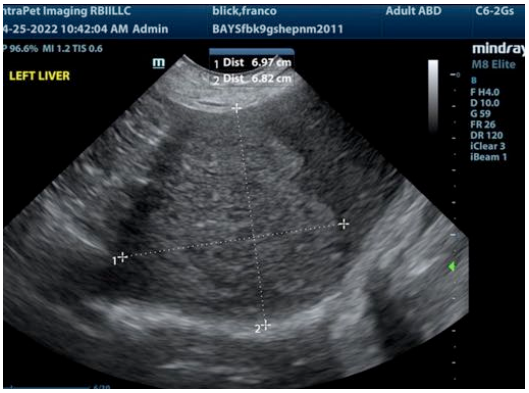


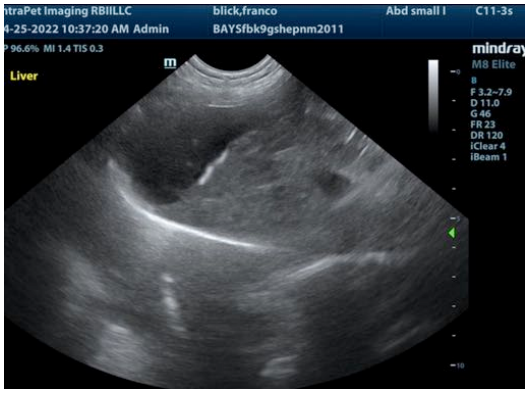


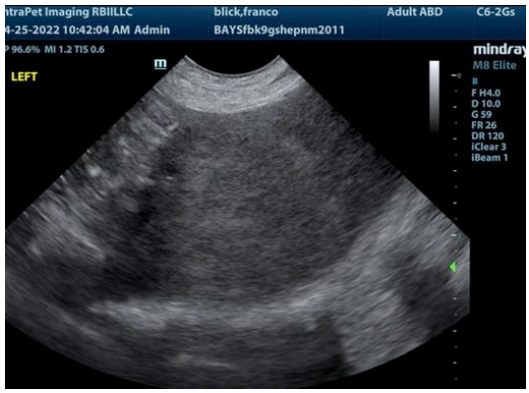












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com