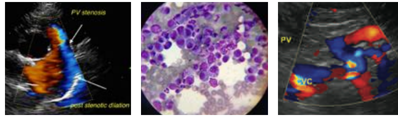
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
4/4/22

PATIENT
Rhett Hall

SPECIES
Canine

BREED
Golden Retriever

SEX
Neutered male

AGE
12/22/20

WEIGHT
64 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Pleasantville AH

REFERRING VET
Dr. Gounaris

INVOICE
98024

PRESENTING CLINICAL SIGNS

Presented to us Feb 2021 for multiple episodes of intermittent diarrhea/vomiting as a second opinion after being seen at Banfield. Was originally giardia positive and treated multiple times. Giardia testing now negative. Has also been seen at ER 2-3 times for vomiting/diarrhea. Patient is BAR, good appetite and previously no abnormalities on PE. BW, Maldigestion profile, and GI fecal profile have all been normal other than a high TLI >50. On 3/26 presented for inappetence/lethargy, mild fever 103.2, rest of exam WNL. Responded well to NSAID therapy per owner. 4/4 Owner reporting has not eaten well since 3/31. BAR but large firm abdominal mass palpated on exam. RADs show large mass mid-abdomen displacing most of GI tract.
Current Medications: Tylosin 1/4tsp every 12hrs. Has been on metronidazole, proviable, sulfazine, cerenia, ostimax, panacur but none of these at this time.
Lab Results: Maldigestion profile: TLI >50.
Radiographs: 4/4 - Mid-abdominal mass.
Date of Previous IntraPet Ultrasound:
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMENN

Urinary System

The **urinary bladder** itself was unremarkable with a minimal amount of urine present.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.33 cm with minor pyelectasia. The right kidney revealed a hydroureter that was dilated to 1.75 cm with hydronephrosis of the right kidney. The right kidney measured 8.4 cm with 7.0 cm of hydronephrosis.

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 right adrenal gland measured 1.8 x 0.51 cm at the caudal pole and 0.47 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** is slightly heterogenous with mildly increased portal markings. Minor gallbladder debris was noted.

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 midcaudal abdomen revealed a 14.5 cm x 11.0 cm undifferentiated mass in the mid caudal abdomen. The mass extended into the pelvis.

Heart

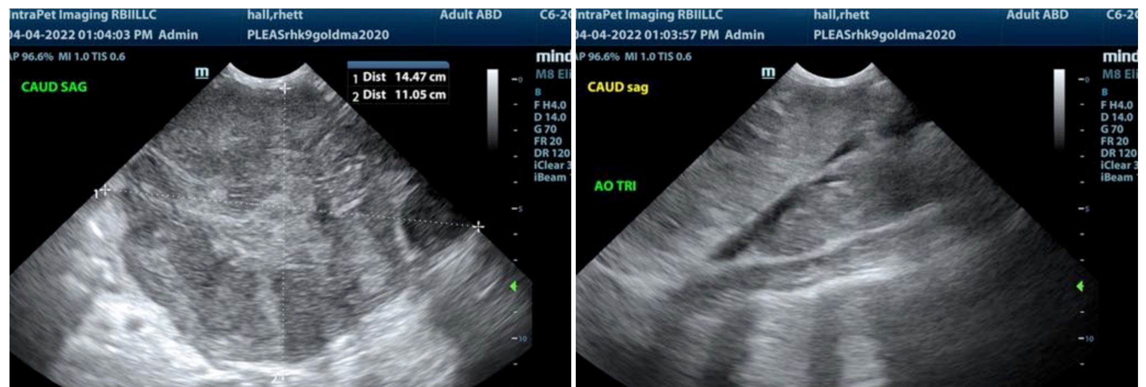
Rapid view of the heart revealed no evidence of pathology.

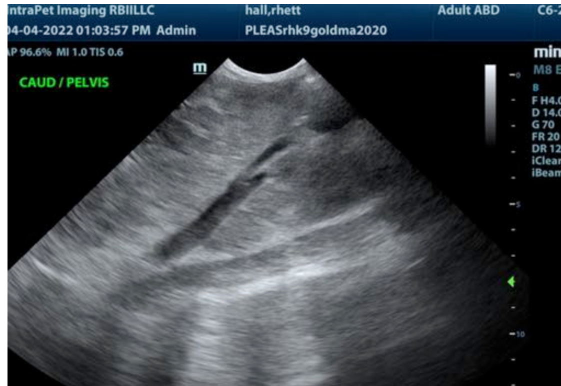
ULTRASONOGRAPHIC FINDINGS

Sublumbar mass with regional iliac lymphadenopathy obstructing the right ureter. Suspect round cell neoplasia.
Lower urinary tract, left kidney and left ureter were unremarkable.

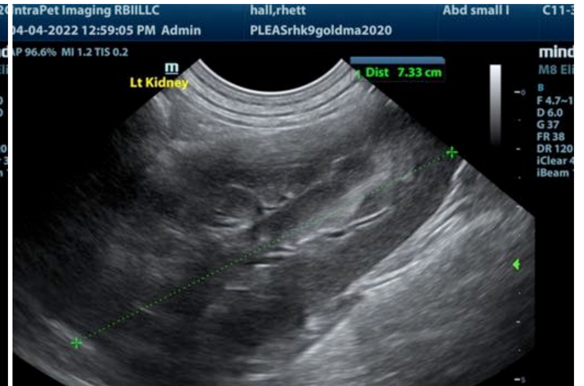
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning would be ideal; however, I do not think this is a surgical pathology given the other lymph nodes involved. The exact origin of the mass is unclear. This is likely lymph node based as other iliac lymph nodes appeared to be involved. The mass appears to be largely right sublumbar with obstruction of the right ureter prior to the urinary bladder. Anal gland palpation and examination of the caudal limb region for any source of primary disease. FNA of the mass is warranted. Chemoreduction +/- ureteral stent placement may be appropriate. Screening FNA of the liver is also warranted to assess for micrometastasis.

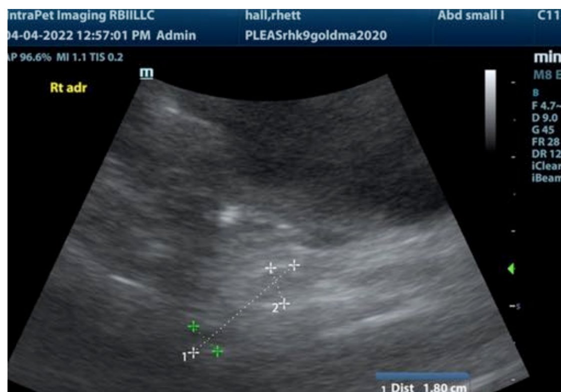




IntraPet Imaging RBIILLC
hall,rhett
Adult ABD
04-04-2022 01:03:57 PM Admin
PLEASrhk9goldma2020
CAUD / PELVIS



IntraPet Imaging RBIILLC
hall,rhett
Abd small I
04-04-2022 12:59:05 PM Admin
PLEASrhk9goldma2020
Lt Kidney
1 Dist 7.33 cm



IntraPet Imaging RBIILLC
hall,rhett
Abd small I
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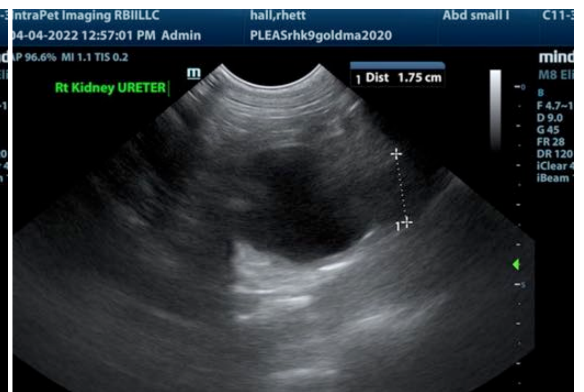
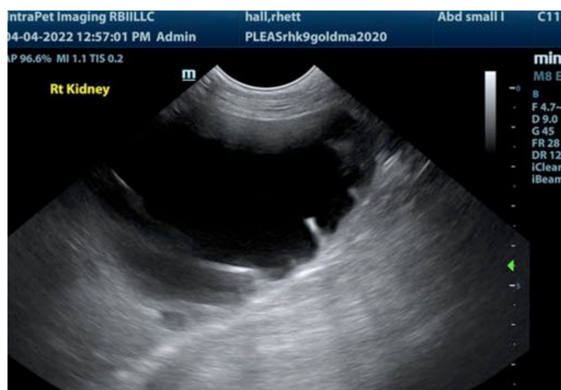
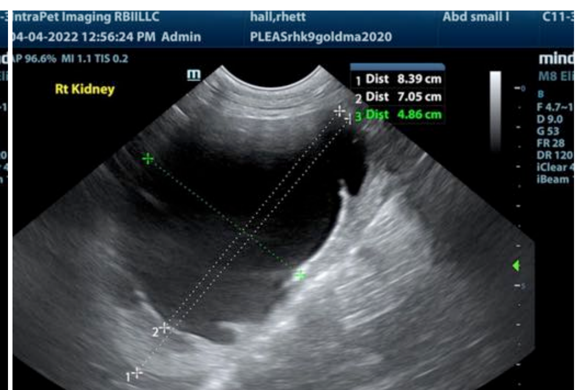
PLEASrhk9goldma2020
Rt adr
1 Dist 1.80 cm



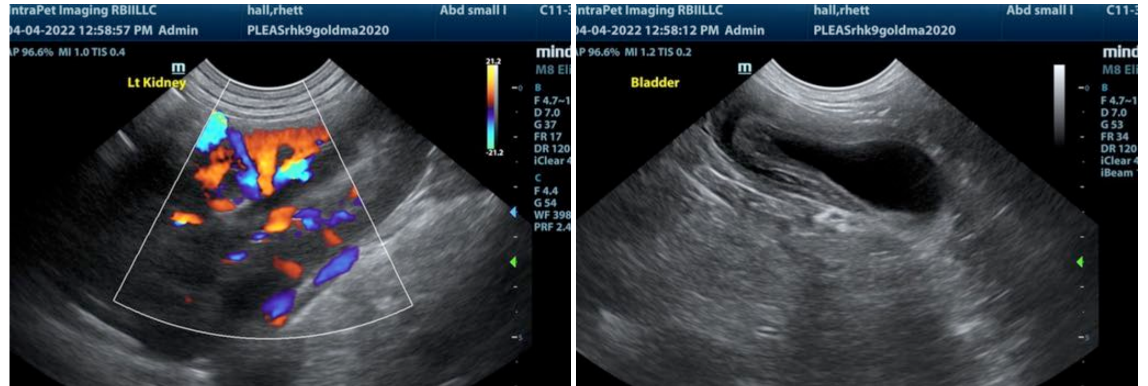
IntraPet Imaging RBIILLC
hall,rhett
Abd small I
04-04-2022 12:57:01 PM Admin
PLEASrhk9goldma2020
Rt Kidney URETER
1 Dist 1.75 cm

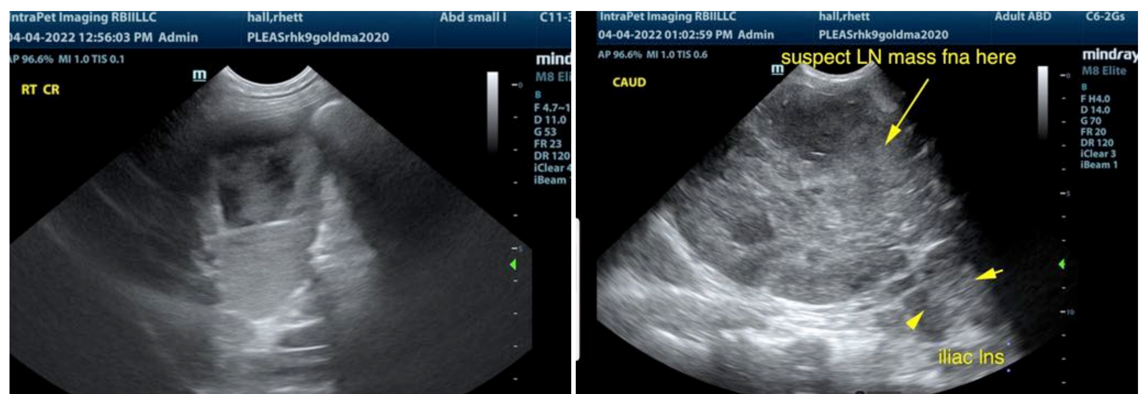


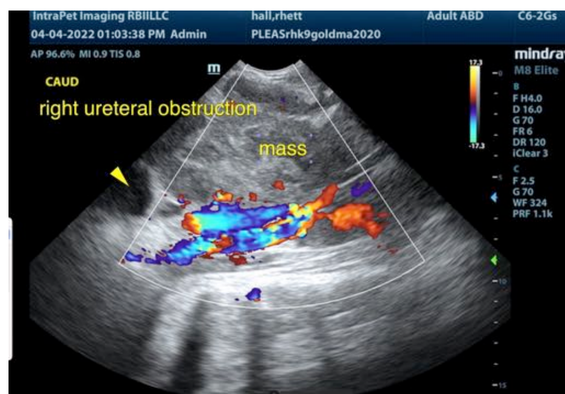
IntraPet Imaging RBIILLC
hall,rhett
Abd small I
04-04-2022 12:57:01 PM Admin
PLEASrhk9goldma2020
Rt Kidney



IntraPet Imaging RBIILLC
hall,rhett
Abd small I
04-04-2022 12:56:24 PM Admin
PLEASrhk9goldma2020
Rt Kidney
1 Dist 8.39 cm
2 Dist 7.05 cm
3 Dist 4.86 cm







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