

**DATE**

7/1/22

PRESENTING CLINICAL SIGNS

History: Started vomiting yesterday; multiple times; vomited today as well. (Bile) Lethargic since yesterday; not interested in eating.

PATIENT

Current Medications: Trazodone, Buprenorphine, Ampicillin, Cerenia.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Samantha Willingham

SPECIES

Canine

BREED

Labrador Mix

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE

9/2/11

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.4 cm. The left kidney measured 7.57 cm.

WEIGHT

77 Pounds

Adrenal Glands

A **left adrenal gland** was enlarged, nodular and cystic, measuring 3.74 cm x 1.12 cm at the cranial pole and 2.25 cm at the caudal pole. Capsular expansion was noted without capsular escape or vascular invasion.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **right adrenal gland** was enlarged, measuring 2.25 cm x 2.4 cm.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are mild and consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Martinoli

INVOICE

16452

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour.

The cystic and common bile ducts were normal. Extension of inflammation was noted from the intestinal tract and reached the liver as well.

Gastrointestinal

The **stomach** itself was unremarkable. *See Free Abdomen section.

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

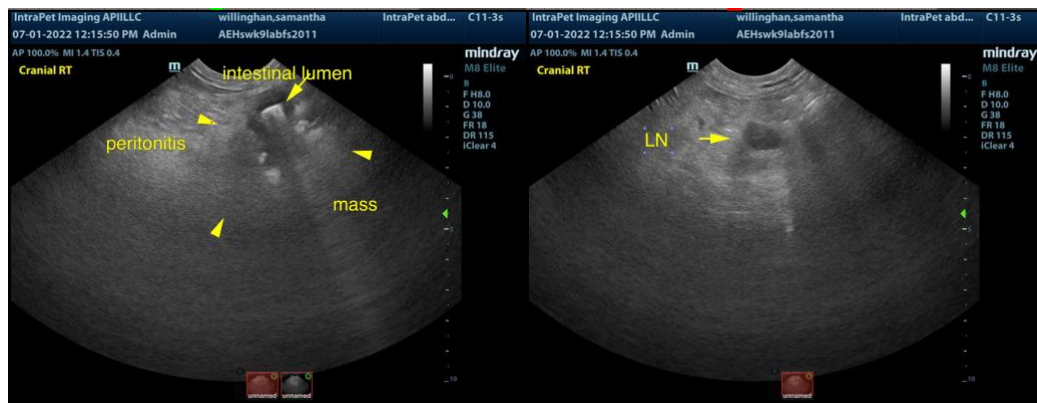
The right cranial abdomen revealed a mixed hypoechoic undifferentiated **mass**, most likely intestinal origin (minor potential for pancreatic origin) with regional inflammation. A regional lymph node was also enlarged. Regional peritonitis was noted around the mass as well.

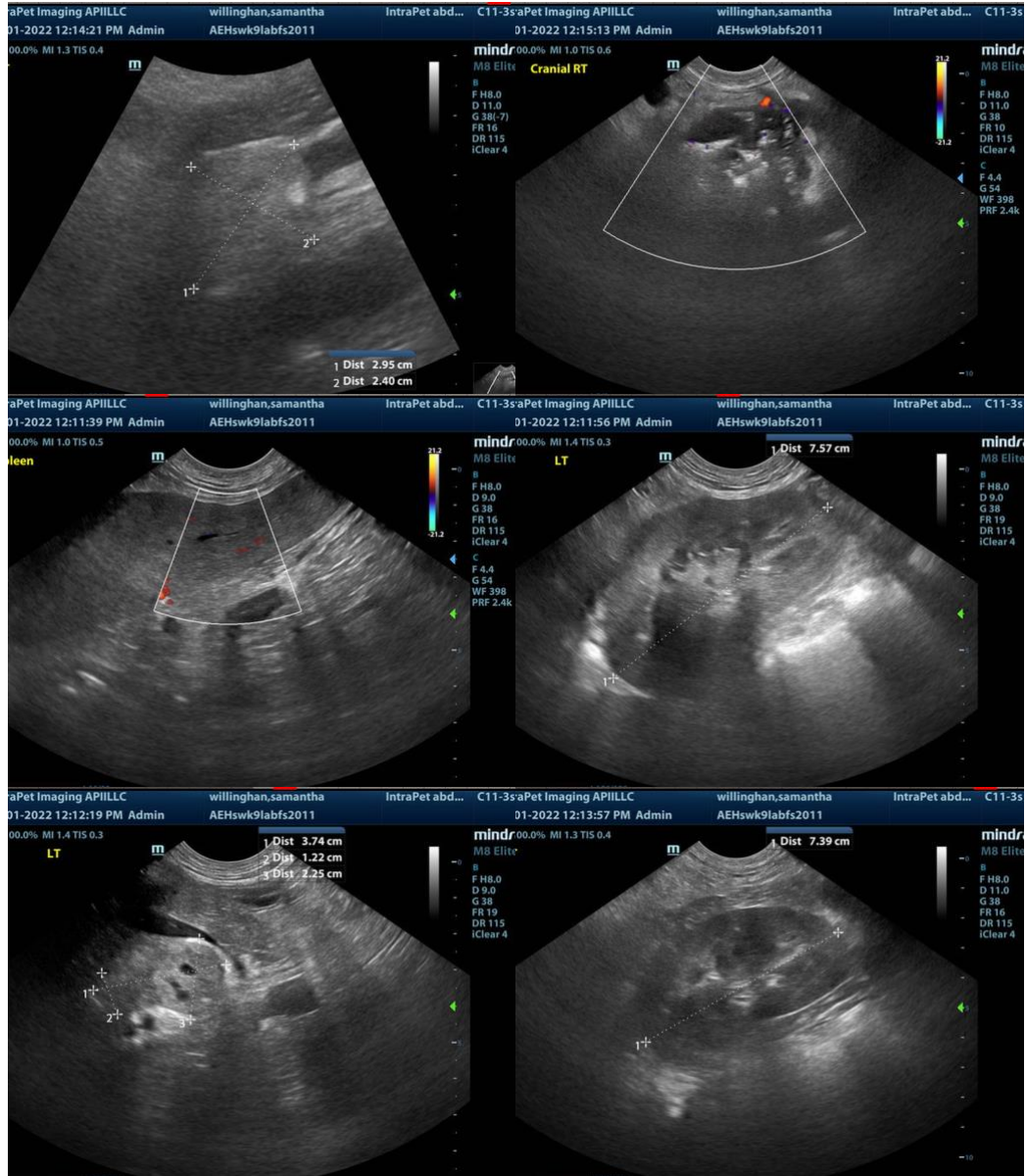
ULTRASONOGRAPHIC FINDINGS

- Undifferentiated complex mass most likely intestinal origin, minor potential for pancreatic origin with regional omental spread and lymphadenopathy- this does not appear resectable. Possible splenic and hepatic involvement.
- Bilateral adrenal nodular enlargement- likely adenomatous changes, possibility of carcinoma or pheochromocytoma.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass, spleen and liver recommended. Prognosis is guarded to poor. Round cell neoplasia or carcinoma suspected. Chest radiographs are indicated to assess for metastatic disease.





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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