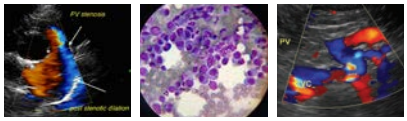
IMAGING PERFORMED BY

IntraPet.com



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

DATE

7/20/23

PATIENT

Rosie Minnich

SPECIES

Canine

BREED

Pointer X

SEX

Spayed Female

AGE

9/7/11

WEIGHT

84 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Bay Country VH

REFERRING VET

Dr. Bauer

INVOICE

44221

PRESENTING CLINICAL SIGNS

Distended abdomen- no other clinical symptoms.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga 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 increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. The right kidney measured 6.78 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 2.65 cm x 0.65 cm at the caudal pole and 0.63 cm at the cranial pole.

The **right adrenal gland** was slightly irregular. The right adrenal gland measured 2.98 cm x 0.68 cm at the caudal pole and 0.75 cm at the cranial pole.

Spleen

A complex mixed echogenic parenchymal and microcystic mass measuring 16 cm x 13 cm was noted, deriving from the caudal pole of the **spleen**. This appears to be a solitary lesion.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were 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

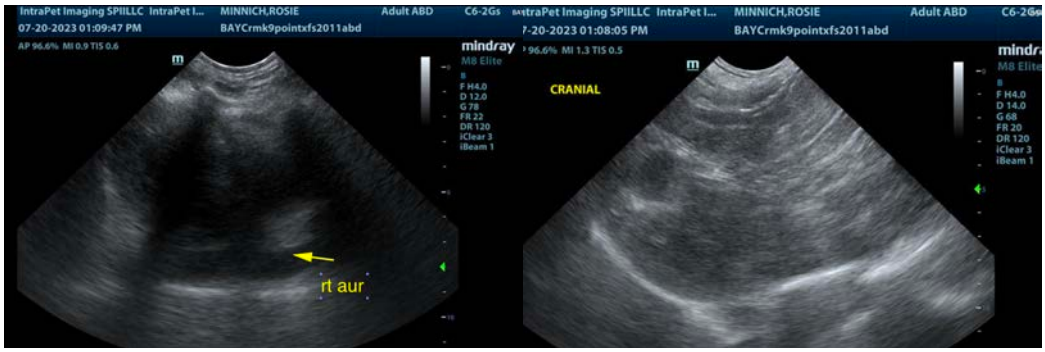
Rapid view of the heart revealed normal chamber size and contractility. No evidence of cardiac neoplasia or pericardial effusion.

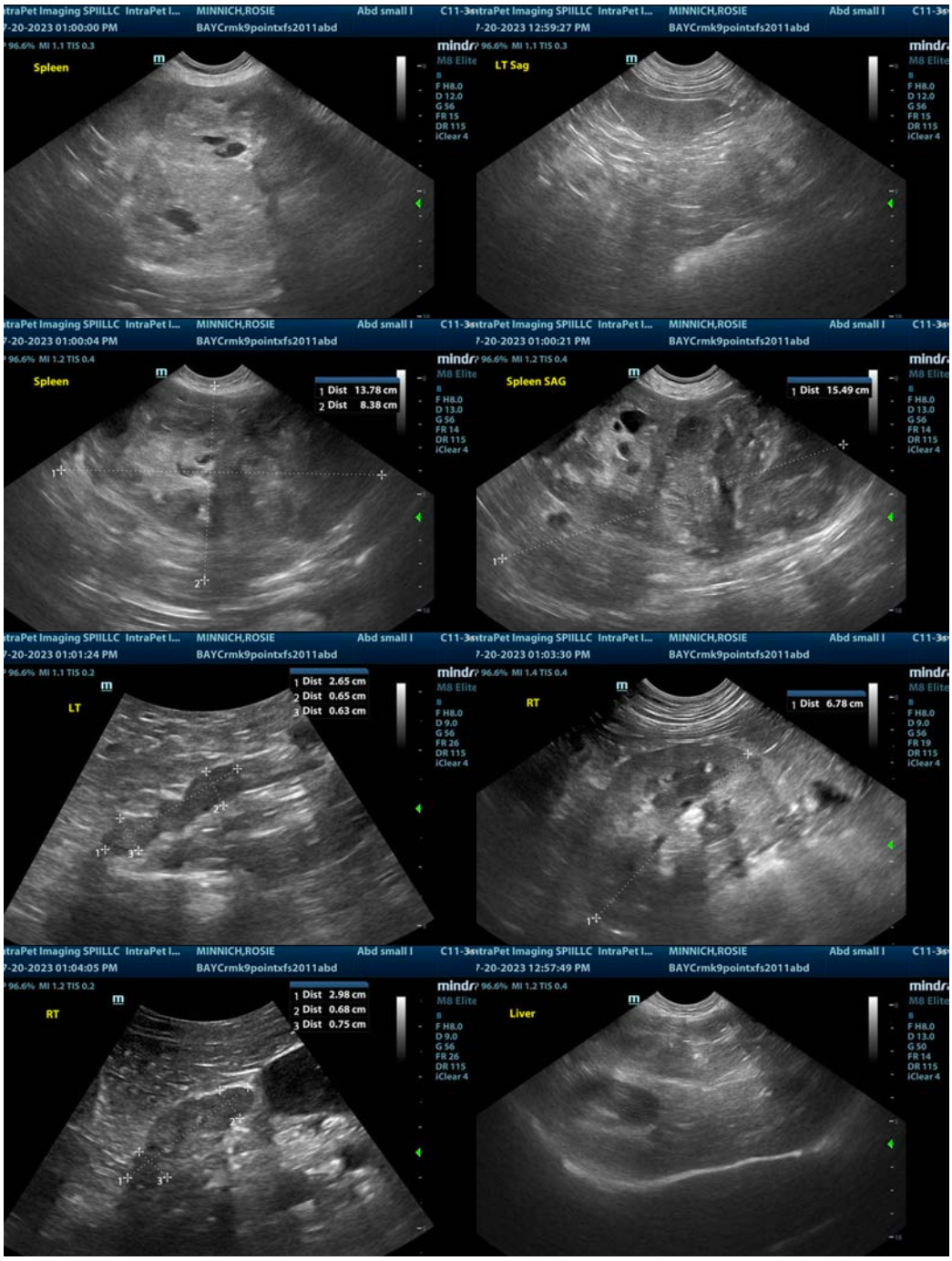
ULTRASONOGRAPHIC FINDINGS

- Splenic mass at high risk for rupture – differentials include hemangiosarcoma, hematoma, or less likely round cell neoplasia.
- Slightly regular right adrenal gland – likely hyperplasia, however emerging carcinoma or pheochromocytoma cannot be completely ruled out.
- Age related renal and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs warranted if not already performed to assess for metastatic disease followed by immediate splenectomy with liver inspection and biopsy, even though the liver appears normal. Inspection of the right adrenal +/- removal could also be considered, yet it does not appear to invade the vena cava.




Spleen
LT Sag
Spleen
1 Dist 13.78 cm
2 Dist 8.38 cm
Spleen SAG
1 Dist 15.49 cm
LT
1 Dist 2.65 cm
2 Dist 0.65 cm
3 Dist 0.63 cm
RT
1 Dist 6.78 cm
RT
1 Dist 2.98 cm
2 Dist 0.68 cm
3 Dist 0.75 cm
Liver

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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
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