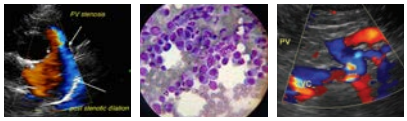
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8/13/21

PATIENT

Marti Rix

SPECIES

Canine

BREED

Pit Bull Terrier X

SEX

Spayed Female

AGE

8/12/13

WEIGHT

57.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Roper

INVOICE

24682

PRESENTING CLINICAL SIGNS

History: 08-12-2021 Notes: O believes P is having labored breathing O says P has had on and off panting and ADR for the past week P has had diarrhea and P has been straining to defecate not eating this morning P has not been agile (no jumping) P came in for panting and constipation
Assessment: Ascites and Pleural Effusion **Plan:** Hospitalize, pain medication, ultrasound, +/-surgery.

Current Medications: Buprenorphine.
Lab Results: Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

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. The left kidney measured 6.17 cm. The right kidney measured 7.01 cm.

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 2.97 cm x 0.67 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.56 cm x 0.6 cm at the caudal pole and 0.85 cm at the cranial pole.

Spleen

The **spleen** revealed a mixed hypoechoic, 2.8 cm mass at the mid cranial body with nodular changes.

Liver

The **liver** was riddled with multiple disruptive masses and deviated gallbladder. Expansive, irregular contour to the diaphragm and capsule noted, consistent with an aggressive neoplastic process. Multiple coalescing target lesions noted throughout the liver.

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.

Other

The cranial mediastinum revealed a mixed hypoechoic, undifferentiated 6.7 cm mass.

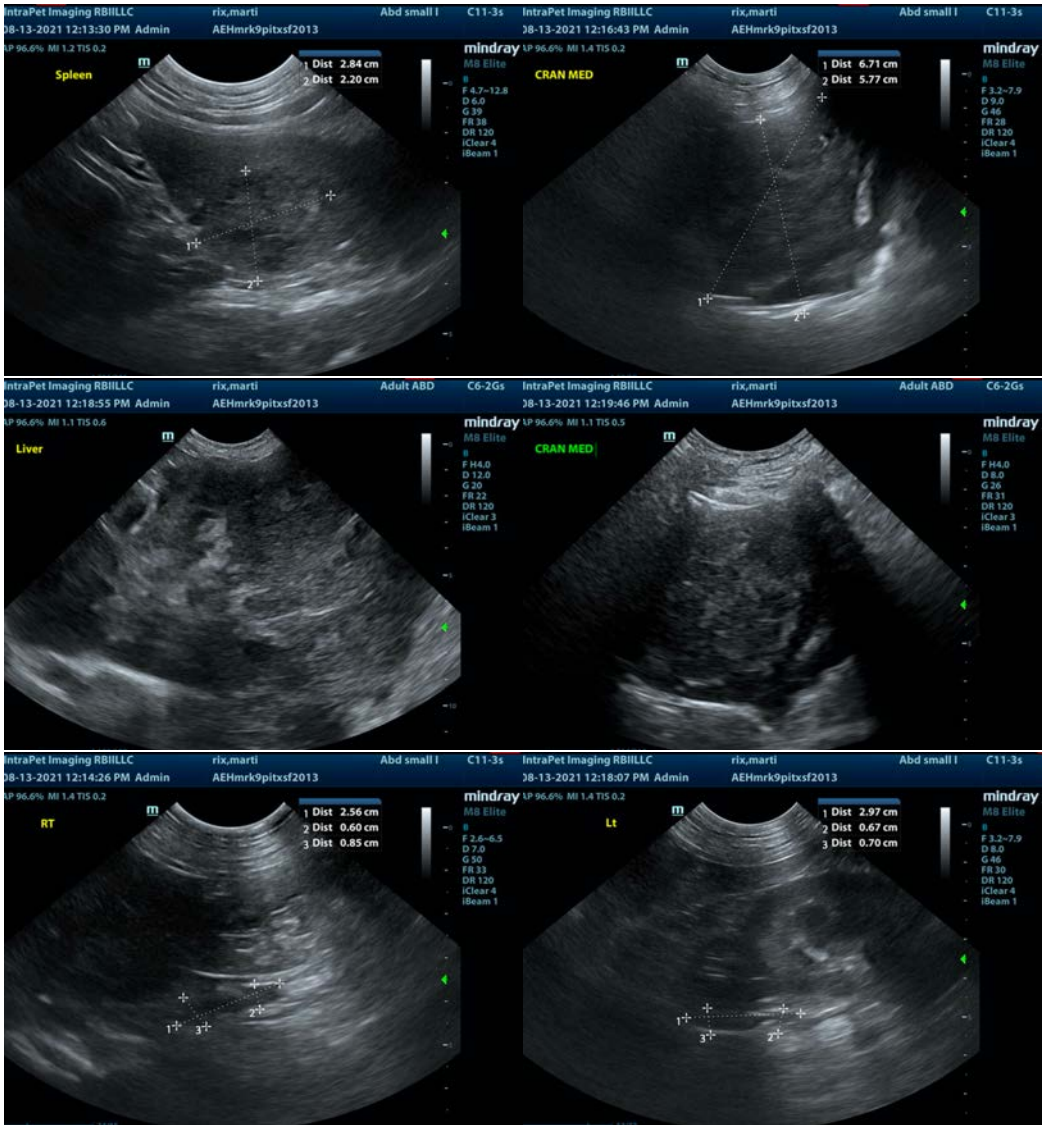
Free fluid noted, likely owing to hemorrhage or lymphatic obstruction.

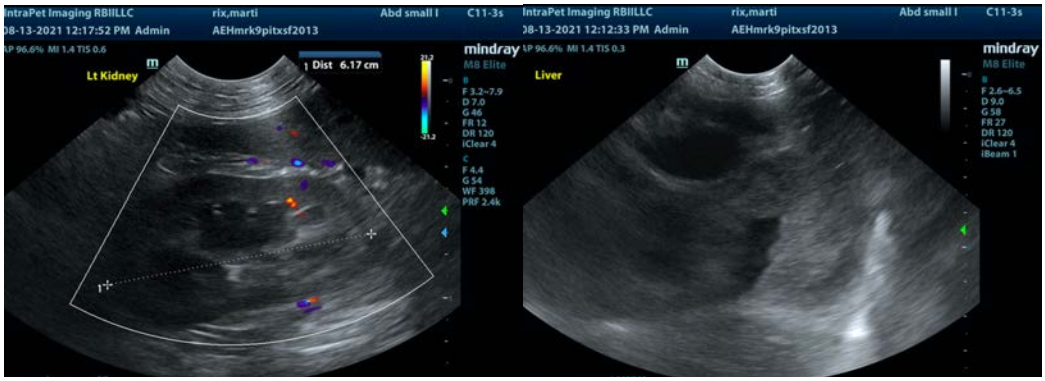
ULTRASONOGRAPHIC FINDINGS

- Multicentric neoplasia involving the spleen, liver and cranial mediastinum
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver could be considered for definitive diagnosis. Immediate chemotherapeutic recommended. However, prognosis long-term 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.

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