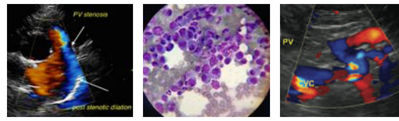
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE
9/29/21

PATIENT
Chilly Windsor

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
9/27/11

WEIGHT
81.4 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Maryland Mobile
Veterinary Clinic

REFERRING VET
Dr. Brauning

INVOICE
92080

PRESENTING CLINICAL SIGNS

History: Non-responsive diarrhea, suspected splenic mass.
Current Medications: Metro-250mg 1 PO BID, Amoxicillin 500mg 1 PO BID, Probiotics, Previously on Vetprofen, Heartgard, Bravecto.
Lab Results: Mild increase ALP-239, Multiple Negative Fecal Results. Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Dexdomitor and Butorphanol administered prior to scan.
Stat Report: STAT report not requested by the veterinarian.

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. The right kidney measured 7.44 cm. The left kidney measured 6.89 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 right adrenal gland measured 3.04 x 0.73 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 3.36 x 0.79 cm at the caudal pole and 0.66 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** in this patient revealed a complex, mixed echogenic cystic left-sided liver mass. The left-sided liver mass measured 9.7 x 7.7 cm. The mass impinged cranially upon the diaphragm. However, it does appear potentially resectable if no adherence to the diaphragm was present. Minor, other heterogenous nodules noted in the left liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Soft stool was noted in the colon. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue

biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD.

Pancreas

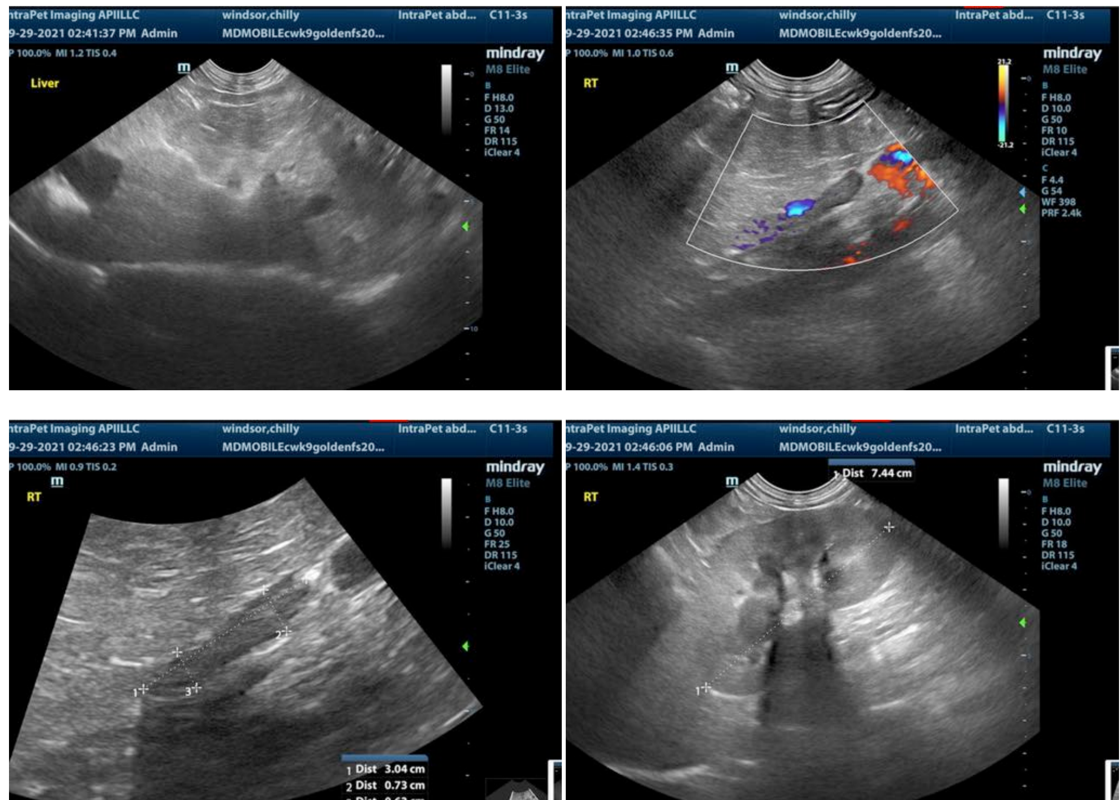
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

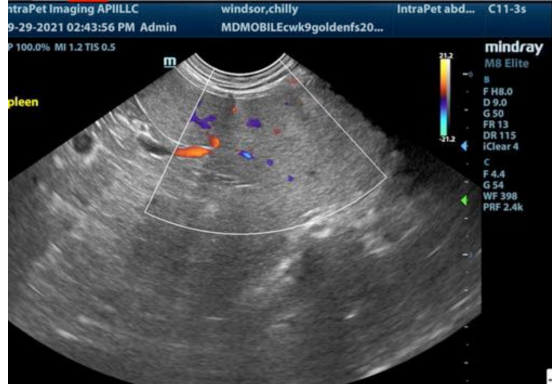
ULTRASONOGRAPHIC FINDINGS

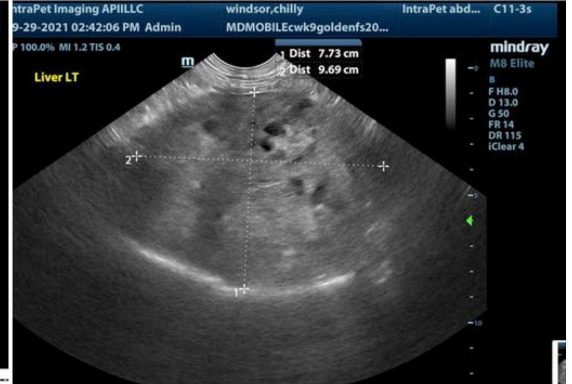
Diffuse intestinal thickening with hypertrophied muscularis without loss of mural detail. No neoplastic criteria was noted. Differentials include inflammatory bowel with idiopathic muscularis hypertrophy.
Left-sided liver mass. I suspect carcinoma. Possibility of non-neoplastic granuloma. Nodule noted elsewhere in the left limb of the liver.
Folded spleen.

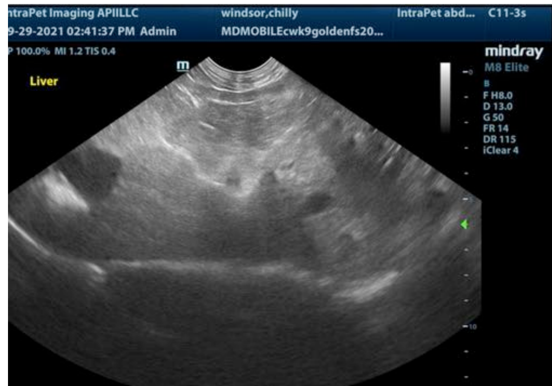
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

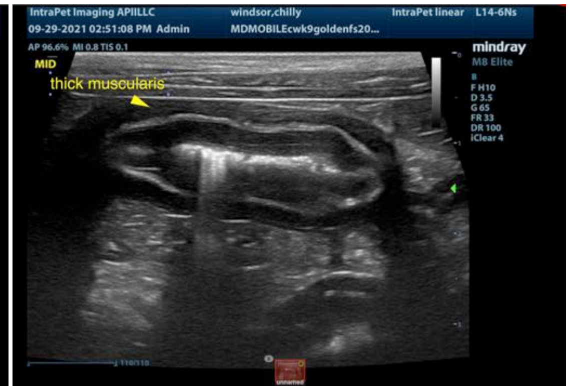
The liver mass appears potentially resectable unless adherence to the diaphragm is an issue. CT for surgical planning would be ideal. A left lobectomy and intestinal biopsies would be recommended in this patient if CT evaluation suggests that resection is a potential. However, the surgeon should be prepared that the liver mass may be adhered to the diaphragm. Guarded prognosis. Ultrasound-guided FNA of the parenchymal portion of the mass can be considered for further definition.

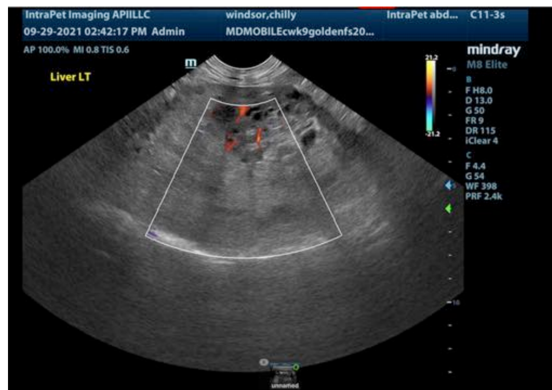


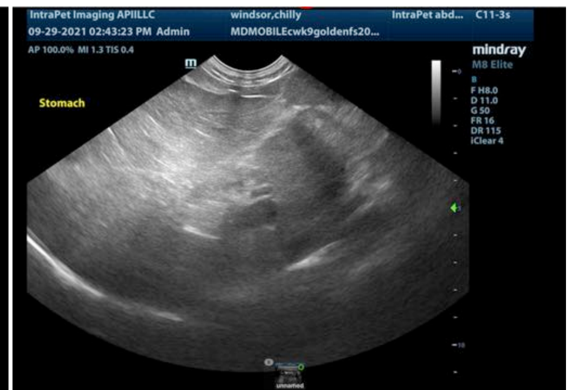

ntraPet Imaging APIILLC
windsor,chilly
IntraPet abd...
C11-3s
9-29-2021 02:43:56 PM Admin
MDMOBILEcwk9goldenfs20...
P 100.0% MI 1.2 TIS 0.5
mindray
M8 Elite
pleen
B
F H8.0
D 9.0
G 50
FR 13
DR 115
iClear 4
C
F 4.4
G 54
WF 398
PRF 2.4k

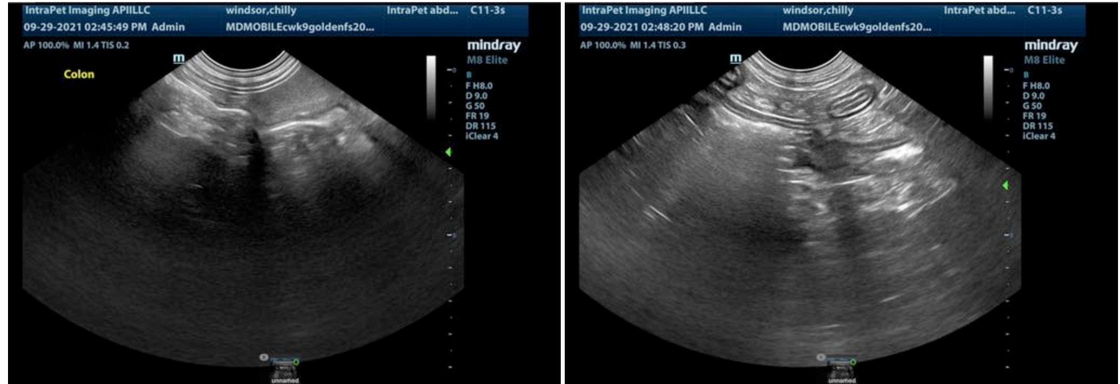

ntraPet Imaging APIILLC
windsor,chilly
IntraPet abd...
C11-3s
9-29-2021 02:42:06 PM Admin
MDMOBILEcwk9goldenfs20...
P 100.0% MI 1.2 TIS 0.4
1 Dist 7.73 cm
2 Dist 9.69 cm
mindray
M8 Elite
Liver LT
B
F H8.0
D 13.0
G 50
FR 14
DR 115
iClear 4


ntraPet Imaging APIILLC
windsor,chilly
IntraPet abd...
C11-3s
9-29-2021 02:41:37 PM Admin
MDMOBILEcwk9goldenfs20...
P 100.0% MI 1.2 TIS 0.4
mindray
M8 Elite
Liver
B
F H8.0
D 13.0
G 50
FR 14
DR 115
iClear 4


IntraPet Imaging APIILLC
windsor,chilly
IntraPet linear
L14-6Ns
09-29-2021 02:51:08 PM Admin
MDMOBILEcwk9goldenfs20...
AP 96.6% MI 0.8 TIS 0.1
mindray
M8 Elite
MID
thick muscularis
B
F H10
D 3.5
G 65
FR 33
DR 100
iClear 4


IntraPet Imaging APIILLC
windsor,chilly
IntraPet abd...
C11-3s
09-29-2021 02:42:17 PM Admin
MDMOBILEcwk9goldenfs20...
AP 100.0% MI 0.8 TIS 0.6
mindray
M8 Elite
Liver LT
B
F H8.0
D 13.0
G 50
FR 9
DR 115
iClear 4
C
F 4.4
G 54
WF 398
PRF 2.4k


IntraPet Imaging APIILLC
windsor,chilly
IntraPet abd...
C11-3s
09-29-2021 02:43:23 PM Admin
MDMOBILEcwk9goldenfs20...
AP 100.0% MI 1.3 TIS 0.4
mindray
M8 Elite
Stomach
B
F H8.0
D 11.0
G 50
FR 16
DR 115
iClear 4



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