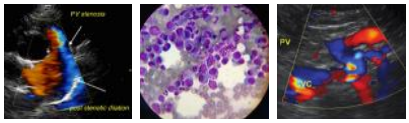
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
9/9/22

PATIENT
Bella Mohaghan

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
3/15/13

WEIGHT
86.9 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Bel Air VH

REFERRING VET
Dr. Young

INVOICE
17237

PRESENTING CLINICAL SIGNS

History: Bella presented for her annual exam and vaccinations. Upon physical examination a mass was palpable within the abdomen. Brief in house ultrasound revealed splenic enlargement and suspect mass.

Current Medications: None.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed grouping of calculi and sand, the largest calculus measured 0.6 cm. Sand accumulation measured approximately 3.0 cm, nonobstructive.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.69 cm. The left kidney measured 7.0 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 2.73 cm x 0.72 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The **spleen** was normal in size and contour with no evidence of masses.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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

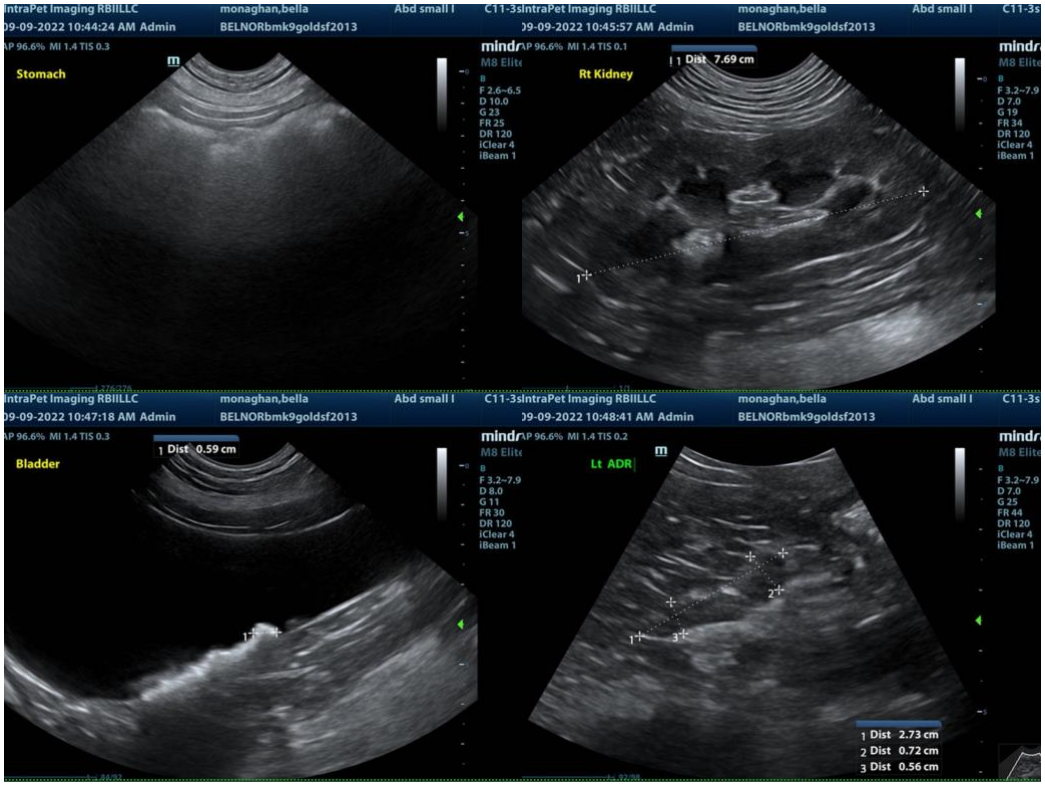
The **body wall** revealed an organized lipomatous type mass, measuring 3.0 cm x 1.5 cm, this is outside the abdominal cavity.

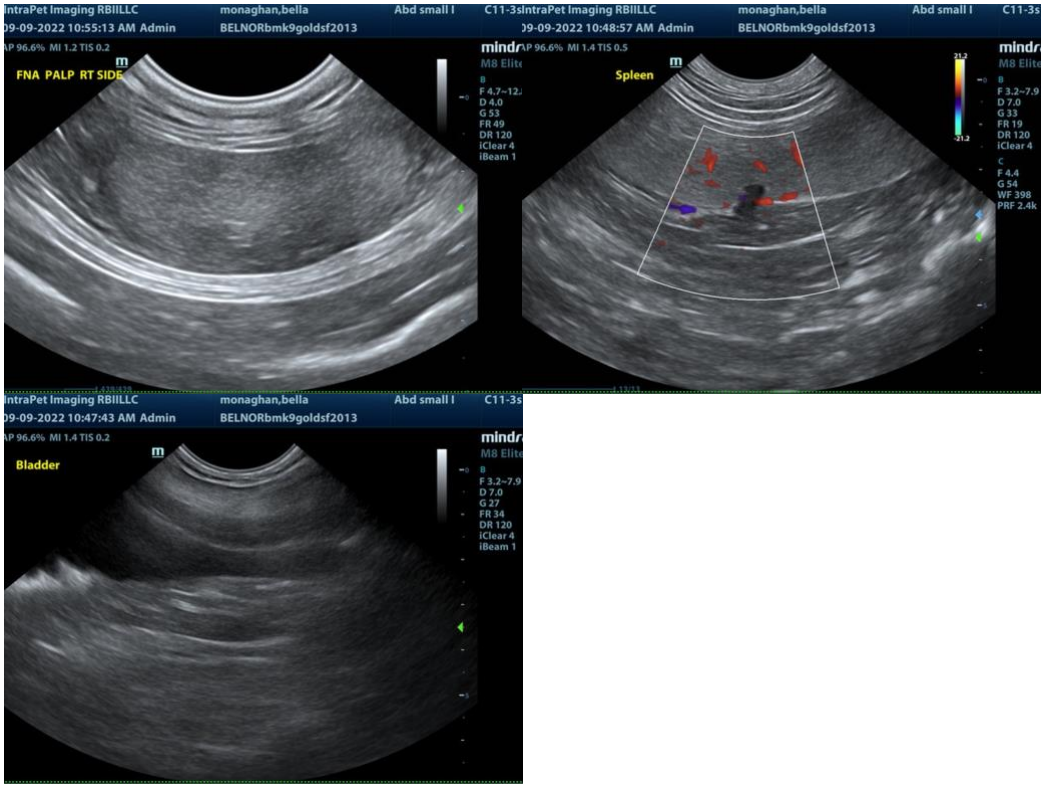
ULTRASONOGRAPHIC FINDINGS

- Bladder sand and calculi
- Body wall lipomatous mass, appears resectable, if necessary, yet with solid margins and uniform parenchyma consistent with lipoma, to be confirmed on cytology evaluation.
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, sand analysis and culture are indicated or medical management with follow up ultrasound could be performed over the next 8-12 weeks.





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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