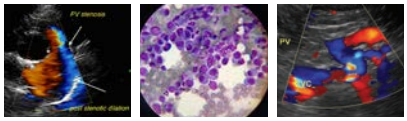
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

3/31/23

PATIENT

Barley Poteet

SPECIES

Canine

BREED

Staffordshire Terrier X

SEX

Spayed Female

AGE

1/14/10

WEIGHT

38.5 Pounds

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

HOSPITAL NAME

AC of Whiteford

REFERRING VET

Dr. Everhart

INVOICE

46358

PRESENTING CLINICAL SIGNS

Weight loss, vomiting.

Current Medications: None listed.
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 mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.42 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.8 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at the cranial pole and 0.45 cm at the caudal pole). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at the caudal pole (0.57 cm). The cranial pole measured larger at 0.90 cm. The cranial pole is often enlarged in some dogs as a normal variation in shape. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. There are at least two liver masses that are well defined and slightly hypoechoic. The first measures 2.7 cm x 1.5 cm. The second measures 2.62 cm x 1.33 cm. These masses look identical to one another, so they are presumed to represent the same pathology. One of these masses does bulge from the contour centrally at the level of the portal hepatis. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is diffusely hypoechoic and measures thick, up to 1.35 cm. There is adherent echogenic debris to the wall of the gallbladder.

Gastrointestinal

The gastric lumen is empty. The stomach wall measures thick at 0.60 cm with some variability due to rugal folds (some areas measure normal). The wall layering is slightly blurred and hypoechoic. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. One loop had mild corrugation. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

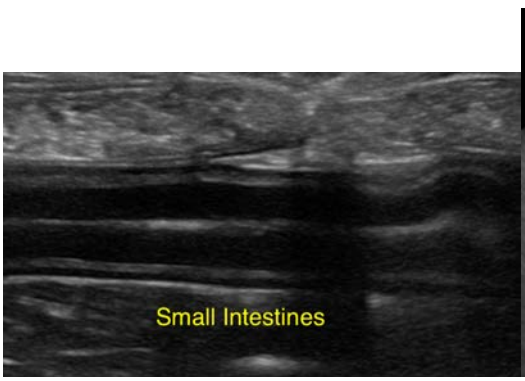
ULTRASONOGRAPHIC FINDINGS

- Two liver masses
- Gastritis
- Possible cholecystitis

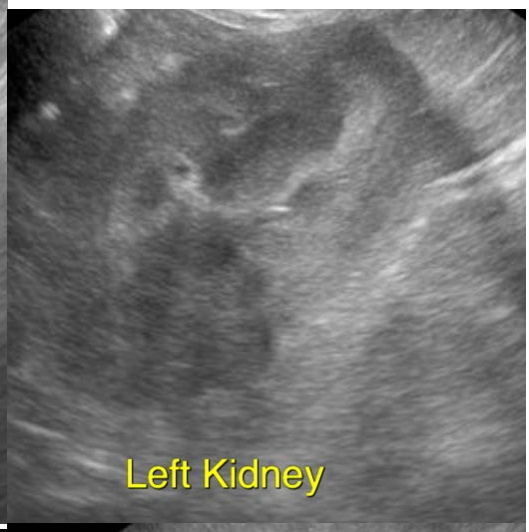
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

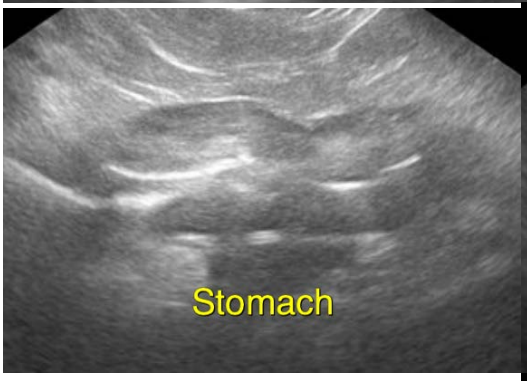
There are at least two masses within the liver that appear identical to one another. These masses look only mildly hypoechoic to surrounding tissue. These masses could represent benign processes such as hepatomas or large regenerative nodules, though they are approaching 3.0 cm, which would be associated with the greater chance of malignancy, such as carcinoma or round cell neoplasia, etc. At least one of these masses would be able to be aspirated, so consider fine needle aspirate. A liver biopsy may ultimately be necessary, as cytology is potentially low yield for the more common liver tumor types. The gallbladder wall is bright and there is adherent debris. This would be consistent with a bacterial cholecystitis. If lab work supports this, consider treating with antibiotics and Ursodiol therapy versus cholecystocentesis for cytology and culture.

The stomach wall is thickened and there is slight loss of layering, consistent with gastritis. Consider treating for gastroenteritis with antiemetics. Consider a diet trial to novel protein or hypoallergenic food if not contraindicated in this patient. Consider a GI panel or further workup such as intestinal biopsies if response to medical management fails, and if there is no concern for cholecystitis based on lab work.



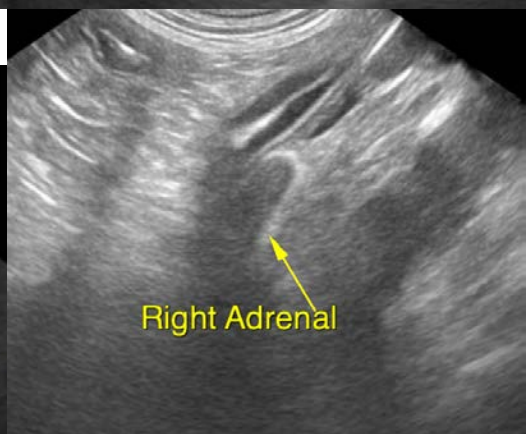

Right Kidney

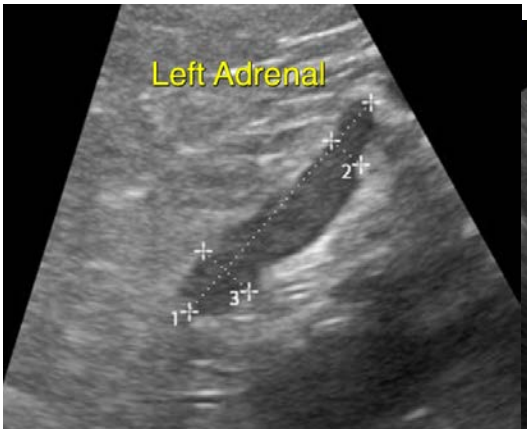

Left Kidney

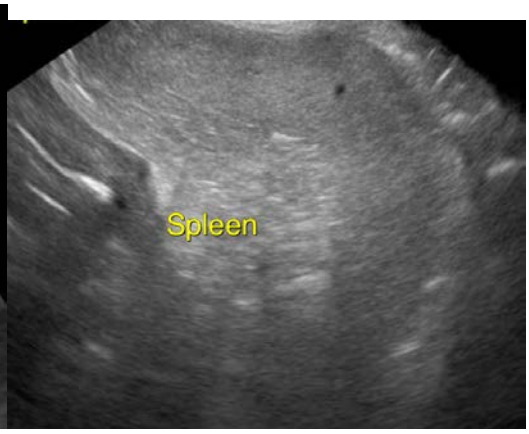

Stomach


Gall bladder


Second Liver Mass


Right Adrenal





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.

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