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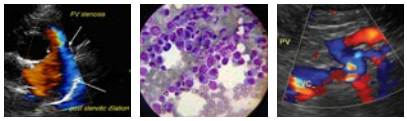

SonoPath

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DATE

1/18/22

PATIENT

Rose Rain Bergey

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

1/1/16

WEIGHT

75.9 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Jones

INVOICE

34332

PRESENTING CLINICAL SIGNS

History: Starting a few weeks ago, owner has noticed an increase in shedding and decrease in weight. P is acting normally and eating the same amount. She has had a lot of stress and changes at home with housemates passing away and changing of foster dogs. Few urinary accidents in the house, unsure if marking. Chronic vomiting/regurgitation occurring now daily.

Lab Results: Full BW 1/8/22: K+ 3.9, Chol 398, CPK 275. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (7.08 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.35 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic nodules visualized within the splenic parenchyma. The first is towards the tail of the spleen measuring 1.68 cm x 1.82 cm. The 2nd is near the hilus, measuring 2.67 cm x 1.87 cm. This lesion deforms the splenic capsule.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
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.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other
Ringdown artifact is visualized at the level of the diaphragm. Recommend 3-view thoracic radiographs.

A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Mildly heterogeneous spleen with two hypoechoic nodule – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.These lesions are slightly more concerning, as they do deform the splenic capsule.

SECONDARY FINDINGS

- Ringdown artifact visualized at the level of the diaphragm – This can be seen with pulmonary parenchymal disease. Recommend 3-view thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

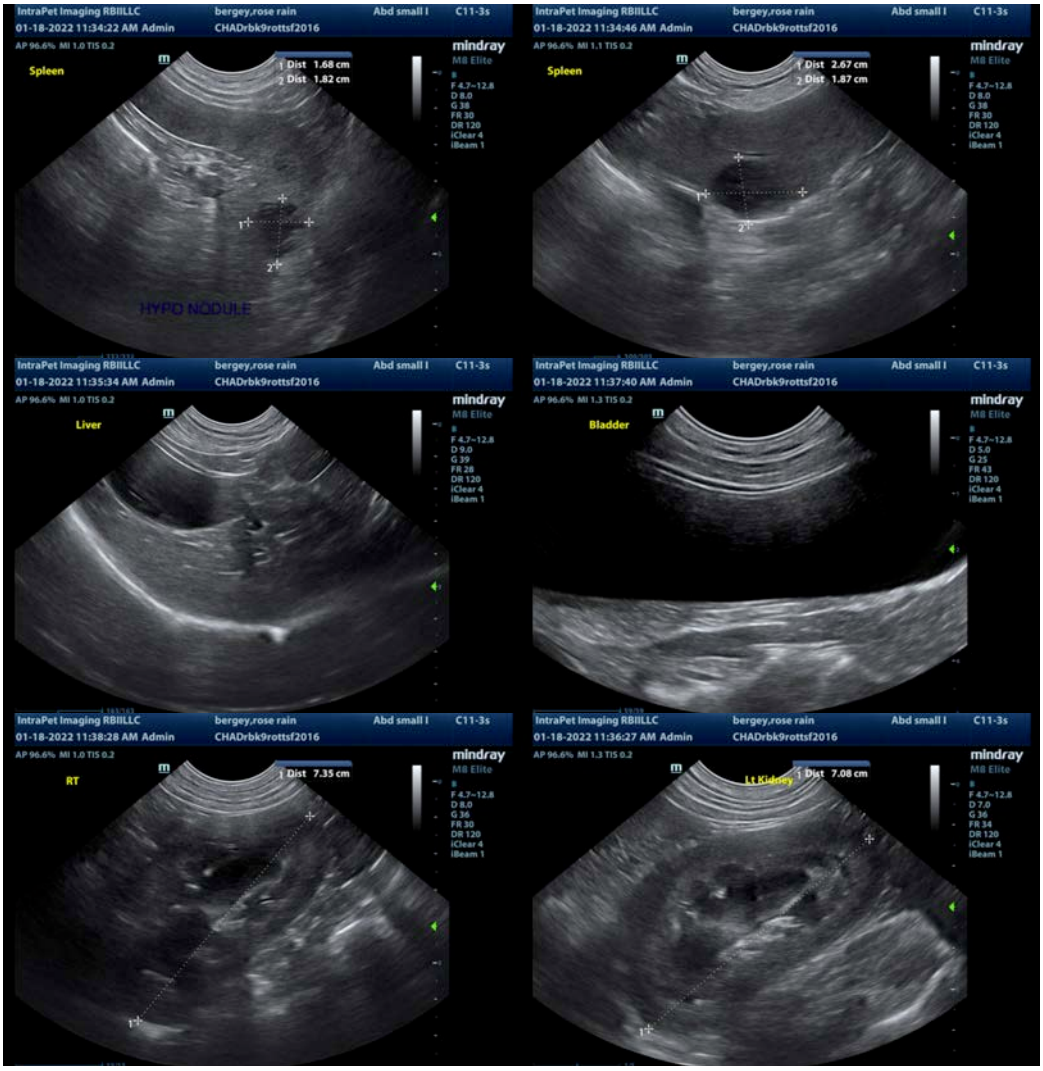
No focal bowel lesions were observed to explain the reported weight loss and vomiting/regurgitation. Recommend 3-view thoracic radiographs to both evaluate for possible metastasis and to evaluate the esophagus due to the regurgitation noted.

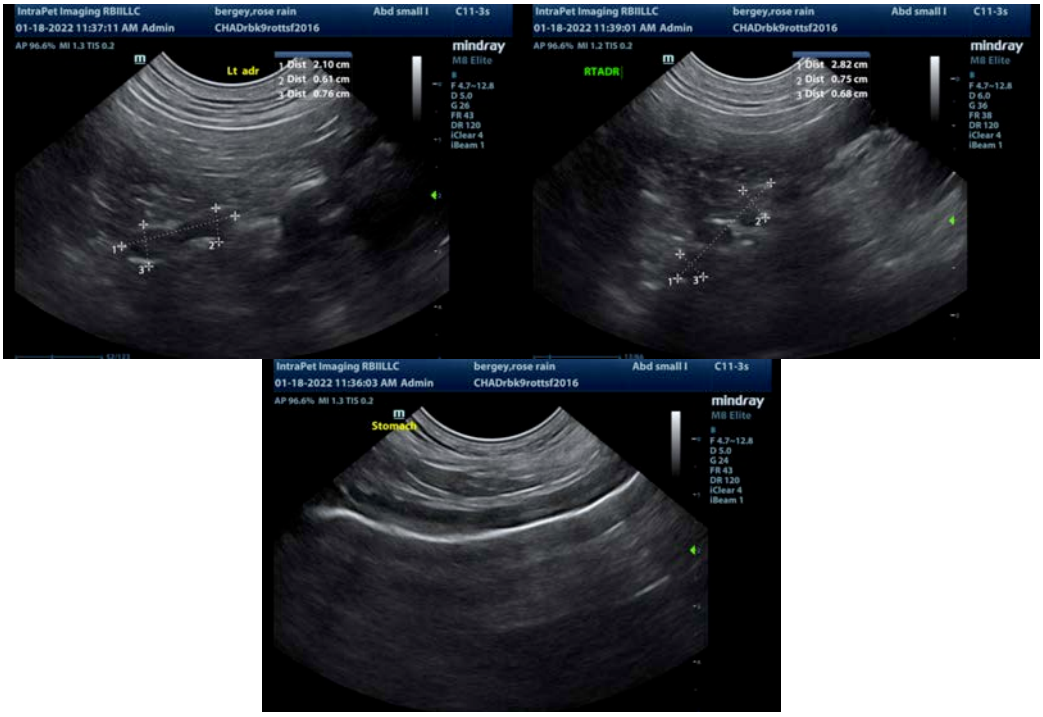
There are two large nodules visualized within the splenic parenchyma. These deforms the splenic capsule and are somewhat concerning. Options moving forward would include either a fine needle aspirate of the splenic nodules, or splenectomy with histopathology. Lastly, a more conservative approach could be taken, and you could continue to monitor these lesions with ultrasound (recheck in 2-4 weeks).

General recommendations include:

- Further workup for the splenic nodules
- Further workup for regurgitation – You could consider testing for myasthenia gravis, Addison's disease, hypothyroidism, and esophagoscopy.
- There could be underlying GI disease, which does not always show significant GI lesions on ultrasound. You could consider a GI panel to Texas A&M to further evaluate the pancreas and small intestine. If more detail is desired on both the splenic lesions and the abdomen in general, you could consider a contrast CT scan.

Recommend 3-view thoracic radiographs as recommended above.





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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