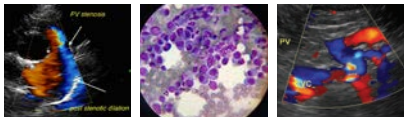
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/26/23

PATIENT

Eli Bechtel-Mathias

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

8/26/10

WEIGHT

85 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Zulty

INVOICE

44532

PRESENTING CLINICAL SIGNS

Acute weakness, diarrhea; Mid-abdominal mass found on X-ray at local ER service

Current Medications: Carprofen (100gm) 1 tab PO SID AM, Gabapentin (400mg) 1 cap PO SID
Lab Results: 12/29/22 CBC/Chemistry/UA unremarkable except low albumin (2.6)
Radiographs: 1/23/23 mid-abdominal mass on X-ray (Urgent Vet Care).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (7.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (7.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.67 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 was not clearly visualized -region obscured by large splenic mass

Spleen

The spleen is large and irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a large cavitated mass effect visualized arising from the caudal portion of the spleen, measuring >12.3 cm x 9.97 cm. Additionally, there are some hypoechoic regions of cavitation in the splenic body.

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 mild and 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

There is a scant amount of free abdominal fluid around the spleen. No lymphadenopathy. The omentum is generally of normal echogenicity.

There is a small cystic structure visualized measuring 1.35 cm x 2.2 cm near the left kidney. I suspect this is an omental cyst, although a small metastatic lesion cannot be excluded as a possibility.

Thorax

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

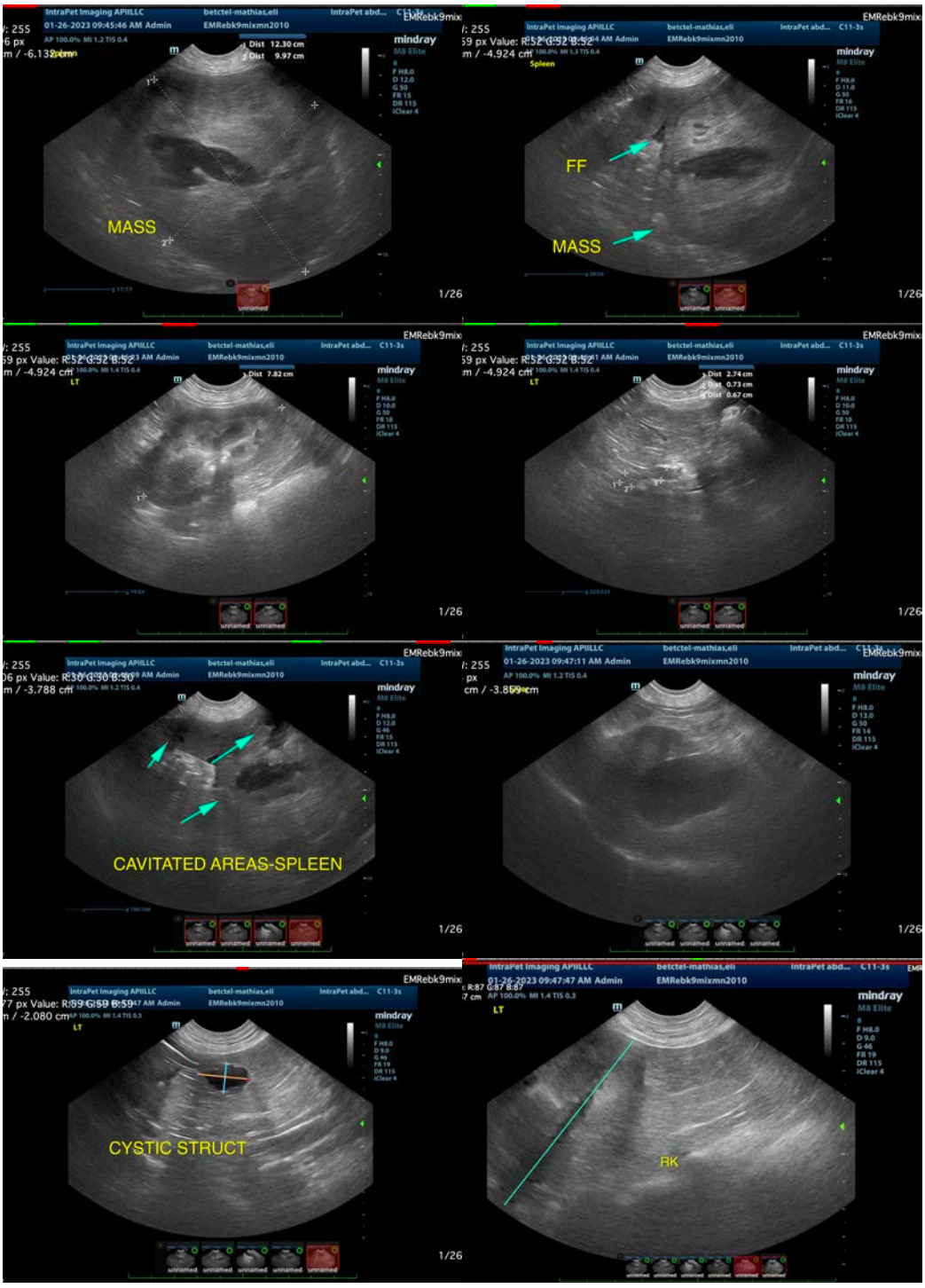
- Large cavitated splenic mass and abnormal splenic body – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

- Small cystic structure near the left kidney – This could be a benign omental cyst or less likely represent a metastatic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large cavitated mass effect arising from the spleen. Recommend splenectomy for both diagnostic and therapeutic purposes, as well as 3-view thoracic radiographs. The cavitated nature of this lesion is concerning and increases concern for a possible malignant neoplasm.

Additionally, there is a small cystic structure visualized in the omentum, which could be a benign cyst or may less likely represent a metastatic lesion.


MASS
FF
MASS
CAVITATED AREAS-SPLEEN
CYSTIC STRUCT
RK

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.

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