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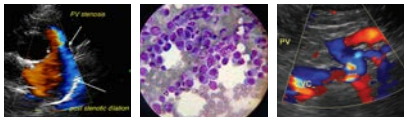

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DATE

10/13/21

PATIENT

Tango Henningfield

SPECIES

Canine

BREED

Norfolk Terrier

SEX

Neutered Male

AGE

5/28/12

WEIGHT

17.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

26246

PRESENTING CLINICAL SIGNS

History: Enlarged spleen discovered upon exam. RAD completed. Dog is not symptomatic.

Current Medications: Started 10/12/2021: Rimadyl 25mg 1/2 BID for 7 days; Tramadol 50mg 1/4 TID for 5 days
Lab Results: Not provided by the veterinarian.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not needed.
Stat Report: Doctor declined.

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 prostate is normal in size (0.77 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.67 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 (5.02 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 0.57 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 0.46 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 subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a focal area of isoechoic, heterogeneous, rounded liver on the left side,c reating an isoechoic mass effect measuring approximately 6.5 cm x 7.5 cm. This mass effect lies cranial to the stomach, but it has a pedunculated extension that lies beyond/caudal to the stomach with a mass effect that

is of mixed echogenicity and partially cavitated, measuring approximately 4.1 cm x 11 cm. This mass appears attached to the irregular liver on the left side.

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 is moderately dilated with fluid and irregular shadowing material, most consistent with normal ingesta and gas. In some areas it measures as mildly thickened at 0.9 cm (normal is <0.7 cm) with reduced distinction of layering. There is some variability due to the presence of rugal folds, and there is no evidence of a discreet mass effect.

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 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.

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.

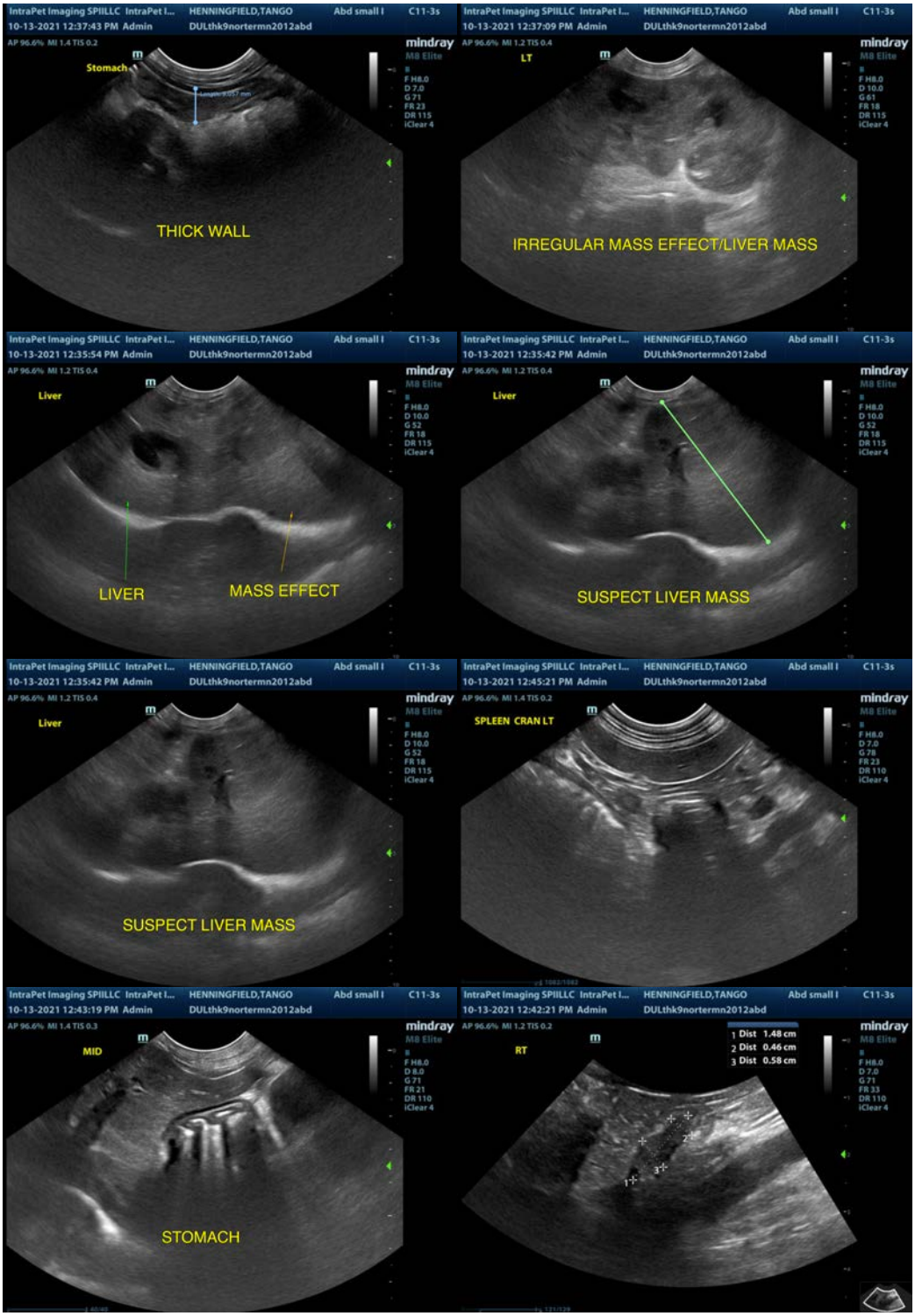
ULTRASONOGRAPHIC FINDINGS

- Irregular, slightly heterogeneous and cavitated hepatic mass – The appearance of this mass favors a primary hepatic mass. The possibility of splenic origin cannot be 100% excluded.

- Subjectively thickened stomach wall – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, somewhat cavitated abdominal mass as well as an irregular liver. I suspect this mass effect is originating from the liver and appears somewhat pedunculated, but unfortunately I cannot 100% exclude the possibility that it is of splenic origin. Recommend advanced imaging (CT scan) of the abdomen to confirm the extent of liver involvement and to plan for possible surgery, which would likely be both therapeutic and diagnostic. Recommend 3-view thoracic radiographs.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Stomach
THICK WALL
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LT
IRREGULAR MASS EFFECT/LIVER MASS
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Liver
LIVER
MASS EFFECT
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Liver
SUSPECT LIVER MASS
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Liver
SUSPECT LIVER MASS
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SPLEEN CRAN LT
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MID
STOMACH
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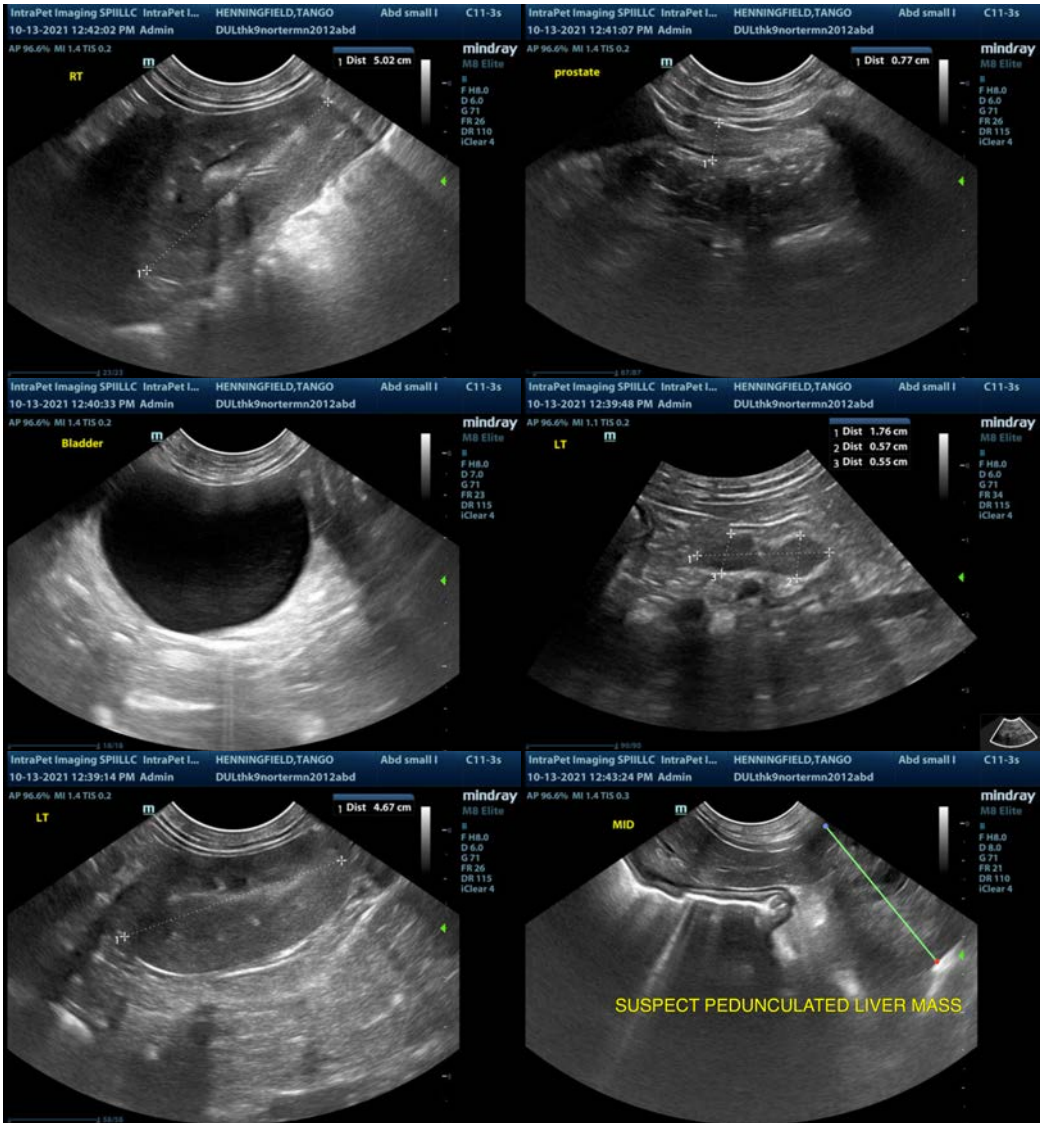
RT
1 Dist 1.48 cm
2 Dist 0.46 cm
3 Dist 0.58 cm



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.

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