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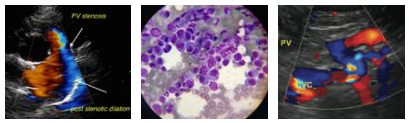

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DATE
10/21/21

PATIENT
Norah Simons

SPECIES
Canine

BREED
Border Collie Mix

SEX
Spayed Female

AGE
2011

WEIGHT
37.8 lbs

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

HOSPITAL NAME
Everhart VH

REFERRING VET
Dr. EK

INVOICE
92561

PRESENTING CLINICAL SIGNS

ADR for ~2-3 weeks. Owner reports inappetence, increased lethargy, vomiting undigested food, and diarrhea over the past few days.
Current Medications: Cerenia 60 mg 1/2 tablet PO SID; Metronidazole 250 mg 1 tab PO BID
Lab Results: Pending
Radiographs: Large mass associated with the head of the spleen. Brief ultrasound revealed large cavitated mass attached to spleen and suspicion for multiple other masses. Chest radiographs revealed no metastases.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested / declined

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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. Lack of urine distension hinders full evaluation.

The left kidney has a normal shape and size (5.71 cm). Overall echogenicity is slightly hyperechoic with poor 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 (6.18 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.72 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 0.62 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 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 is a large, mixed echogenic solid mass towards the tail of the spleen that measured 5.27 x 4.42 cm. Additionally there are numerous other hypoechoic splenic masses within the parenchyma and some deviate the capsule measuring 1.48 x 1.68 cm, 1.3 cm, 1.8 cm and 1.15 cm.

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 are numerous hypoechoic mass effects/nodules throughout the hepatic parenchyma. Some are ill-defined and some are more well-defined and appear to be disrupting the margins. The largest appears to be approximately 2.38 x 2.59 cm and other measured at 0.78 cm and 1.89 cm. The

gallbladder lumen is moderately distended. The wall of the gallbladder 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. 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

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.

Heart

No pericardial effusion was seen. There is ring down artifact noted at the diaphragm indicating possible pulmonary parenchymal abnormalities.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, solid splenic mass with numerous other intraparenchymal masses. Large heterogenous mass is present in the splenic parenchyma. The mass distorts splenic capsule. Differentials for the mass include neoplasia (hemangiosarcoma, hemangioma), hematoma, abscess or other. However, a neoplastic process is favored.

- Heterogenous liver with hypoechoic nodules. Some of these nodules are relatively indistinct and could be more consistent with regenerative nodules, etc. but others are more distinct and appear to deviate the vasculature and parenchyma, which is more concerning for a possible metastatic lesions.

SECONDARY FINDINGS:

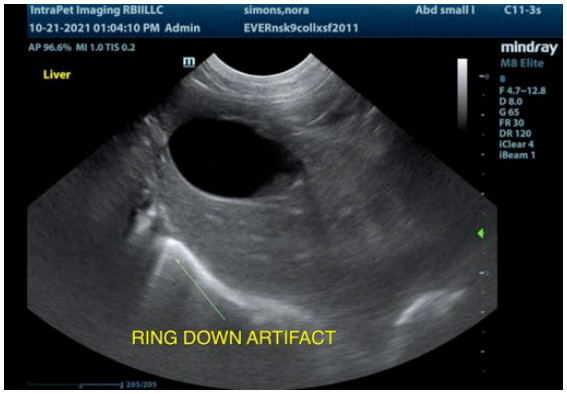
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

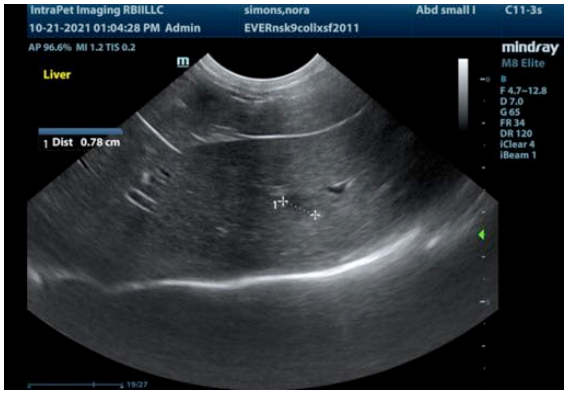
- Ring down artifact visualized cranial to the diaphragm. This could be consistent with pulmonary

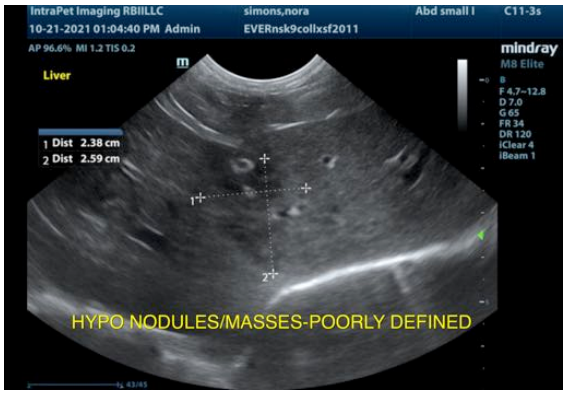
parenchymal abnormalities. I recommend three view thoracic radiographs.

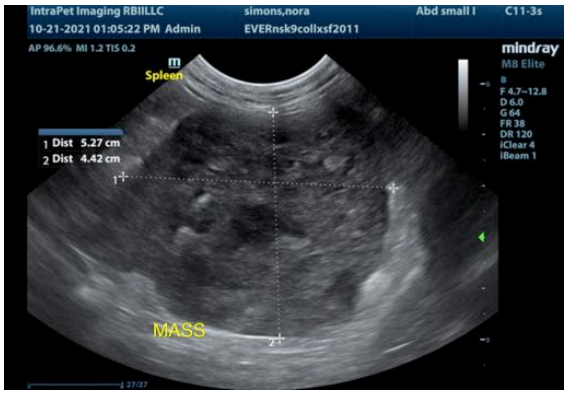
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

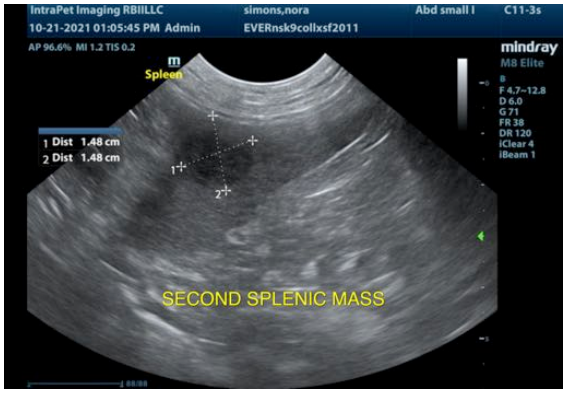
There is a large splenic mass with numerous other intraparenchymal splenic lesions, which is concerning for possible metastatic disease. The liver is heterogenous and has ill-defined nodules. These could be regenerative nodules or may represent metastatic disease as well. I recommend three view thoracic radiographs and consider splenectomy for both diagnostic and therapeutic purposes with the knowledge that there is a potential for metastatic disease present. I recommend sampling of any apparent liver nodules at the time of surgery. If round cell neoplasia or histiocytic sarcoma is highly suspected you can consider a FNA or consider surgery.







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simons,nora
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EVERnsk9collxsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Spleen
1 Dist 1.48 cm
2 Dist 1.48 cm
SECOND SPLENIC MASS


IntraPet Imaging RBIILLC
simons,nora
Abd small I
C11-3s
10-21-2021 01:09:32 PM Admin
EVERnsk9collxsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
RT CR
1 Dist 1.89 cm
LIVER MASS


IntraPet Imaging RBIILLC
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AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Lt Kidney
1 Dist 5.71 cm


IntraPet Imaging RBIILLC
simons,nora
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C11-3s
10-21-2021 01:07:05 PM Admin
EVERnsk9collxsf2011
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mindray
M8 Elite
Lt adr
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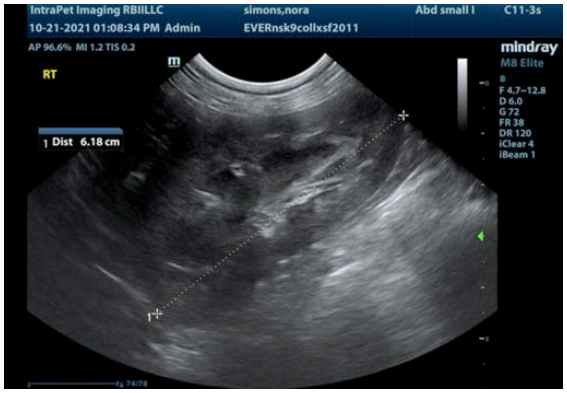
2 Dist 0.72 cm
3 Dist 0.63 cm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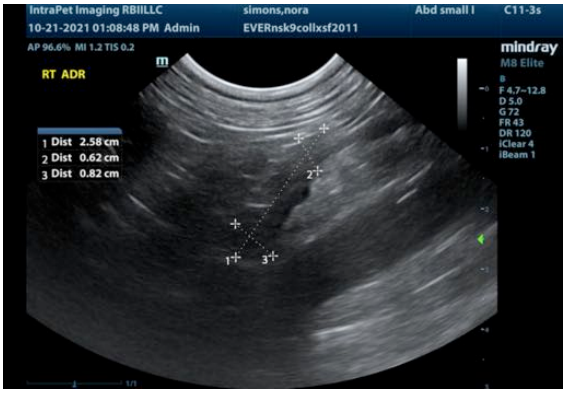
simons,nora
Abd small I
C11-3s
10-21-2021 01:08:34 PM Admin
EVERnsk9collxsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
RT
1 Dist 6.18 cm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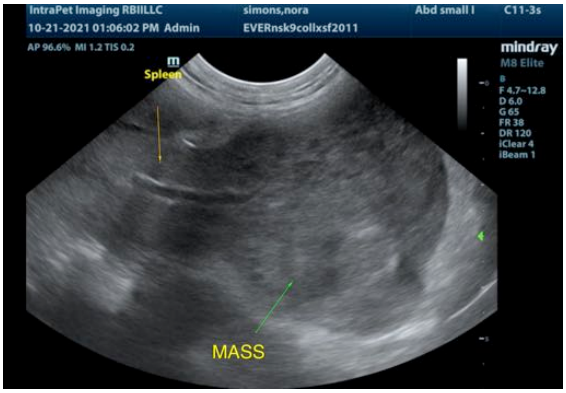
simons,nora
Abd small I
C11-3s
10-21-2021 01:08:48 PM Admin
EVERnsk9collxsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
RT ADR
1 Dist 2.58 cm
2 Dist 0.62 cm
3 Dist 0.82 cm



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.

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