IMAGING PERFORMED BY

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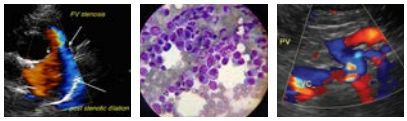

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DATE

10/29/21

PATIENT

Bella Sparks

SPECIES

Canine

BREED

Pit Bull Terrier X

SEX

Spayed Female

AGE

1/1/08

WEIGHT

36.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Haskin

INVOICE

26758

PRESENTING CLINICAL SIGNS

History: Treated for pancreatitis at Fall Rd Animal Hospital. After discharge, patient did not eat, and owner could not medicate. Presented to Chadwell as follow up. Vomiting had resolved. Stools were still loose and very dark. Patient was not eating. Patient now eating with addition of Entyce. No vomiting or diarrhea.

Current Medications: Baytril, Sucralfate, Cerenia, Entyce, Trazadone (in hospital only).
Lab Results: Not provided by the veterinarian.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
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 (5.41 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 is normal in size (6.66 cm) but irregular in shape. 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. There is an approximately 5.99 cm x 2.05 cm hypoechoic cystic mass effect arising from the outside margin of the liver, which appears to be extending into the perirenal space.

Adrenal Glands

The left adrenal gland is large in size measuring 1.09 cm at the cranial pole, 0.81 cm at the caudal pole, and 3.02 cm in length. It is observed in its normal position cranial to the left renal artery. It has a somewhat irregular appearance in that there is a hyperechoic indistinct nodule in the caudal pole measuring 0.55 cm, and an indistinct hyperechoic nodule in the cranial pole, measuring 1.05 cm. These nodules do not deform the adrenal.

The right adrenal gland is large in size measuring 1.17 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. 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. Numerous ill-defined, hypoechoic, moth-eaten mass lesions are present, with a more focal lesion measuring 2.83 cm x 1.98 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 is a mixed echogenic, large, rounded mass effect on the right side of the liver measuring 6.1 cm x 4.05 cm.

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. 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 large, hypoechoic and prominent with surrounding hyperechoic mesentery. There is a focal cystic mass effect in the caudal aspect of the right limb, measuring 2.3 cm x 5.3 cm. This could communicate with the right renal mass, but a connection is not clearly seen.

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

Ringdowns are evident at the diaphragm. Recommend 3-view thoracic radiographs to look for any evidence of parenchymal disease.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly with ill-defined mottling/hyperechoic nodules in the left adrenal – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. The significance of the hyperechoic mottling/nodules in the left adrenal is of unknown significance. They do not appear to deform the gland, and should continue to be monitored.

- Mottled spleen with multiple hypoechoic nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Heterogeneous liver with mixed echogenic hepatic mass – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy

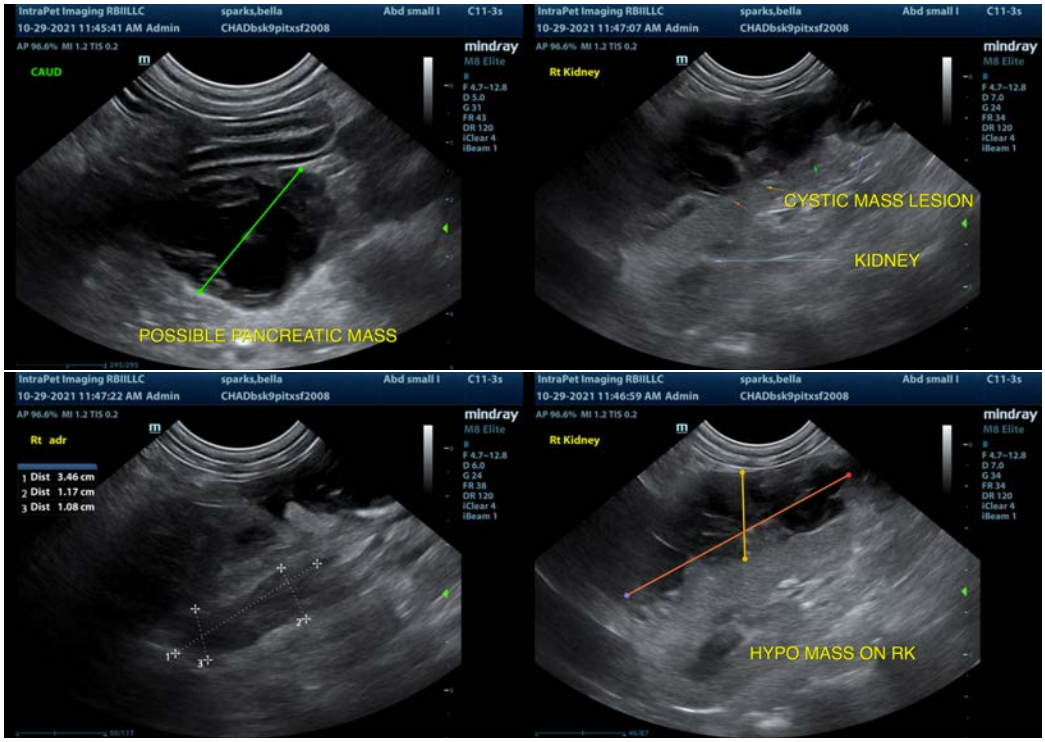
(e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This mass effect could represent a primary liver lesion, or could be associated with the other mass lesions in the abdomen.

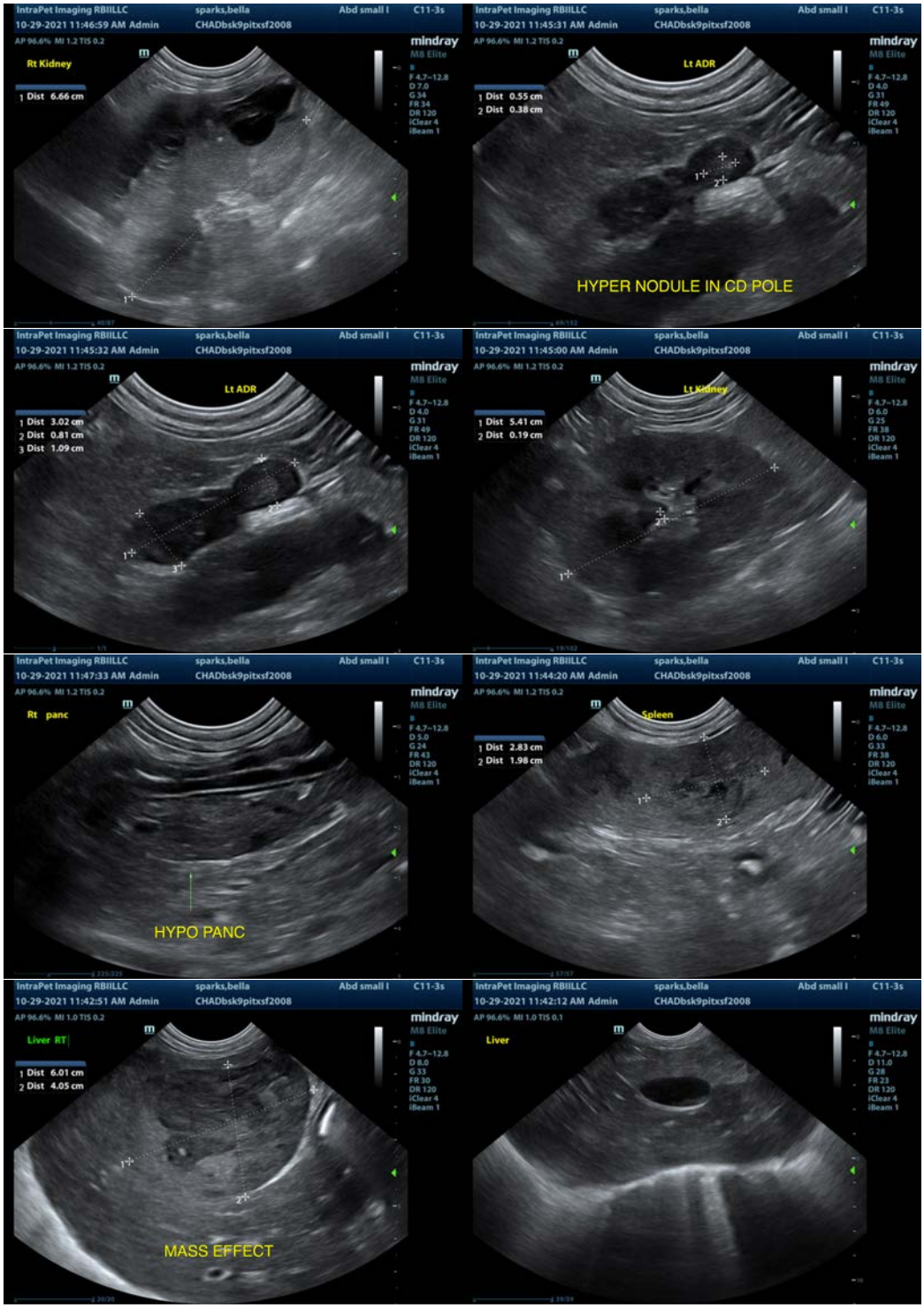
- Hypoechoic cystic mass lesion arising from the right kidney – concerning for a neoplastic process, but an atypical benign cystic structure cannot be excluded as a possibility.

- The pancreas is large, hypoechoic and prominent with surrounding hyperechoic mesentery. There is a focal cystic mass effect in the caudal aspect of the right limb, measuring 2.3 cm x 5.3 cm. This could communicate with the right renal mass, but a connection is not clearly seen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are mass lesions visualized in the liver, spleen, pancreas, and right kidney. These could be cancerous lesions or benign, but concern increases with multiple lesions present, particularly in the kidney and pancreas. Consider a fine needle aspirate of the spleen and pancreatic mass lesion. The pancreatic mass appears cystic, so you may obtain fluid for fluid analysis and cytology. Recommend 3-view thoracic radiographs. If a diagnosis is not obtained off of cytology, then consider a preoperative CT scan and surgical biopsies.




IntraPet Imaging RBIILLC
sparks,bella
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2 Dist 0.38 cm
HYPER NODULE IN CD POLE
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Liver
mindray
M8 Elite

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)
kathleen.sennello@sonopath.com