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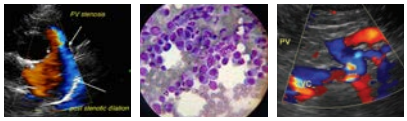

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DATE

10/4/22

PATIENT

Murray Couchenour

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

3/4/11

WEIGHT

41.46 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Mike

INVOICE

40934

PRESENTING CLINICAL SIGNS

History of intermediate grade soft tissue sarcoma removed 5/6/21 that has recurred. BAR; BCS 5/9; wt.- 91.4 lbs. /41.46 kg; mm-pink/moist; crt<2sec; eent- 3-4/4 dental tartar, 2/4 gingivitis, halitosis Bilateral Cataracts with uveal cyst left eye similar to previous exams; h/l- no murmur or abnormal sounds, pulses strong and steady; abdomen- soft, non-painful on palp; s/c- skin tags inside L stifle, lateral right elbow, (2), inner Right elbow, 0.5 cm SQ ST mass sternum, 3.4 cm SQ ST mass R tarsus, 5 mm SQ ST mass R caudal lumbar area; pln- wnl; rectal - nsf Musculoskeletal Observations: decreased muscle mass in rear, leg shifting front right elbow.

Current Medications: Adequan started 7/2022, gabapentin 400 mg po bid.
Lab Results: mild increase alt (122 on 7/11/22)
Date of Previous IntraPet Ultrasound: No previous.
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 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 (7.19 cm). Overall echogenicity is slightly hyperechoic with poor 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 (7.32 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.74 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 0.82 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. There is a somewhat ill-defined mixed echogenic mass effect measuring 3.31 cm x 1.86 cm within the parenchyma, which causes a mild bulge in the splenic capsule.

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 small cystic lesion visualized measuring 1.3 cm in the parenchyma.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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
Other
A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Mixed echogenic, ill-defined mass effect in the spleen – There is a non-cavitated, mixed echogenic splenic mass visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Heterogeneous liver with a small cyst – 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. The cystic structure is most consistent with a benign hepatic cyst.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

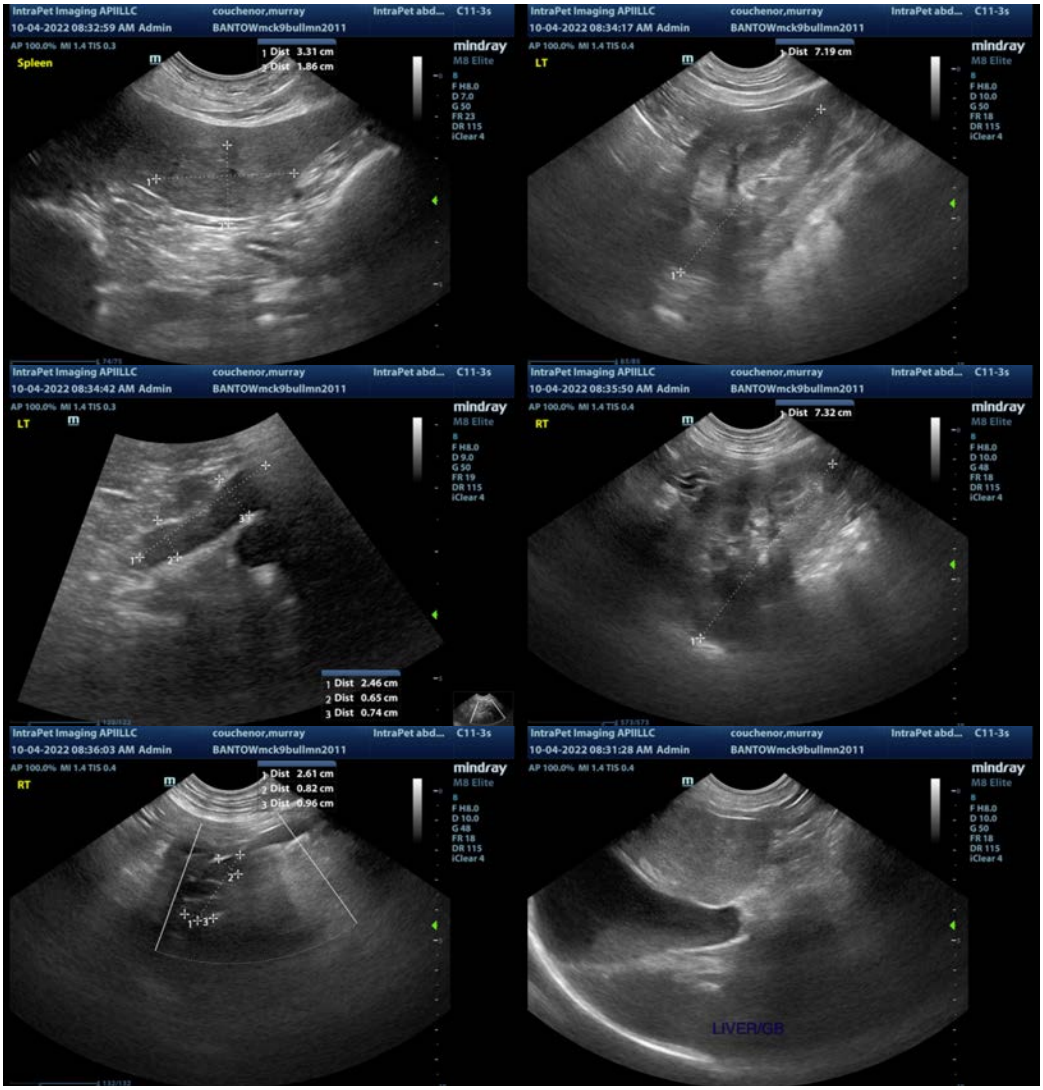
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

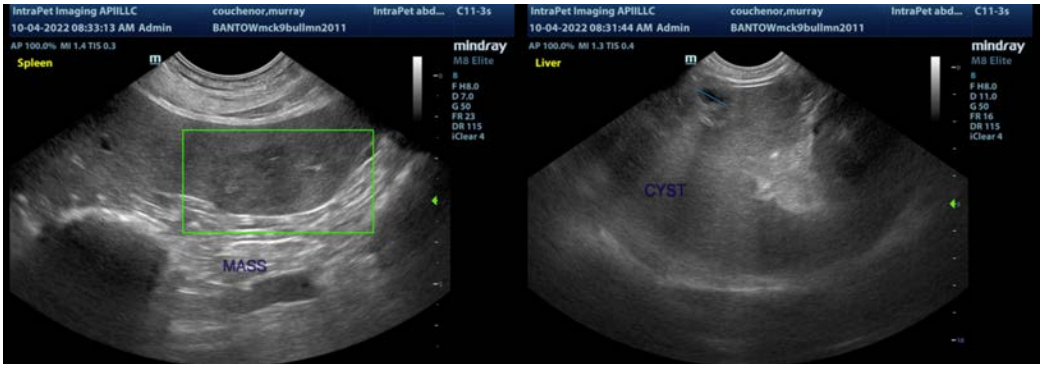
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of a metastatic process, although there is a mixed echogenic mass effect on the spleen. This lesion is relatively subtle but does distort the splenic capsule somewhat. Options moving forward would include a fine needle aspirate of this lesion or splenectomy with histopathology. If a fine needle aspirate is considered, continued monitoring of this lesion with ultrasound is recommended, as benign lesions still have the possibility of rupturing with progressive growth.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

The changes observed in the liver are non-specific. No focal lesions are observed. If ALT elevations persist or progress, you could consider a fine needle aspirate and a liver function test +/- Leptospirosis testing.





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.

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