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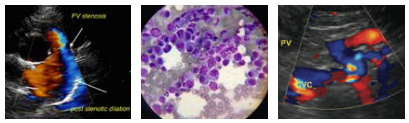

SonoPath
Clinical Sonography & Telecytology
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DATE
10/8/21

PATIENT
Lucky Palanuk

SPECIES
Canine

BREED
Labrador Mix

SEX
Neutered male

AGE
2014

WEIGHT
88.4 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Hanlin

INVOICE
92278

PRESENTING CLINICAL SIGNS

R/O abdominal tumor. Decreased appetite and lameless RF.
Current Medications: Carprofen, Gabapentin (owner not using much)
Radiographs: Possible mass near spleen/liver cranial abdomen
Date of Previous IntraPet Ultrasound: No previous
Sedation: utilized for AUS
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 prostate is normal in size 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 (6.76 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. Occasional, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.29 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 0.67 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 is normal in size measuring 0.74 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 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 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

There is a scant amount of anechoic free fluid. There is no lymphadenomegaly present. The omentum is generally abnormal with diffuse, small, hyperechoic nodules varying in size from 0.5-1.0 cm and appears generally hyperechoic.

Heart

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

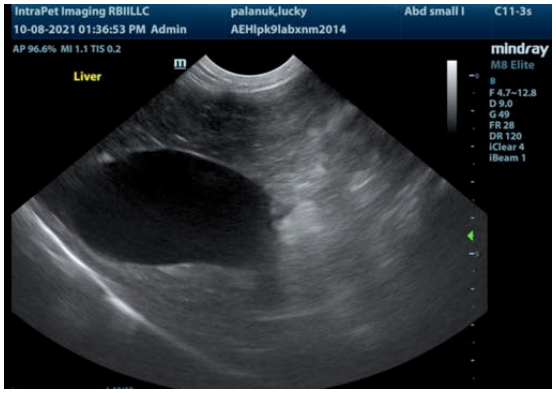
PRIMARY FINDINGS:

- Diffusely nodular and inflamed omentum. These findings could be consistent with reactive mesentery or less likely carcinomatosis.

- Small volume free abdominal fluid. This is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions are visualized associated with the abdominal organs. The omentum is diffusely hyperechoic with too numerous to count hyperechoic nodules. This could be consistent with steatitis/reactive mesentery or could be consistent with carcinomatosis although this is unusual without finding a primary mass effect. I recommend radiologist review of obtained orthopedic radiographs to look for a possible lytic lesion. I recommend joint palpation as autoimmune disease could also present these types of symptoms with associated steatitis. You can consider a FNA of a mesenteric nodule although a biopsy may be necessary. Consider a GI panel with quantitative PLI, TLI, cobalamin and folate to look for evidence of pancreatic inflammation or associated small intestinal disease.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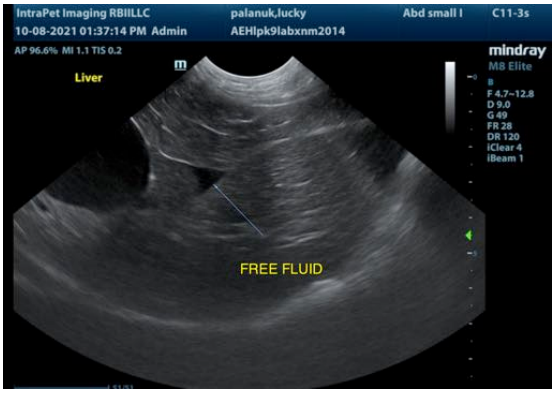
Liver
mindray
M8 Elite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Liver
FREE FLUID
mindray
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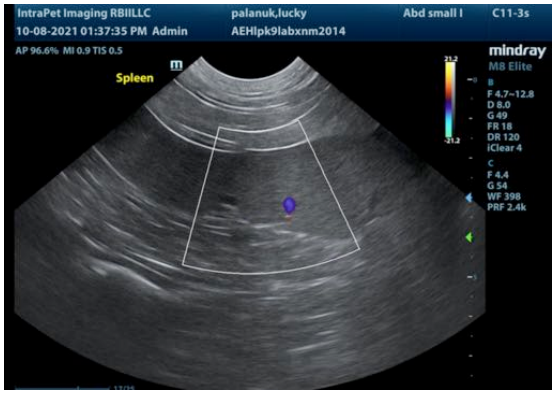
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Spleen
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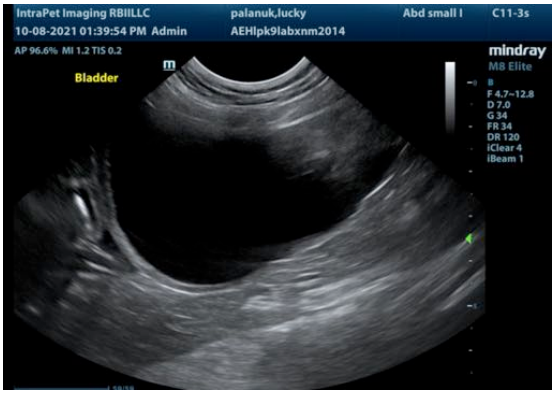
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Bladder
mindray
M8 Elite


IntraPet Imaging RBIILLC
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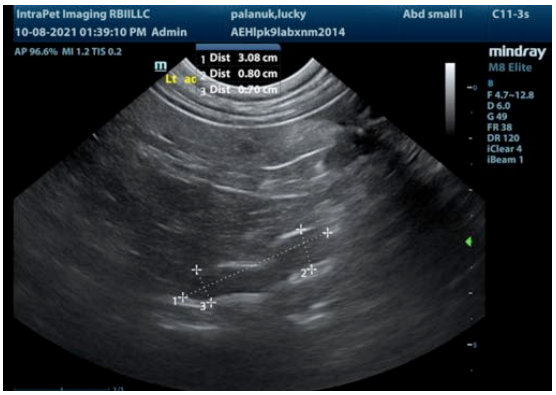
1 Dist 6.76 cm
Lt Kidney
mindray
M8 Elite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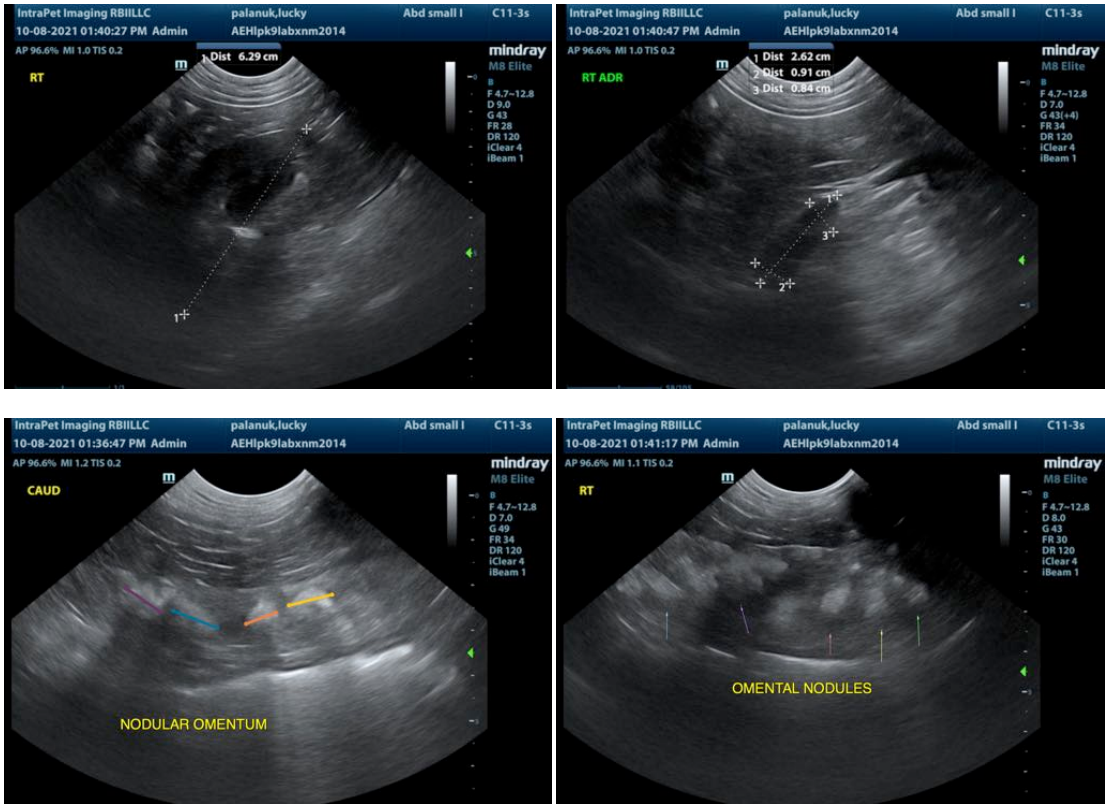
2 Dist 0.80 cm
Lt ac
mindray
M8 Elite



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