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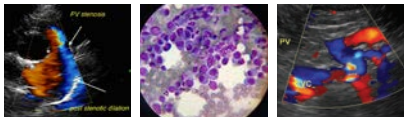
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

11/29/22

PATIENT

Evie Brown

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

7/7/11

WEIGHT

52 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

43009

PRESENTING CLINICAL SIGNS

Presented 11/22/22 for collapsing episode, PE consistent with idiopathic vestibular syndrome, mild cardiomegaly on thoracic radiographs with no evidence of congestive heart failure, abdominal radiographs showed suspected mineralized splenic mass with no evidence of abdominal effusion.

Current Medications: cerenia 60mg PO SID 11/23-11/27
Lab Results: CBC 5/2/22: RBC (L) 5.36 5.21, Hct (L) 36.8 40.4. Chem 27: NSF. UA cysto: dark yellow and cloudy, USG: 1.034, pH: 8.5, protein: 1+
bacteria rare rods and cocci. T4: 1.5
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 left kidney has a normal shape and size (7.07 cm). Overall echogenicity is normal with adequate 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 (7.0 cm). Overall echogenicity is normal with adequate 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 0.67 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 0.87 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 not clearly visualized on today's exam.

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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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.

Other

There is a large mixed echogenic, mid abdominal mineralized mass effect measuring approximately 9.26 cm x 5.19 cm. A clear association with other abdominal structures is not visualized.

No significant pericardial effusion.

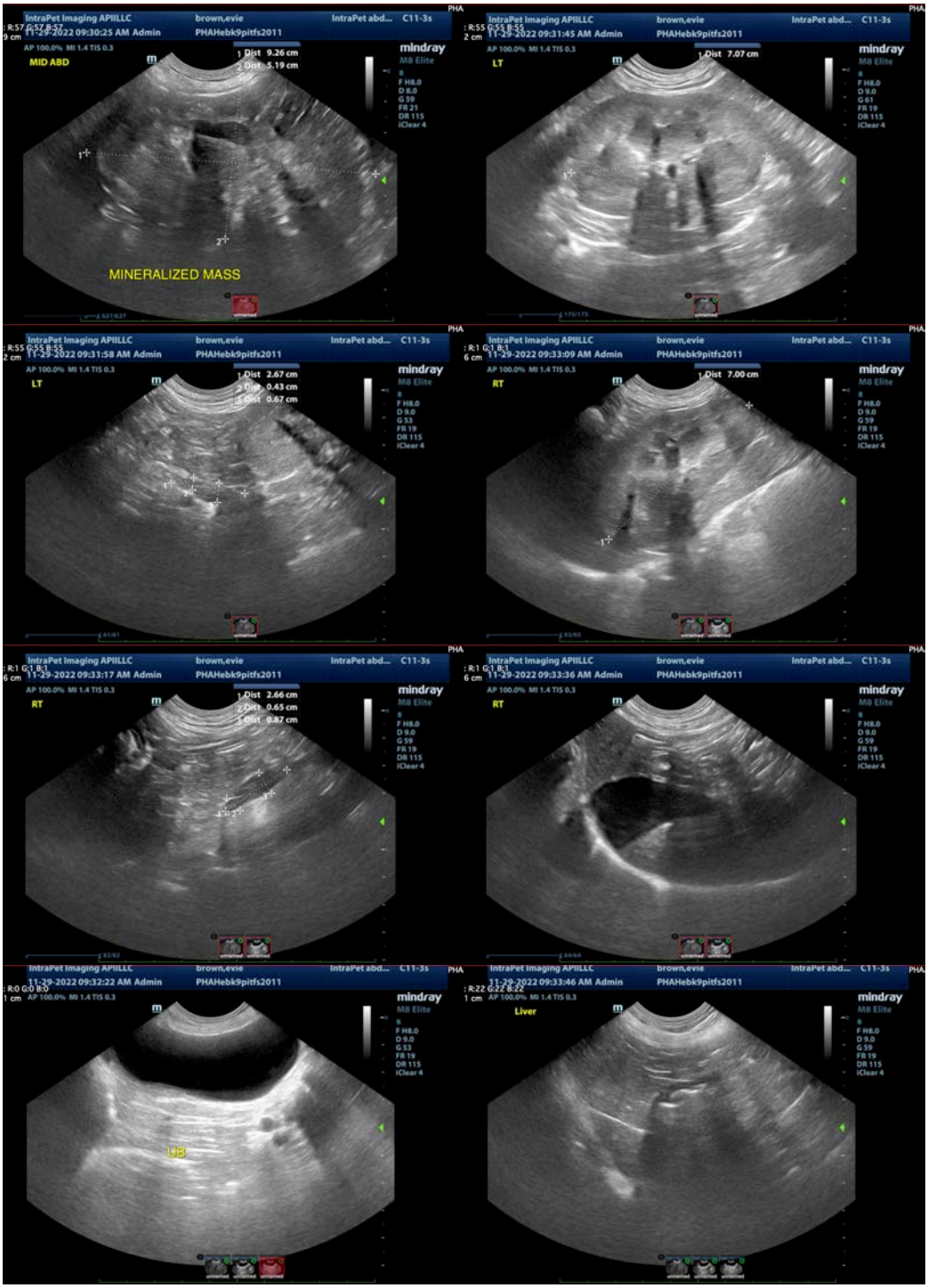
ULTRASONOGRAPHIC FINDINGS

- Somewhat ill-defined, mixed echogenic mineralized mid abdominal mass – This could be consistent with a benign (granuloma, foreign material, focal steatitis, etc.) or a neoplastic lesion (carcinoma, osteosarcoma, etc.).

- Spleen not visualized – Consider the possibility of a previous splenectomy or that the mass effect has displaced the spleen into the mid abdomen, causing poor visualization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, somewhat poorly defined, mixed echogenic, mineralized mass effect in the mid abdomen. A clear association with other abdominal structures is not visualized. Of primary concern would be a splenic mass lesion that is obscuring the spleen, a bowel mass, or a mid abdominal mineralized lymph node, granuloma, etc. This lesion could represent a benign or neoplastic process. Consider a fine needle aspirate, 3-view thoracic radiographs, and if a cytologic diagnosis cannot be obtained, consider either a contrast CT scan for further evaluation, or referral to a boarded veterinary surgeon for exploratory surgery and possible removal/biopsy.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Liver

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.

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