IMAGING PERFORMED BY

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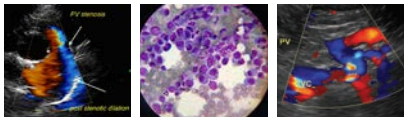

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DATE

12/14/21

PATIENT

Lucy Nash

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

12/13/10

WEIGHT

16.06 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Ullman

INVOICE

33414

PRESENTING CLINICAL SIGNS

History: Pu/PD, lethargic, off feed. Possible increase in size of bilateral submandibular lymph node, eyelid healed up. Two incision that are healing from mast cell removal; teeth- wnl- previous went under for dental; h/l- wnl.

Current Medications: Convenia (80 mg/ml), Doxycycline 100 mg, Administer 0.36 ml every 12 hours for 7 days, Famotidine 10 mg, 1/2 tablet by mouth every 24 hours for 7 days, Sucralfate 1 g-Place 1/2 tablet in syringe and suspend in water to make a slurry. Administer every 8 hours for 7 days.
Lab Results: Pre NSAID blood work: Decrease RBC, HCT, HGB- Anemia R/O immune mediated, blood loss (trauma, vs internal bleeding), Bone marrow, Increase in Retic- regenerative, Increase in WBC /NEU- R/O infection viral vs bacterial vs neoplasia, Mild increase BUN- Prerenal (dehydration/ GI bleeding (ulceration from prior NSAID use) vs renal vs post.
Radiographs: Full body 3 view radiographs- wnl
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: Declined.

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 (4.46 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.

The right kidney has a normal shape and size (4.63 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 0.54 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. The adrenal is somewhat irregular in appearance. It is uniformly hypoechoic with a slightly asymmetrical shape with no evidence of a mass effect.

Spleen

The spleen is large in size and severely heterogeneous. The splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The entire spleen is markedly irregular and heterogeneous in echotexture. There are multiple discreet masses visualized, one at the head of the spleen measuring 3.61 cm x 3.84 cm, one at the tail of the spleen measuring 2.9 cm x 3.4 cm, and multiple isolated additional masses, one measuring 1.77 cm, and another hypoechoic nodule measuring 1.2 cm.

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 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. Jejunum wall measured 0.36 cm. 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 small amount of free abdominal fluid. The sublumbar lymph nodes are prominent and abnormal, measuring 0.89 cm in width. The omentum is severely hyperechoic in the area surrounding the spleen.

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

PRIMARY FINDINGS

- Irregular, heterogeneous spleen with numerous large masses – Numerous focal, solid, mixed echogenic masses are present within the splenic parenchyma. These masses distort the splenic capsule. Underlying neoplasia is strongly suspected. Other differentials would include lymphoid hyperplasia, hematomas, etc.

- Enlarged sublumbar lymph nodes – Differentials include inflammation, infection, or metastatic neoplasia.

- Free fluid in the abdomen – Given the historical anemia, this could be consistent with hemorrhage or inflammation. Consider sampling.

SECONDARY FINDINGS

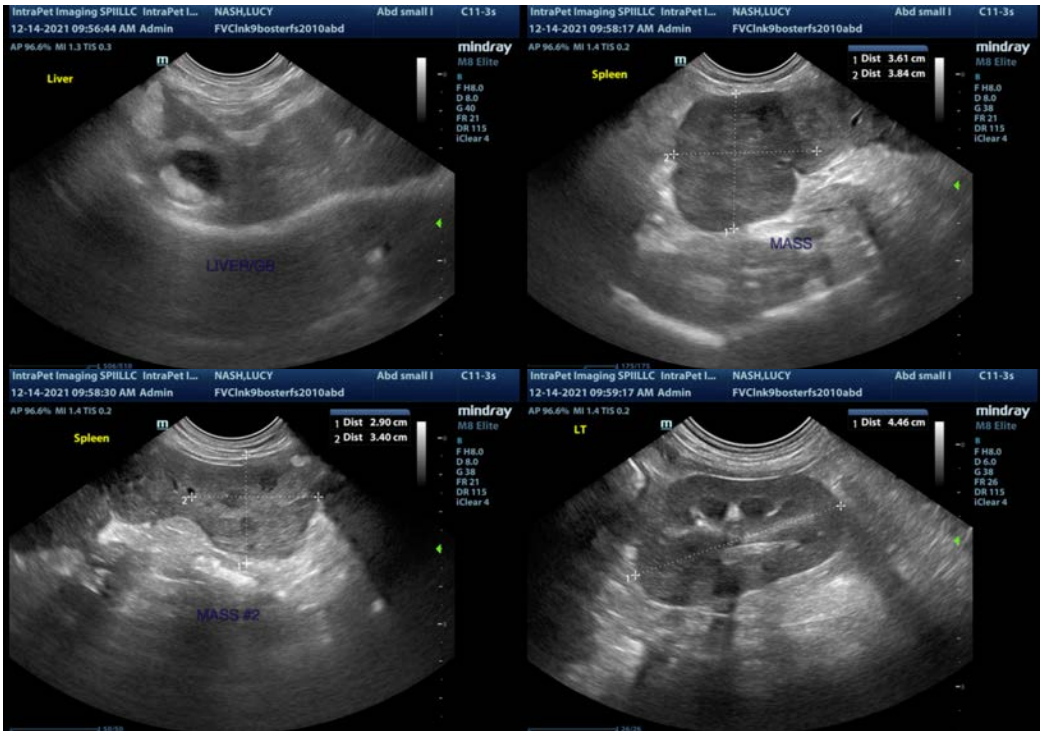
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

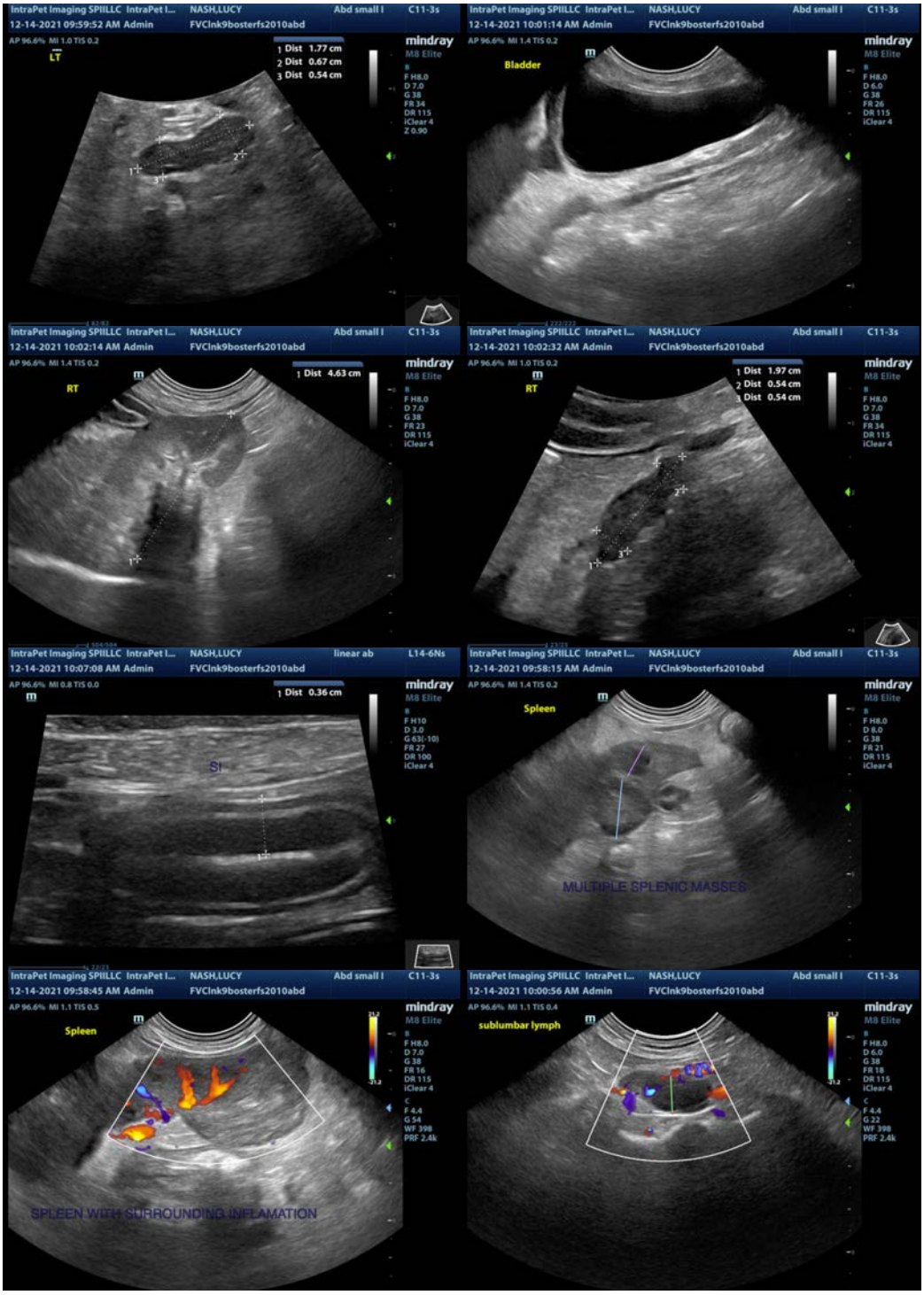
- Slightly irregular right adrenal gland – The significance of this is unclear and this could be within normal limits for this individual.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is very irregular with numerous large masses that distort the splenic parenchyma. No normal splenic tissue is visualized. Severe inflammatory tissue surrounds the spleen. That combined with the free fluid in the abdomen could be suggestive of previous hemorrhage. Given the history of mast cell tumor, this could represent metastasis or could be a second form of neoplasia. Additionally, the sublumbar lymph nodes are prominent. This could represent an inflammatory reaction or metastasis.

The most likely recommendation moving forward would be splenectomy with histopathology, which has the potential to be both therapeutic and diagnostic. The lymph nodes sand spleen should be biopsied at the same time. If a less invasive route is desired, you could consider a fine needle aspirate of the spleen, but I suspect removal is necessary in the near future. Recommend 3-view thoracic radiographs taken on inspiration to maximize diagnostic utility.




IntraPet Imaging SPIILLC IntraPet I... NASH,LUCY Abd small I C11-3s
12-14-2021 09:59:52 AM Admin FVClnk9bosterfs2010abd
LT
1 Dist 1.77 cm
2 Dist 0.67 cm
3 Dist 0.54 cm
mindray
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12-14-2021 10:01:14 AM Admin FVClnk9bosterfs2010abd
Bladder
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RT
1 Dist 4.63 cm
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RT
1 Dist 1.97 cm
2 Dist 0.54 cm
3 Dist 0.54 cm
mindray
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1 Dist 0.36 cm
SI
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Spleen
MULTIPLE SPLENIC MASSES
mindray
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Spleen
SPLEEN WITH SURROUNDING INFLAMATION
mindray
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sublumbar lymph
mindray

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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