

**DATE PRESENTING CLINICAL SIGNS**

12/21/21

History: Dog had sarcoma removed in Sept from leg. Regrowth occurred. Looking at amputation but want AUS to make sure no abdominal mets appear present.

PATIENT

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Shady Hurst

Sedation: Not required for a full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Neutered Male

AGE

12/5/13

WEIGHT

70 Pounds

INTERPRETED BY

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(Small Animal Internal
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IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

33618

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, or masses. In some views, there are very small pinpoint hyperechoic foci, most consistent with mineralizations. Two are evident measuring 0.28 and 0.42 cm. These are most consistent with very small stones or small piles of mineralized debris.

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 (7.58 cm). Overall echogenicity is slightly hyperechoic with mildly decreased 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (6.73 cm). Overall echogenicity is slightly hyperechoic with mildly decreased 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 hydronephrosis. Renal vasculature is normal. There is a large cortical cyst in the right kidney measuring 1.88 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 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 0.67 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 one very subtle irregularity to the tip of the tail of the spleen, resulting in a small bulge in the capsule and faint mottling in that area. The affected area measures 1.4 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 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 is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. Duodenum wall measured 0.46 cm. Jejunum wall measured 0.37 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 prominent and mottled compared to the surrounding isoechoic 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. There is a prominent iliac lymph node measuring 1.0 cm in diameter, and the omentum is of normal echogenicity.

PRIMARY FINDINGS

- Prominent iliac lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Small, hyperechoic foci in the dependent portion of the urinary bladder – Findings are most consistent with small stones or mineralized debris. Correlate these findings with radiographs, as they are very small lesion. Recommend urinalysis and culture and continued monitoring.
- Capsular irregularity with mild mottling in the tip of the spleen – This could be a normal anatomic variation or could be a subtle splenic nodule – Possible differentials would include lymphoid hyperplasia, extramedullary hematopoiesis, or neoplasia.

SECONDARY FINDINGS

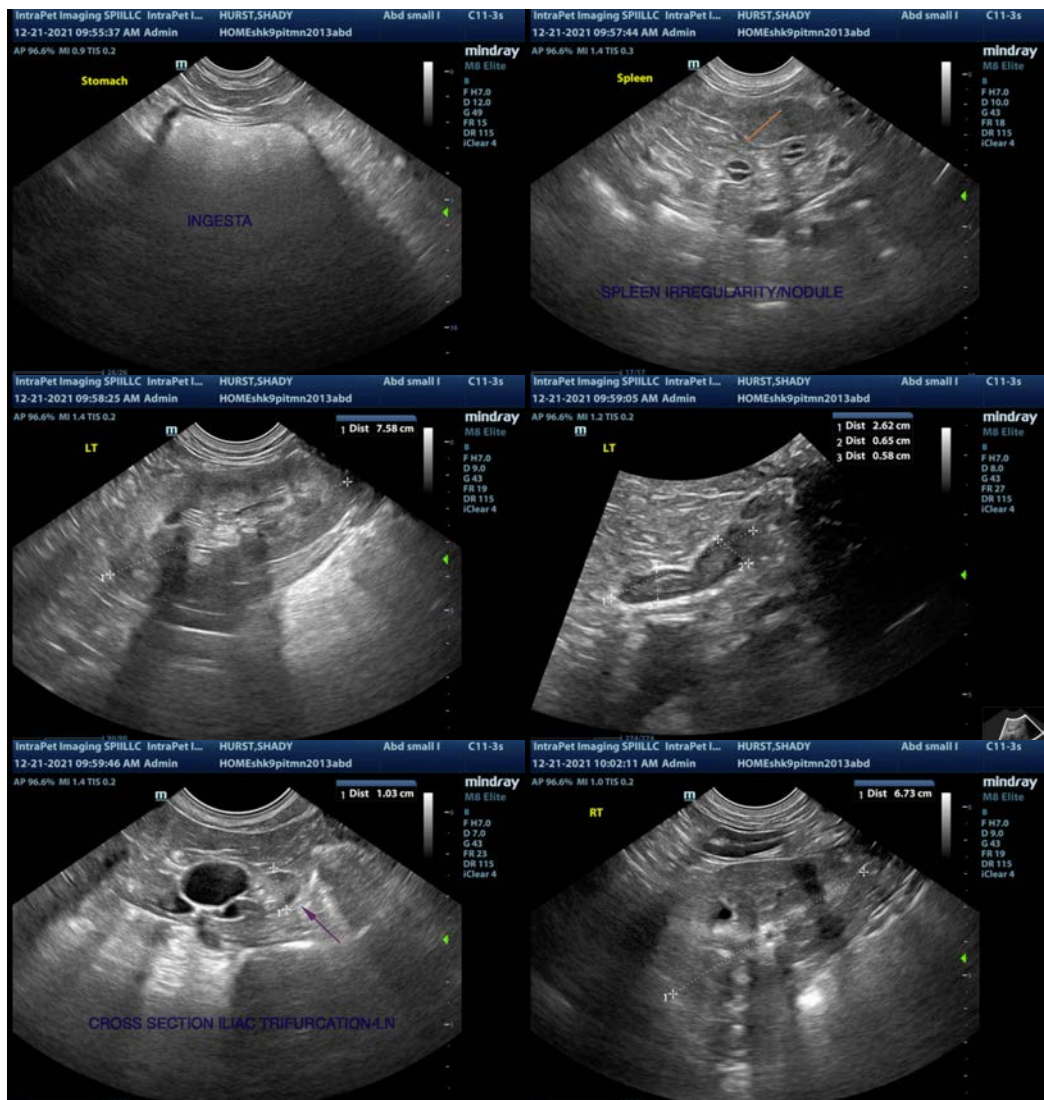
- Mildly prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild reduced corticomedullary distinction in both kidneys with a right-sided renal cyst – The bilateral renal findings are consistent with age-related change.

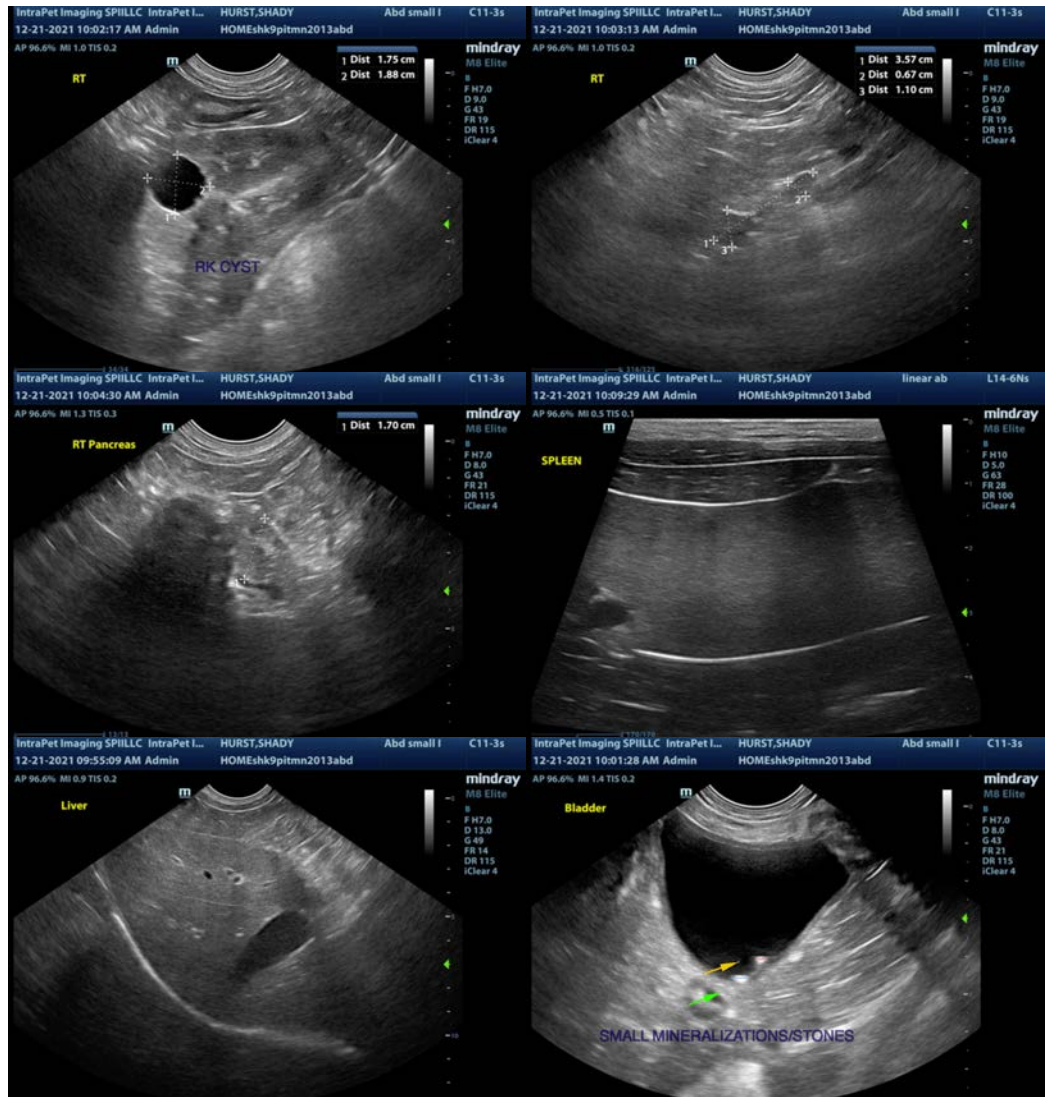
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions observed in today's scan are very mild and subjective. Of primary concern regarding the sarcoma would be the prominent iliac lymph node. Unfortunately, it is impossible to say if this is just reactive due to previous surgery, etc., or if there is metastasis present. Appearance favors a reactive lymph node.

Additionally, there is a subtle splenic irregularity/nodule visualized. Again, this could represent normal anatomic variation, but a fine needle aspirate of the tip of the spleen would be necessary to differentiate from a more concerning lesion. Alternately, continue to monitor with ultrasound (recheck in 6-8 weeks).

There are two small mineralizations seen in the urinary bladder. I suspect these are either very small stones or clumps of mineralization. Recommend abdominal radiographs to see if these are apparent on x-rays. If not, consider continued monitoring along with the splenic lesion and along with urinalysis and culture and awareness that a urethral obstruction would be a possibility.





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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