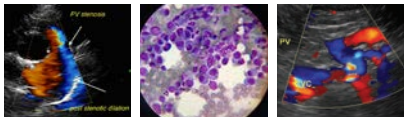
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/25/22

PATIENT

Snoopy Bures

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

2/25/15

WEIGHT

100 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

INVOICE

37948

PRESENTING CLINICAL SIGNS

CC: Lethargic. PE: Pale, bloated abdomen. 11 pound weight loss.

Current Medications: None.
Lab Results: Pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic IV.
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 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 (8.56 cm). It is normal in appearance, but displaced caudally. 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 (5.8 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

There is abnormal tissue and a mass effect in the region of the left adrenal gland, but a specific left adrenal gland is not discernable. Either the adrenal is displaced by this mass effect, or there is a mass effect involving the left adrenal gland.

There is abnormal tissue in the region of the right adrenal gland. This is either consistent with a right adrenal mass or a mass effect displacing a normal adrenal gland. The appearance of this lesion is most consistent with a right adrenal mass, with a cranial pole measuring 3.8 cm, caudal pole measuring 2.59 cm, and 6.4 cm in length.

Spleen

The spleen is large in size, severely heterogeneous, irregular and hyperechoic. The blood flow through the hilus and splenic parenchyma appears normal. The liver is diffusely nodular with some distinct hypoechoic lesions measuring 2.3 cm and 2.5 cm. Additionally, there is a large mixed echogenic, solid mass effect in the mid abdomen measuring 11.74 c mx 15.79 cm, which I suspect is of splenic origin.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized towards the periphery of a liver lobe measuring 1.57 cm x 1.21 cm.

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 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 area of 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. There are prominent lymph nodes visualized, and the omentum is generally hyperechoic, particularly around the abnormal tissue in the abdomen.

Other

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

ULTRASONOGRAPHIC FINDINGS

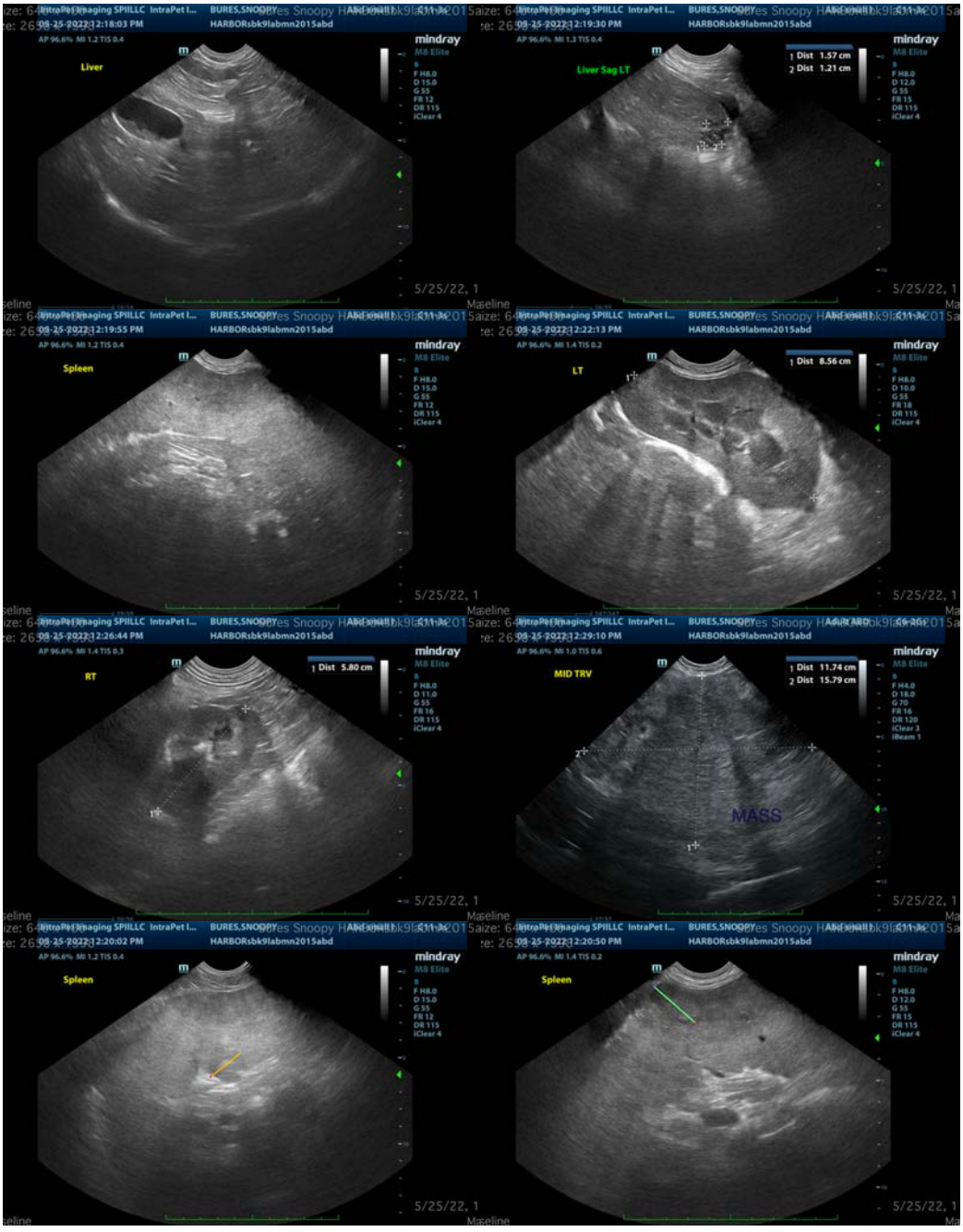
- Large, mottled, irregular/nodular spleen with suspected large mass effect – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The spleen is diffusely abnormal and nodular with a suspected large primary mass effect (cannot rule out hepatic origin). Of primary concern would be metastatic neoplasia. Other differentials are possible. Consider a fine needle aspirate.

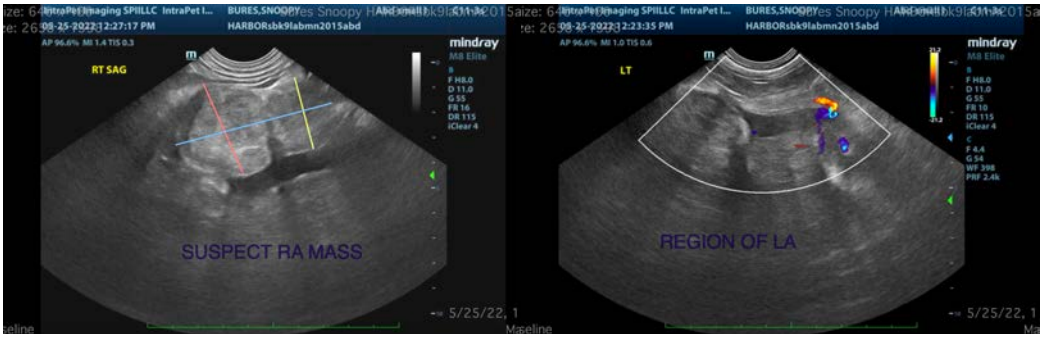
- Heterogeneous liver with peripheral hypoechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The small nodule could represent a metastatic lesion or a benign or cancerous lesion.

- Mass effect in the region of the left and right adrenal glands – The lesion in the area of the right adrenal gland has somewhat of the shape of a right adrenal gland, whereas the left adrenal gland is much more difficult to discern. There is concern here for metastatic neoplasia or a mass lesion displacing the adrenals.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a lot of abnormal tissue visualized in the abdomen. Much of it seems associated with the spleen, which itself is large and nodular. It is difficult to attribute all of these lesions to the spleen, so it is concerning that some of these could represent metastatic disease. Recommend a fine needle aspirate of the spleen and of the mid abdominal mass. Recommend 3-view thoracic radiographs. If round cell neoplasia is ruled out, and surgical intervention is desired, consider a contrast CT scan to better delineate the lesions and determine if surgical intervention is possible.





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)
kathleen.sennello@sonopath.com