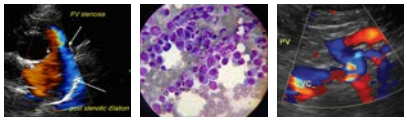
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

6/15/22

PATIENT

Diesel Palmer

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

2/1/14

WEIGHT

92 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Eldersburg VH

REFERRING VET

Dr. Alper

INVOICE

38720

PRESENTING CLINICAL SIGNS

Lethargic, Painful abdomen, Urinating dark brown urine.

Lab Results: In house U/A: USG 1.008, 500 protein, 250 RBCs, sedivue unremarkable.
Radiographs: Right lateral and VD radiograph: right sided round soft tissue opacity creating mass effect (possibly splenic or liver in origin). ingesta filled stomach.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Dexdomitor.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic 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. There is a small area of dependent echogenic debris in the urinary bladder, most consistent with cellular debris, clot, etc.

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 (7.56 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 (7.05 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 0.82 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 0.76 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 large and irregular. The blood flow through the hilus and splenic parenchyma appears normal. There is a mass effect towards the head of the spleen of mixed echogenicity, measuring approximately 3.94 cm x 3.89 cm. Adjacent to this lesion is a hypoechoic portion of the mass effect, which I suspect is an intralesional hemorrhage. This area measures at least 7.4 cm x 3.5 cm. Additionally, there is a smaller mixed echogenic mass visualized measuring 4.1 cm x 3.2 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 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 moderately 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. 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

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

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic, cavitated mass effect in the spleen with suspected intralesional hemorrhage and additional secondary solid mixed echogenic mass – A large, heterogeneous mass with cavitations is present within the splenic parenchyma. The mass disrupts the splenic capsule. Differentials include neoplasia (i.e,. hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

- Echogenic debris and dependent debris visualized within the urinary bladder – most consistent with cellular debris or clot. Recommend urinalysis and culture.

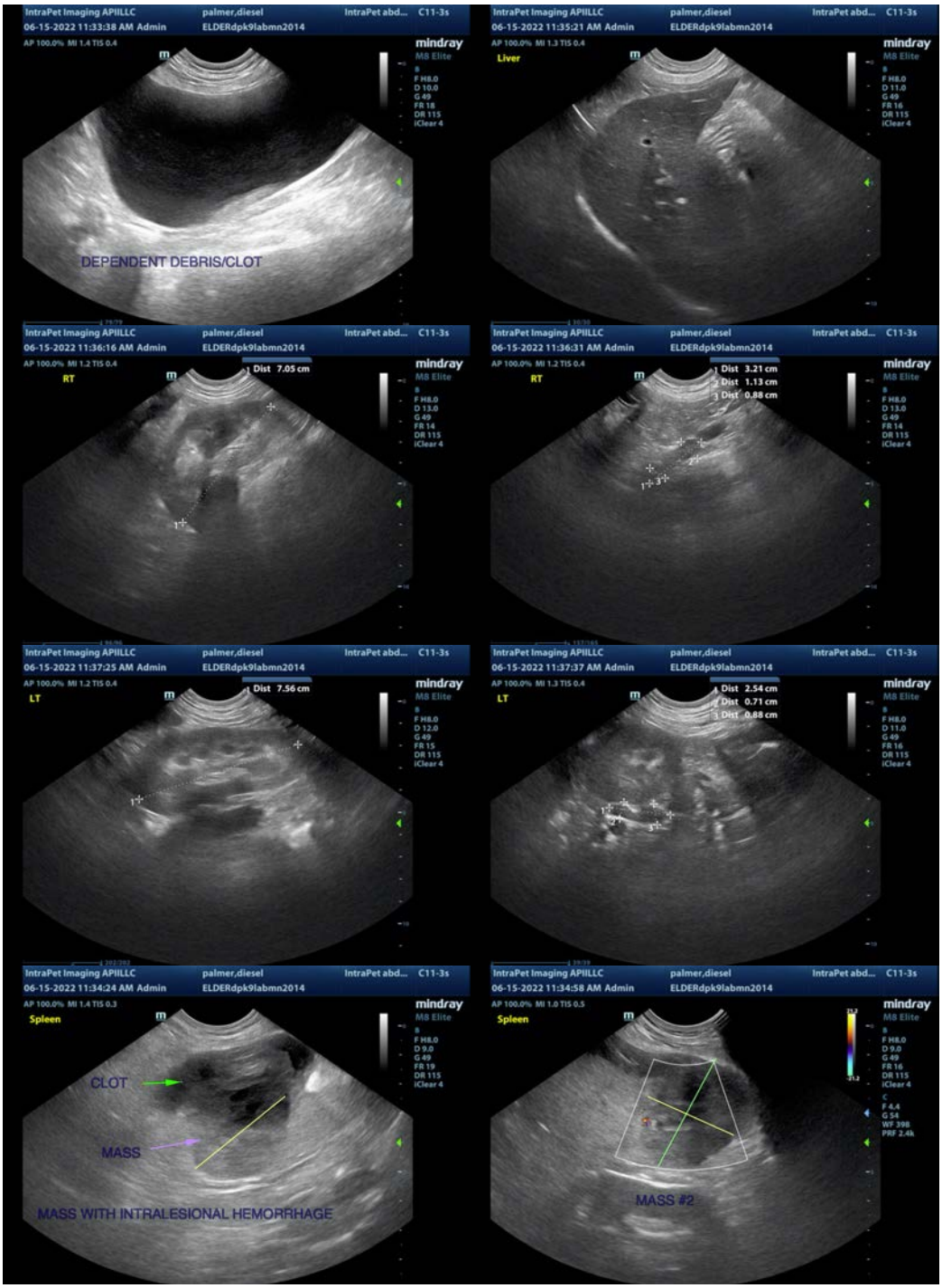
- Moderate ingesta within the gastric lumen – correlate with feeding history and abdominal radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two mass lesions visualized on the spleen. One of these appears to have a large clot associated with it, most consistent with an intralesional bleed. Recommend splenectomy for diagnostic and therapeutic purposes.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

There is echogenic debris within the urinary bladder, which could be consistent with a clot, cellular debris, etc. Recommend urinalysis and culture. No lesion is visualized responsible for the debris present.



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.

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