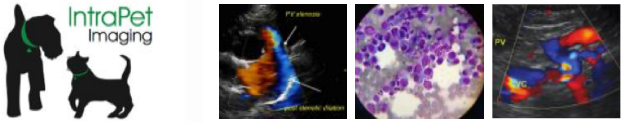
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

7.14.2023

PATIENT

Bunny Gangle

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

7/13/2014

WEIGHT

31.1 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Martinoli

INVOICE

13694

PRESENTING CLINICAL SIGNS

For the past 2 days, Bunny has appeared lethargic and today was extremely lethargic. Only ate part of her breakfast; didn't eat dinner but did eat one treat. Went to rDVM; bloodwork showed severe anemia. Transferred for continued care.

Current Medications: Cerenia.
Lab Results: PCV - 16; TP - 7.4. UA – inactive, 4DX - negative
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.35 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 a small nonobstructive nephrolith visualized. Pyelectasia is also noted (0.50 cm). There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.63 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 (0.58 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 (0.58 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, irregular and mottled, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are too-numerous-to-count hypoechoic, cystic, almost “moth-eaten” lesions throughout the parenchyma, some coalescing into larger appearing lesions such as the hyperechoic lesion (measuring 3.92 x 2.74 cm), and numerous other, ill-defined hypoechoic cystic lesions varying from 0.50-4.00 cm. Some of these deform the splenic capsule.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous and irregular with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are clusters of abnormal, irregular hypoechoic tissue surrounding by hyperechoic tissue, most consistent with hyperechoic mixed-echogenicity mass lesions. One is visualized

(measuring 3.05 x 2.03 cm). Others measure 3.27 cm in diameter. Some of these mildly deviate the hepatic margins.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 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 area if 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

The right auricle and pericaridum were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted. There is no evidence of pleural effusion or obvious thoracic mass lesions.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

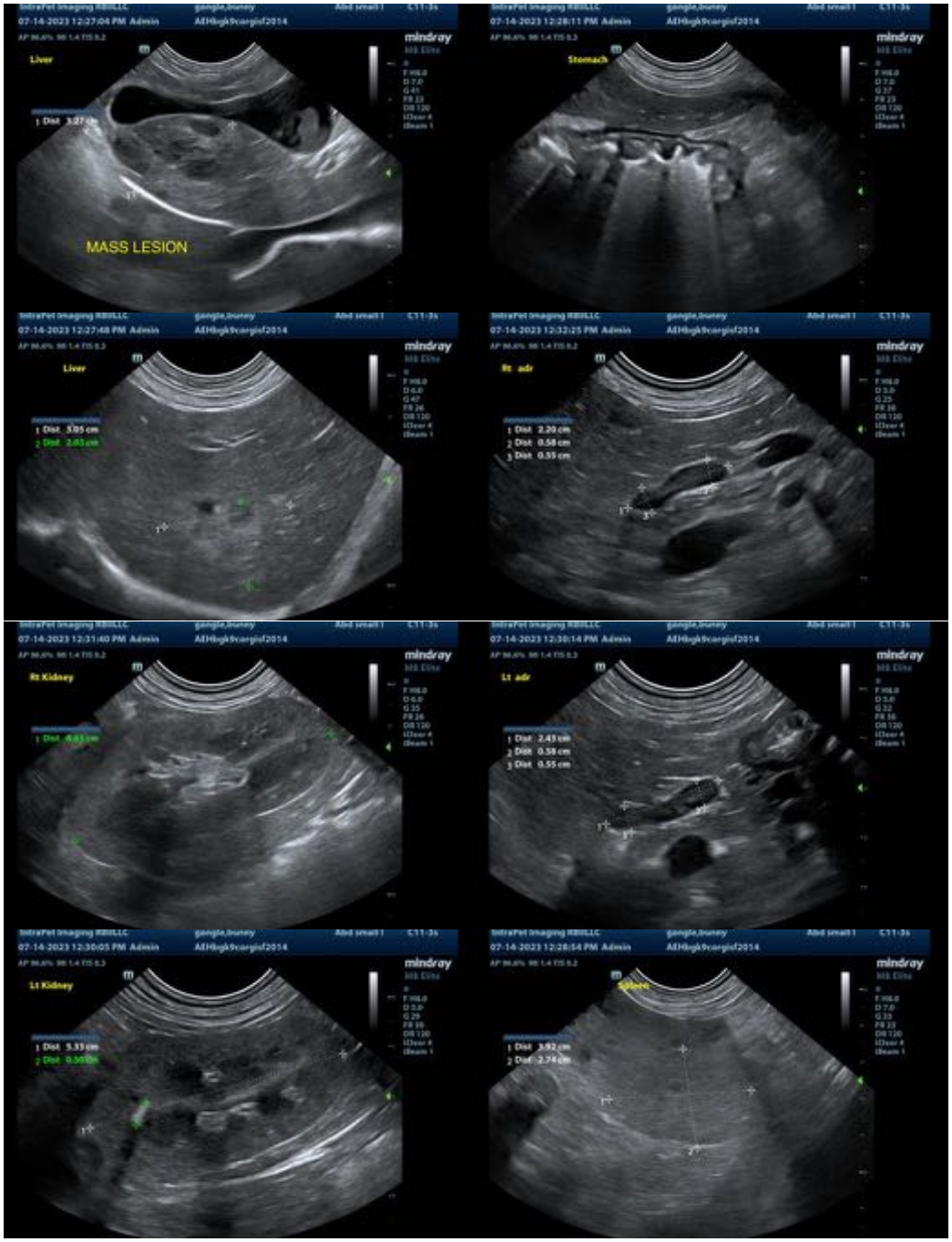
- Mild left-sided renal pyelectasia - Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

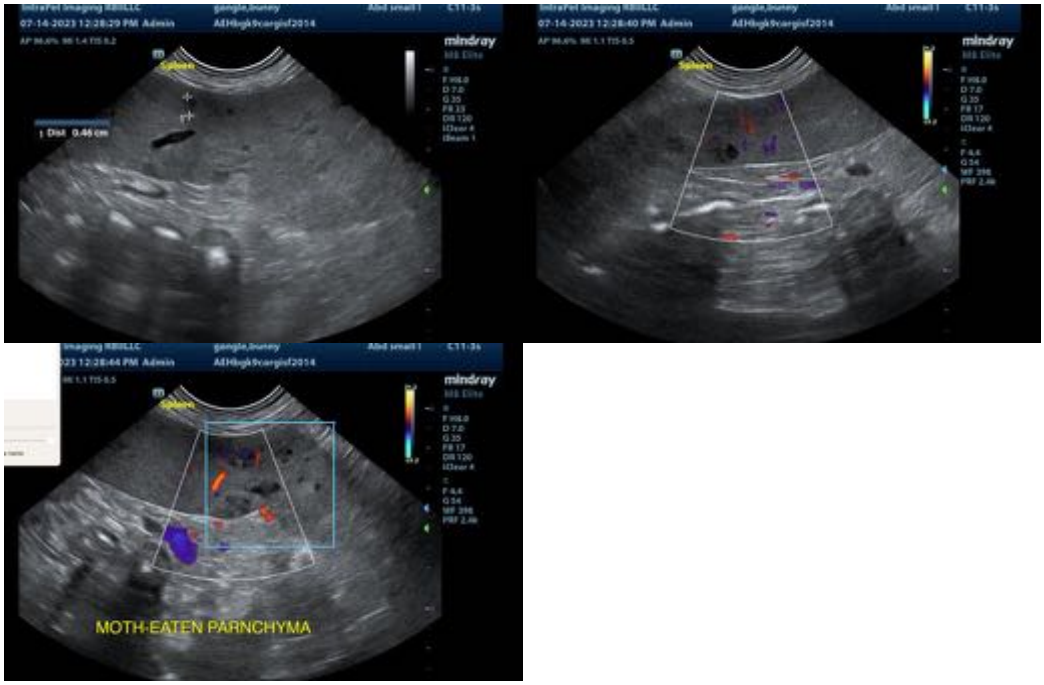
- Large irregular spleen with numerous ill-defined hypoechoic cystic mass lesions/nodules - There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. These lesions deviate the capsule and have some criteria for malignancy.

- Heterogenous liver with clusters of ill-defined hypoechoic lesions surrounded by hyperechoic tissue – Findings are most consistent with ill-defined mixed-echogenicity mass lesions. Concerning for a possible neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple ill-defined cystic lesions visualized in the spleen and the liver. This, combined with the history of significant anemia is concerning. Recommend a fine-needle aspirate of the spleen and liver, as well as 3-view thoracic radiographs. No free fluid is noted, but there could be some degree of intralesional hemorrhage in the cystic areas.





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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