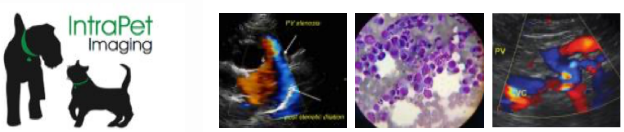
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

7.14.2023

PATIENT

Molly Lyons

SPECIES

Canine

BREED

Newfoundland

SEX

Intact Female

AGE

7/1/2017

WEIGHT

94 lbs

INTERPRETED BY

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

HOSPITAL NAME

Homeward Bound

REFERRING VET

Dr. Sorum

INVOICE

13704

PRESENTING CLINICAL SIGNS

Recently diagnosed grade 4 MCT on RH limb (diagnosed via histopathology from incomplete excision). O would like scan for Mets prior to amputation of limb.

Current Medications: Clavamox 625mg BID, diphenhydramine 100mg BID
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV.
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 (7.13 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 (7.54 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 (0.76 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 (0.74 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 The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small, ill-defined hypoechoic nodule visualized within the parenchyma (0.81 cm in diameter).

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture and hypoechoic with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. There is a significant sublumbar lymphadenopathy with a hypoechoic, irregular lymph node visualized (3.85 x 1.79 cm). Additionally, there is a superficial pelvic lymph node visualized (4.28 x 2.76 cm) and a large subcutaneous, hypoechoic, irregular lymph node/mass effect (7.40 x 1.93 cm) in the pelvic region.

ULTRASONOGRAPHIC FINDINGS

Findings

- Mottled spleen with focal, ill-defined hypoechoic nodule - 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.

- Mildly heterogenous liver – 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.

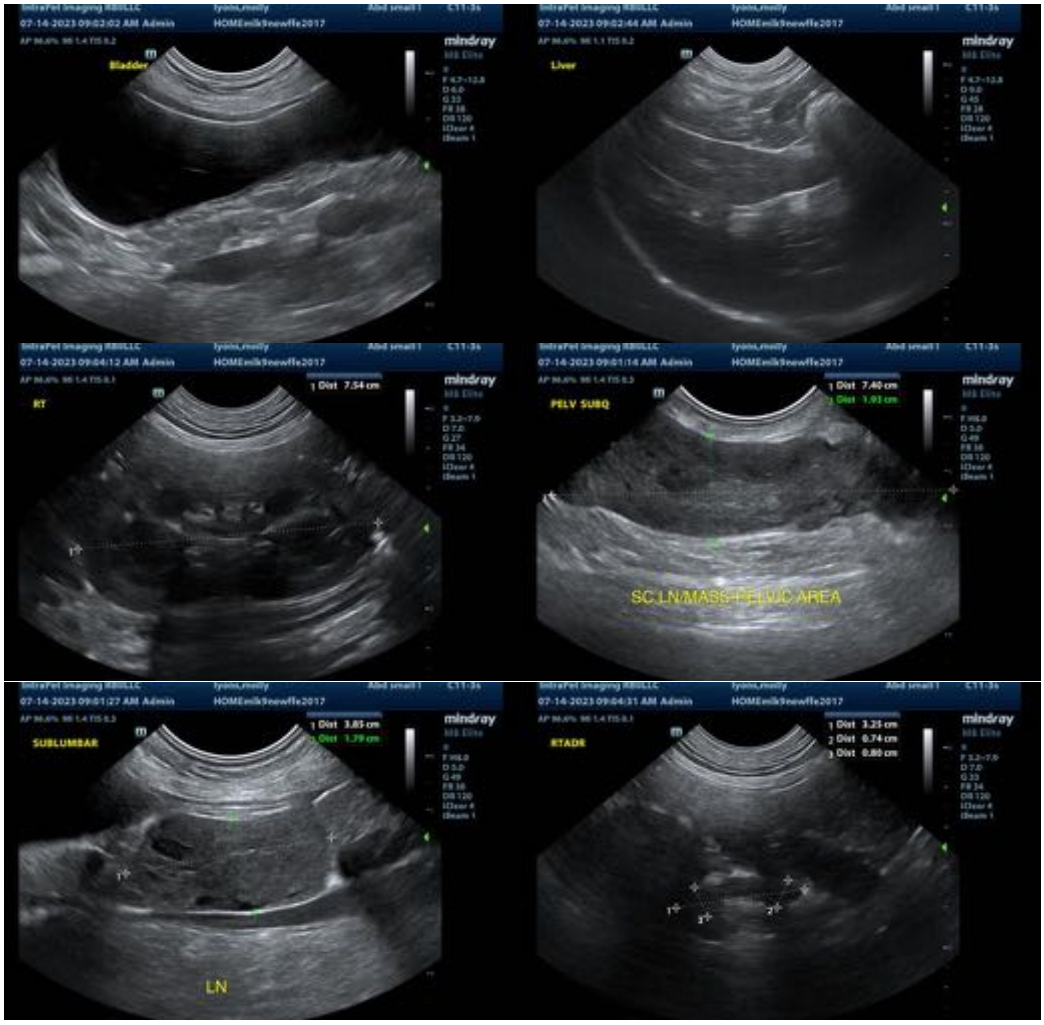
- Severe sublumbar and superficial/subcutaneous pelvic lymphadenopathy – Findings are highly concerning for a metastatic lymph nodes. Recommend a fine-needle aspirate.

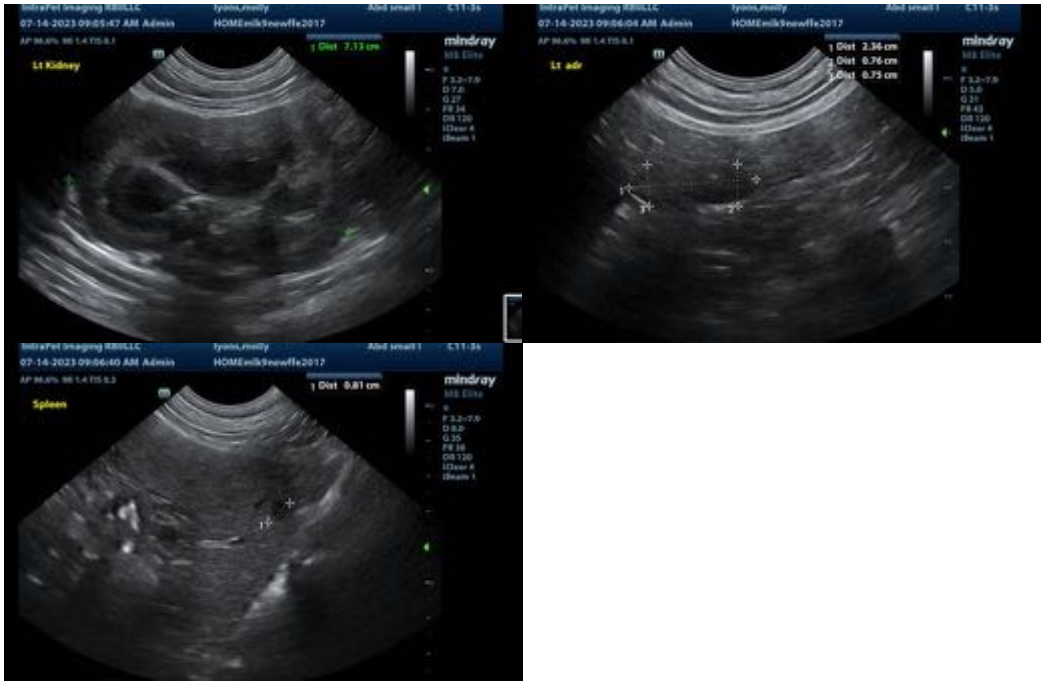
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous large, irregular hypoechoic lymph nodes in the pelvic region. Some are sublumbar, some are subcutaneous. These lymph nodes would likely drain the rear limb. The changes associated with the lymph nodes is highly concerning for a metastatic process. Recommend a fine-needle aspirate.

Additionally, the spleen is somewhat mottled, with a small, hypoechoic nodule. This could represent a metastatic lesion or anatomic variation, etc. A fine-needle aspirate of the liver and spleen could be considered.

Recommended consultation with a veterinary oncologist regarding these findings and to discuss a treatment plan, prognosis, etc.


Bladder
Liver
RT
1 Dist 7.54 cm
PELV SUBQ
1 Dist 7.40 cm
2 Dist 1.93 cm
SC LN/MASS-PELVIC AREA
SUBLUMBAR
1 Dist 3.85 cm
2 Dist 1.79 cm
LN
RTADR
1 Dist 3.23 cm
2 Dist 0.74 cm
3 Dist 0.80 cm



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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)
info@SonoPath.com