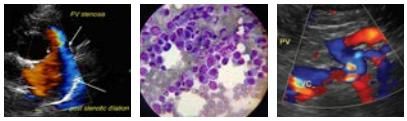
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/13/22

PATIENT

Phoebe Stachura

SPECIES

Canine

BREED

Hound X

SEX

Spayed Female

AGE

12/19/12

WEIGHT

66 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Maxson

INVOICE

41279

PRESENTING CLINICAL SIGNS

ADR, vomiting, diarrhea, inappetence. Large abdominal mass palpable in room. Radiographs of abdomen and chest taken, confirming large mass, no visible mets seen in thorax (patient wouldn't tolerate VD)

Current Medications: carprofen 50 mg BID long term.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 left kidney has a normal shape and size (6.88 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (6.97 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.71 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large and irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. The majority of the spleen is abnormal and compromised of nodules/masses. Near the head of the spleen there are numerous hypoechoic parenchymal nodules measuring 2.0, 1.22, and 1.7 cm. Additionally, there are numerous large, expansile, hypoechoic, solid mass lesions that significantly disrupt the splenic capsule. The largest mass lesion measures 18.66 cm x 10.05 cm. Additional masses are measured at 10.53, 4.69, and 4.07 cm. Adjacent to these abnormal lesions of spleen are some hypoechoic nodules that could be extending from the abnormal splenic tissue or be within the adjacent omentum, and could represent omental metastatic lesions.

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. 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 mild and 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 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 hyperechoic around the spleen. Additionally, there appear to some focal hypoechoic nodules, one of which measures 3.0 cm in diameter and appears slightly cavitated, which I cannot distinctly associate with the spleen. These could represent omental lesions/metastasis.

ULTRASONOGRAPHIC FINDINGS

- Large, solid mass effects visualized associated with the spleen – These masses distort the splenic capsule significantly, and concern for a possible neoplastic process is high. Differentials for the mass include neoplasia (i.e., hemangiosarcoma, hemangioma, histiocytic sarcoma), hematoma, abscess, other. A neoplastic process is favored.

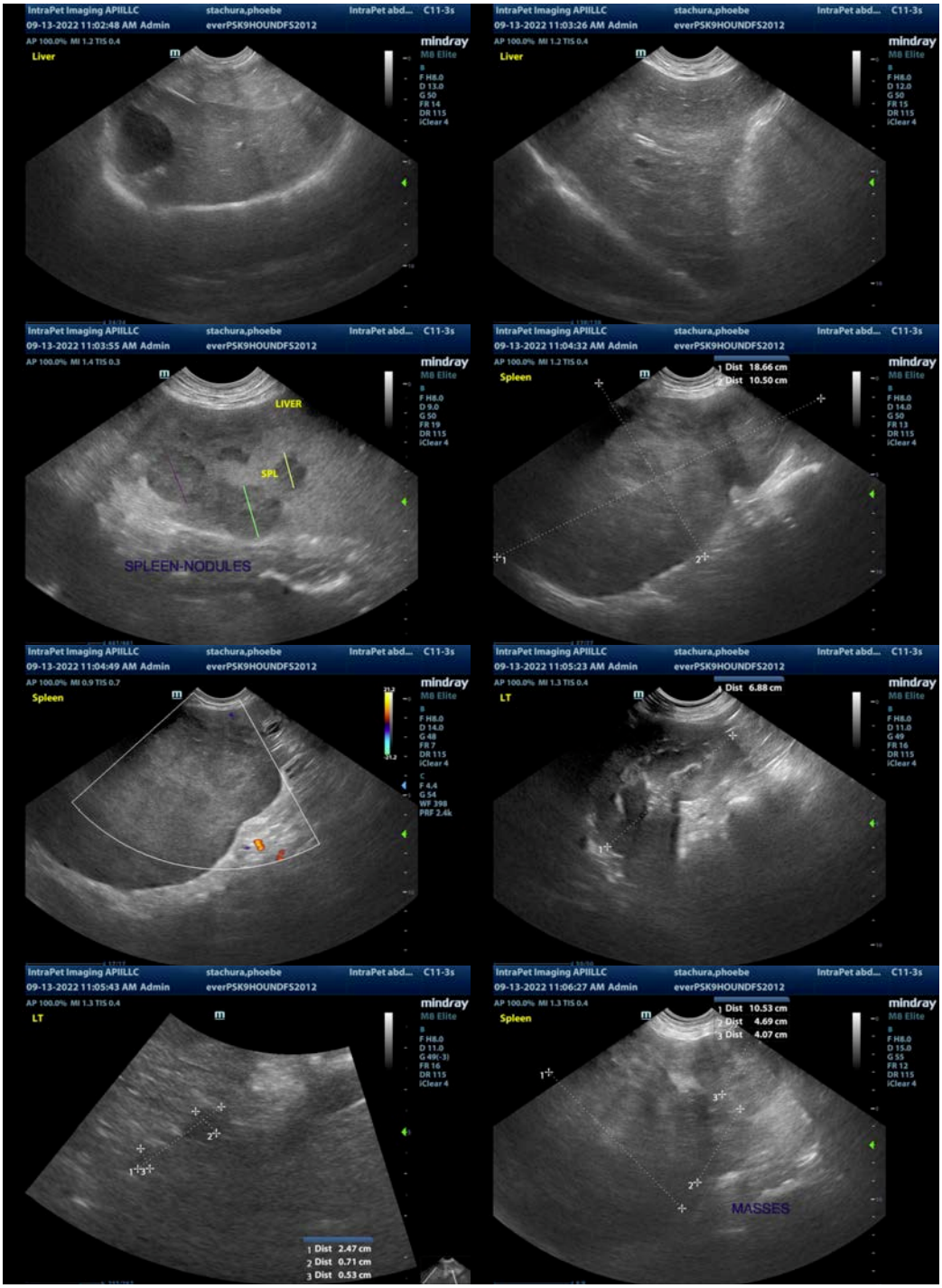
- Hypoechoic nodules visualized in the omentum adjacent to the mass lesion – These lesions could be extension from the primary mass lesion or could represent omental metastasis.

- Heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous large mass lesions visualized within the spleen with significant criteria for malignancy in that they are expansile and disrupting the splenic capsule. Additionally, there are some focal hypoechoic nodules that appear to be within the omentum and could represent omental metastasis, although an association with the primary mass lesion is possible. Other differentials would be clots, abnormal lymph nodes, etc.

Concern for an underlying neoplastic process is high, but metastasis to other locations cannot be confirmed. Options moving forward would include aspiration of these structures or surgery for a splenectomy and further evaluation with the knowledge that metastasis is possible.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Spleen
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Spleen
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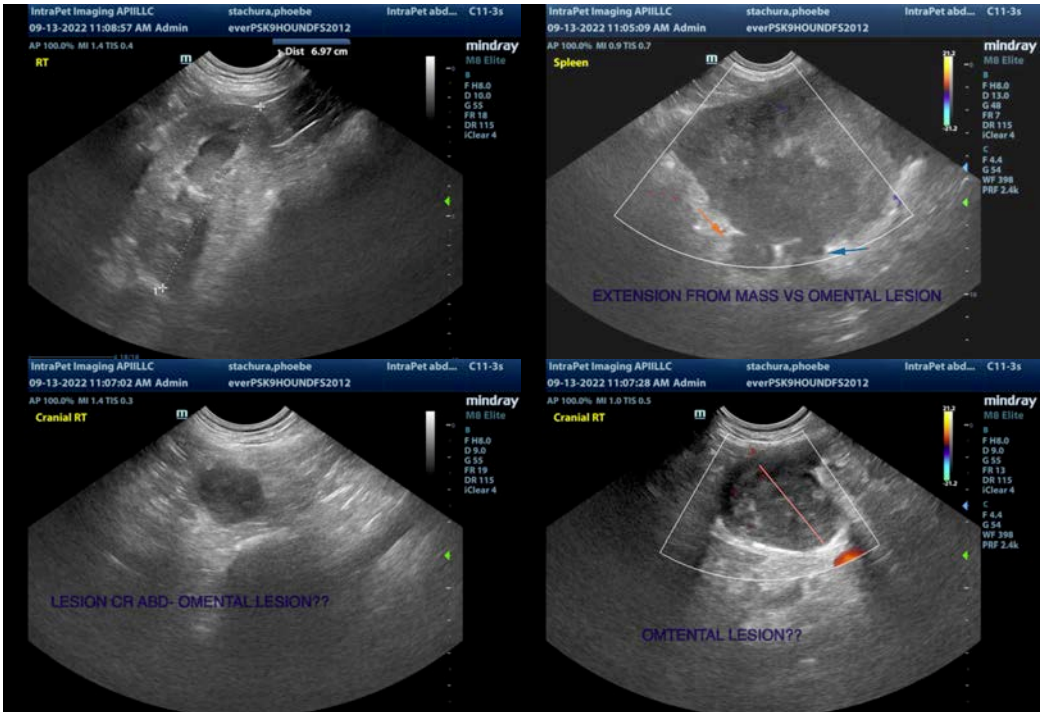
2 Dist 4.69 cm
3 Dist 4.07 cm
MASSES



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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