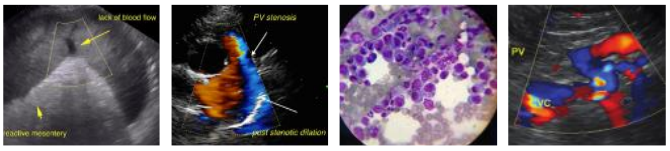
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Emma Linscheid

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
5yr 7mo

WEIGHT
76.6 lbs

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
A. Murphy CVT

HOSPITAL NAME
Wauwatosa Vet

REFERRING VET
Dr. Ericka Haynes DVM

INVOICE
10212

DATE
1/27/22

PRESENTING CLINICAL SIGNS

History: Patient presented to emergency clinic on 1/15/22 for nausea and lethargy. Access to lab work/records are not available at the time of today's appointment but client said CBC and chem panel were normal. Patient treated with SQ fluids, cerenia, and metronidazole. Symptoms improved. Patient vomited twice today and stool is lose. Screening for GI tract disease, obstruction.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.77 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.67 cm at caudal pole) (2.60 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. A 2.83 x 2.74 cm hyperechoic to heterogenous mass is arising from the parenchyma. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear. The parenchyma appears homogenous. Splenic vasculature is normal with no evidence of thrombosis.

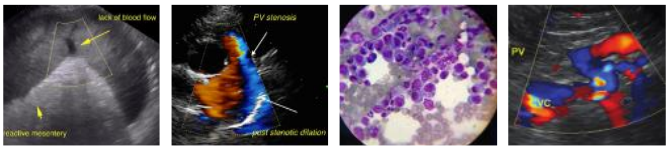
Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous ill-defined coalescing hyperechoic to heterogenous nodules/masses are observed throughout the organ. There is no visibly normal hepatic tissue. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering



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pattern. Several small intestinal segments in the caudal abdomen are mildly fluid-distended and hypomotile. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The mesentery surrounding the liver is hyperechoic. A moderate amount of anechoic free fluid is present. The abdominal lymph nodes are normal/not visible.

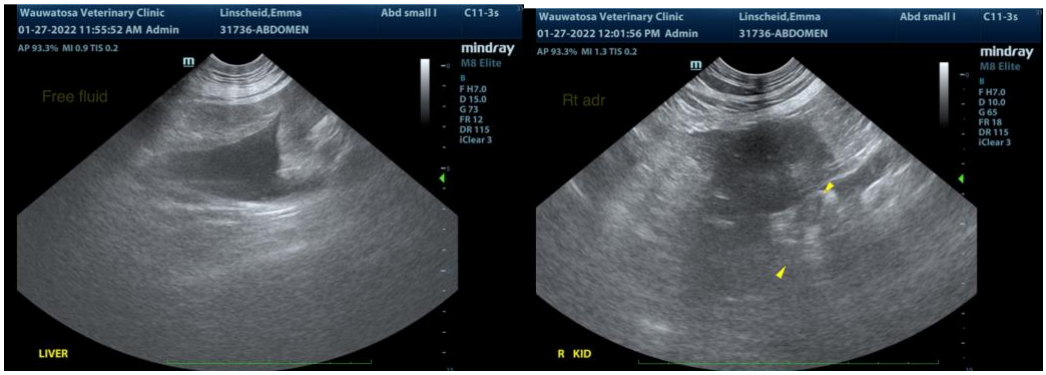
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse hepatic nodules/masses. Neoplasia (i.e, round cell tumor is considered likely, with a lower possibility of multifocal inflammatory disease).
- The splenic mass is also concerning for infiltrative neoplasia with a lower possibility of benign pathology (i.e, myelolipoma, lymphoid hyperplasia).
- The cranial peritonitis is likely secondary to hepatic and splenic pathology.
- Region intestinal ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the liver and splenic mass can be considered along with submission of the abdominal fluid for cytologic evaluation (if clotting status is appropriate). Twenty-five - gauge needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.



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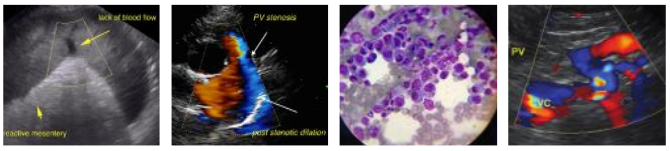

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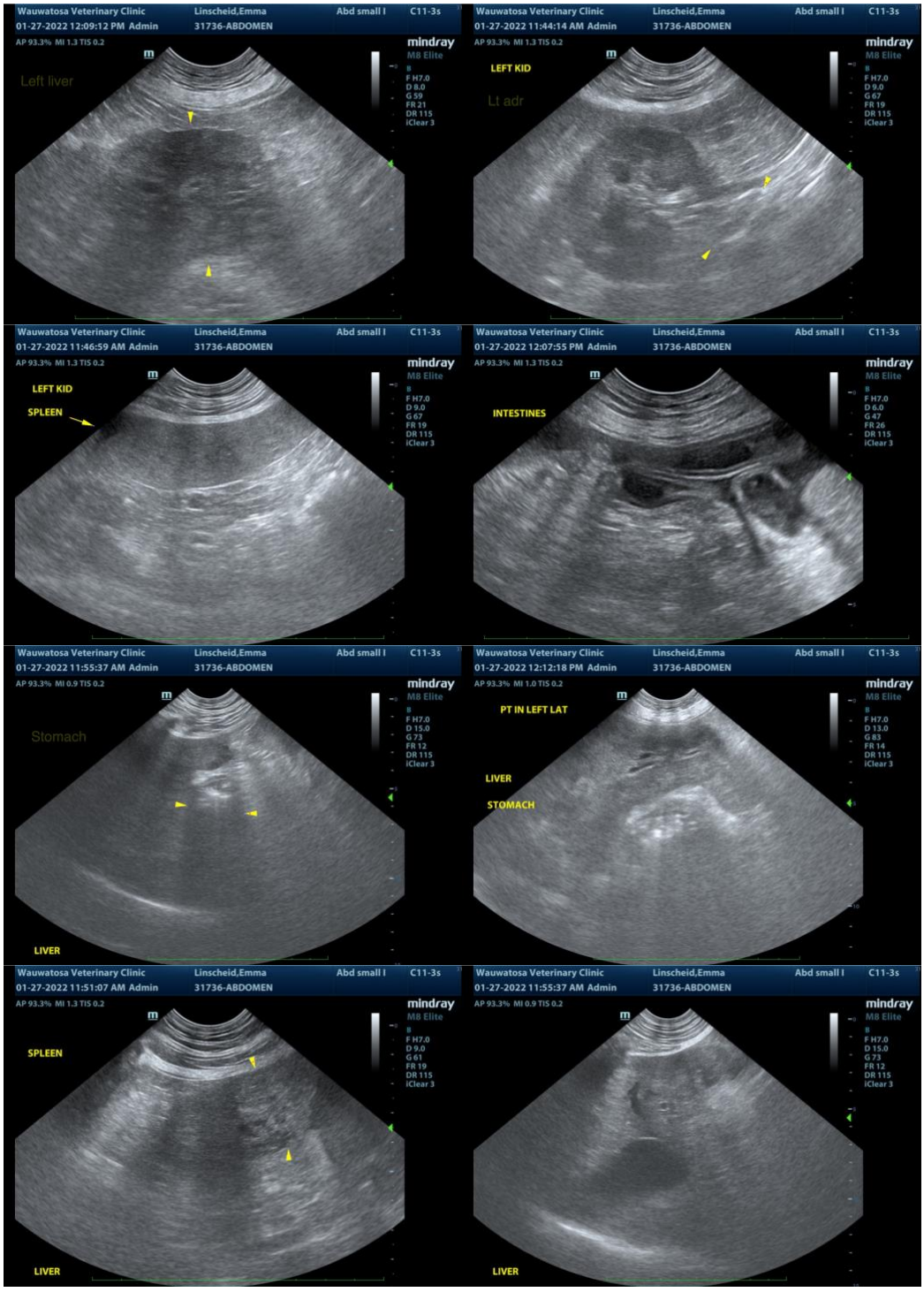

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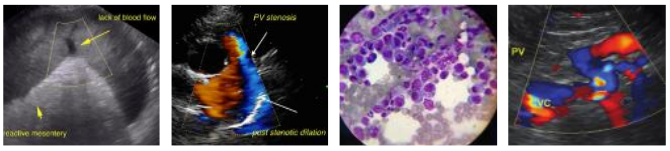

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com