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Clinical Sonography & Telecytology
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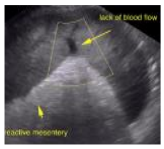
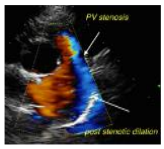
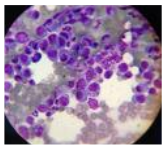
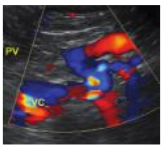





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Flash Donaldson

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

12 Years

WEIGHT

27.9 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small VC, Corvallis, OR

REFERRING VET

Chantel Litalien

INVOICE

13521

DATE

1/20/22

PRESENTING CLINICAL SIGNS

History: examined 1/6/22 for evaluation of acute onset inappropriate urination; unsure if Pu/PD. Abnormal PE/Chem/CBC/UA Results: NSF on PE Bloodwork/UA: CBC: plt 496 (170-400) Chem: ALP 592 (5-131) -- was 166 June 2020 GGT 164 (1-12) chol 357 (92-324) UA: USG - 1.026, pH - 8.0, +3 protein, quiet sediment UPCR: 1.9 BP checked today: consistently hypertensive @ 195 systolic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A small cortical cyst is visualized. Trace pyelectasia is present (0.18 cm) in the transverse plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.76 cm at cranial pole) (0.77 cm at caudal pole) (1.97 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.

The right adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.84 cm at caudal pole) (2.22 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.

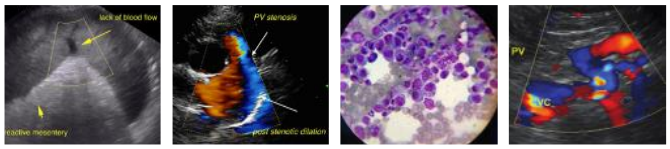
Spleen

The spleen is normal in size (1.54 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with rounding of the left lateral lobe. A >6.0 cm isoechoic to slightly heterogeneous swelling/mass is observed in the left lateral lobe. The remaining parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. 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. A small amount of



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mostly gravity dependent echogenic debris is observed within the lumen. 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 pattern. The small intestinal lumen is not dilated. 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

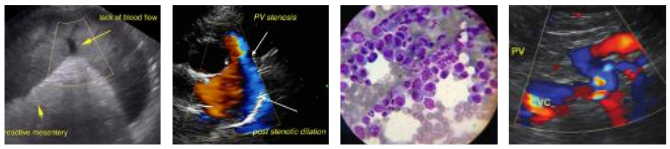
- Left hepatic swelling/mass. A neoplastic process (i.e., adenoma, adenocarcinoma, round cell tumor) is favored. However, a benign process such as regenerative nodular hyperplasia cannot be excluded. The diffuse hepatic parenchymal changes could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, age-related remodeling, or some combination thereof.
- Bilateral adrenomegaly

Secondary Findings

- Minor age-related renal and pancreatic changes
- The urinary bladder wall changes could be consistent with cystitis or may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the left hepatic swelling/mass is recommended if clotting status is appropriate. If cytology results are inconclusive (which is common for primary hepatic tumors), surgical removal with submission for histopathology may be necessary to get a definitive diagnosis.
- Given the patient's clinical history, a urine specific gravity is recommended to assess for isosthenuria, if not already performed. If present, consider further testing for Cushing's disease (i.e., a low-dose dexamethasone suppression test or ACTH stimulation).



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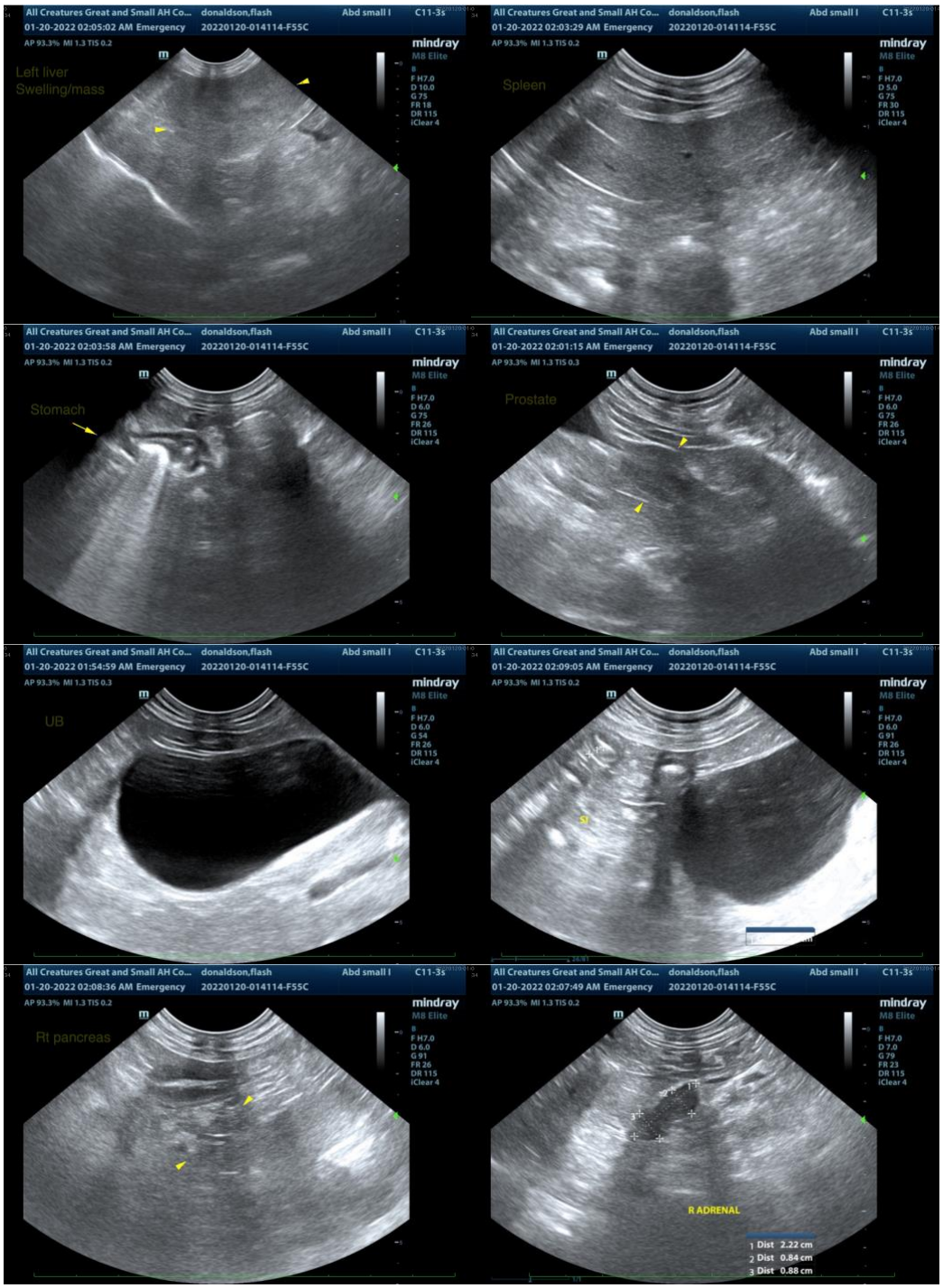
- Given the presence of proteinuria, initiation of an angiotensin receptor blocker, an antithrombotic agent (i.e., clopidogrel) +/- omega-3 fatty acids should be considered. Initiation of antihypertensive therapy (i.e., amlodipine) is also recommended.



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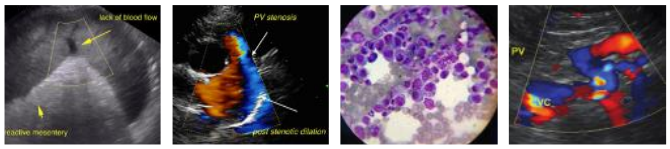

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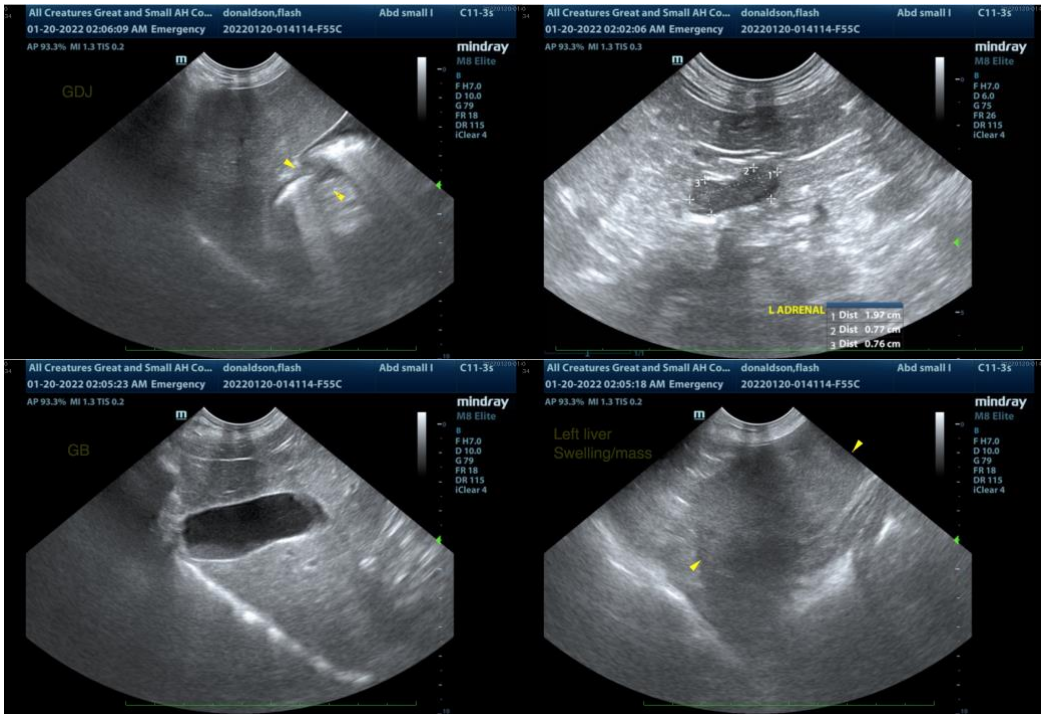

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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