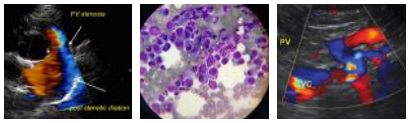
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/27/22

PATIENT

Gizmo Bosley

SPECIES

Canine

BREED

Terrier Mixed Breed

SEX

Neutered Male

AGE

6/20/09

WEIGHT

48.8 Lbs.

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws VWC

REFERRING VET

Dr. Levitsky

INVOICE

13653

PRESENTING CLINICAL SIGNS

History: Liver mass found on previous U/S. Had surgery 1/21 for removal. Biopsy revealed hepatocellular carcinoma. Bx also done of duodenum and jejunum which revealed subacute lymphoplasmacytic eosinophilic enteritis. U/S done 4/21 and 7/21 and 10/21 and no obvious return of liver mass. Additional History: ALP 2257, BUN 39, CBC unremarkable, T4 normal.

Current Medications: Herbs, Levothyroxine 0.4 mg 1 po SID.
Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: 10-14-2021.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 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 prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.77 cm in length); with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A septated 2.18 cm x 1.85 cm cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.18 cm in length); with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A septated 2.29 cm x 2.19 cm cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.69 cm at cranial pole) (0.79 cm at caudal pole) (3.15 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 normal size (0,74 cm at cranial pole) (0.63 cm at caudal pole) (2.67 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 (1.28 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 to enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity with with a few ill-defined hypoechoic areas. 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 echogenic debris is observed within the lumen, some of which is suspended and some if which is adhered to the luminal surface. 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

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely. There is no obvious evidence of recurrence of the hepatic mass. The changes are similar to the previous sonogram.

Secondary Findings

- Age-related pancreatic remodeling. Changes are similar to the previous sonogram.
- Bilateral degenerative renal changes with dystrophic mineralization and a cortical cyst in each kidney. Change are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Continued monitoring for a recurrence of hepatic neoplasia via thoracic radiographs (metastatic check) and abdominal ultrasounds every 3-4 months is recommended.


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO Abd small I C11-3s
01-27-2022 10:13:15 AM HEALgbk9terrxmn2009abd
AP 96.6% MI 1.1 TIS 0.4
mindray
M8 Elite
Liver


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO Abd small I C11-3s
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mindray
M8 Elite
Liver


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO linear ab L14-6Ns
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AP 96.6% MI 0.7 TIS 0.1
1 Dist 0.48 cm
mindray
M8 Elite
SI


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO Abd small I C11-3s
01-27-2022 10:19:23 AM HEALgbk9terrxmn2009abd
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
DPap


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO linear ab L14-6Ns
01-27-2022 10:22:53 AM HEALgbk9terrxmn2009abd
AP 96.6% MI 0.8 TIS 0.1
mindray
M8 Elite
SI


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO Abd small I C11-3s
01-27-2022 10:18:35 AM HEALgbk9terrxmn2009abd
AP 96.6% MI 0.7 TIS 0.1
1 Dist 2.67 cm
2 Dist 0.71 cm
3 Dist 0.74 cm
mindray
M8 Elite
RT
Rt adr


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO Abd small I C11-3s
01-27-2022 10:20:48 AM HEALgbk9terrxmn2009abd
AP 96.6% MI 1.3 TIS 0.3
mindray
M8 Elite
Cranial lt
Liver


IntraPet Imaging SPIILLC IntraPet I... BOSLEY,GIZMO Abd small I C11-3s
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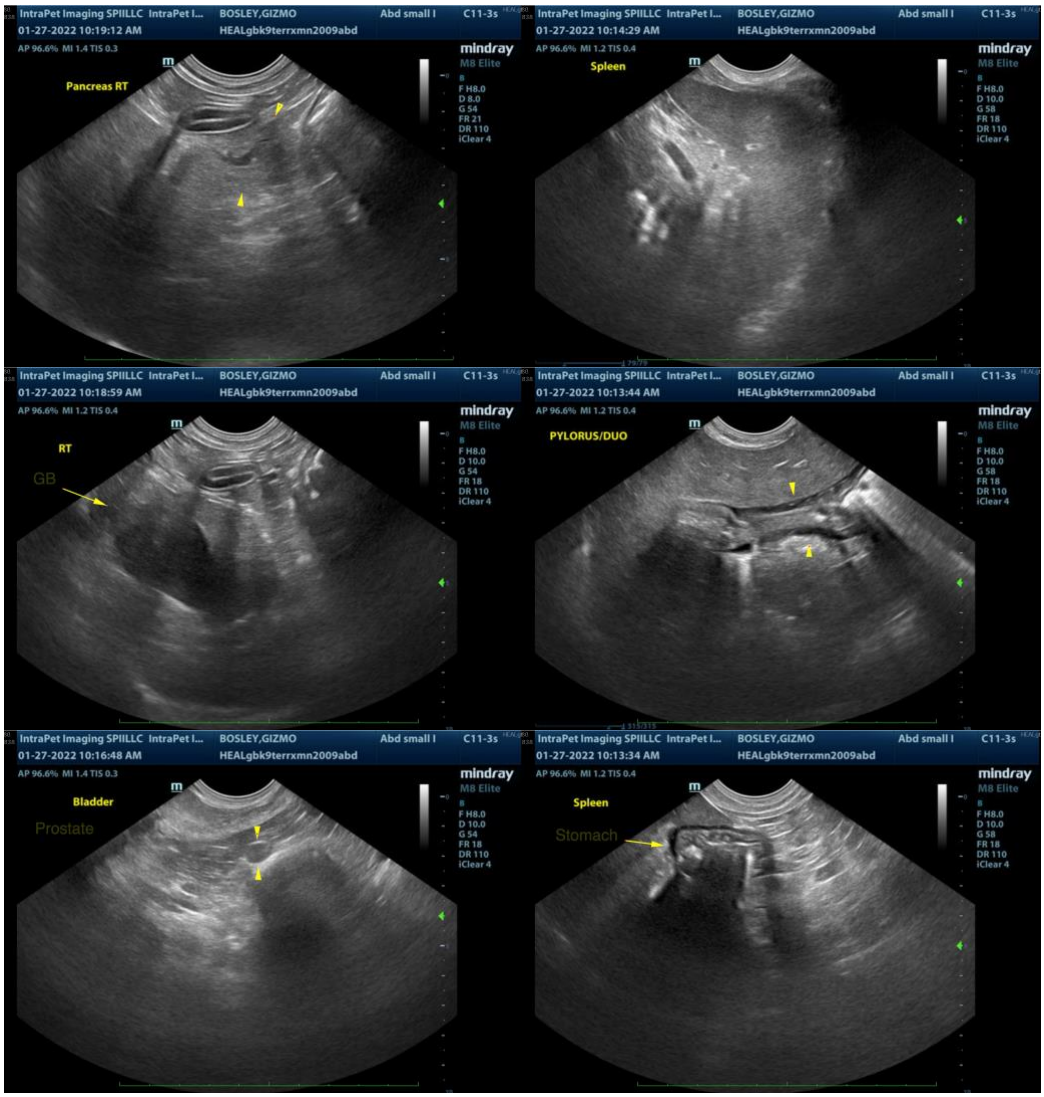
3 Dist 0.69 cm
mindray
M8 Elite
LT
Lt adr



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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