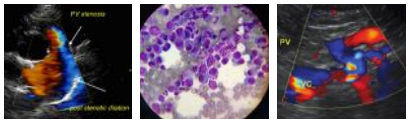
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

10/14/21

PATIENT

Gizmo Bosley

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

2009

WEIGHT

48.7 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws VW

REFERRING VET

Dr. Levitsky

INVOICE

13752

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 no obvious return of liver mass. BW pending and will be submitted later.

Current Medications: Levothyroxine 0.4 mg 1 po bid. Herbal tx.
Nux vomica 30 c prn when stomach upset.
Lab Results: Drawn today and will be submitted.
Date of Previous IntraPet Ultrasound: 04/2021 & 07/2021
Sedation: Not needed.
Stat Report: Not requested.

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 2.0 cm, are normal.

The prostate is normal in size (1.00 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 (5.97 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 1.84 cm x 1.47 cm cortical cyst is observed at the caudomedial aspect.There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.94 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 2.15 cm x 1.93 cm cortical cyst is observed at the caudal aspect. This causes mild capsular expansion. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.65 cm at cranial pole) (0.83 cm at caudal pole) (2.88 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 (0.66 cm at cranial pole) (0.66 cm at caudal pole) (2.74 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 (1.56 cm to 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 swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and 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 to moderate amount of aggregated, echogenic, partially dependent debris/sludge 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

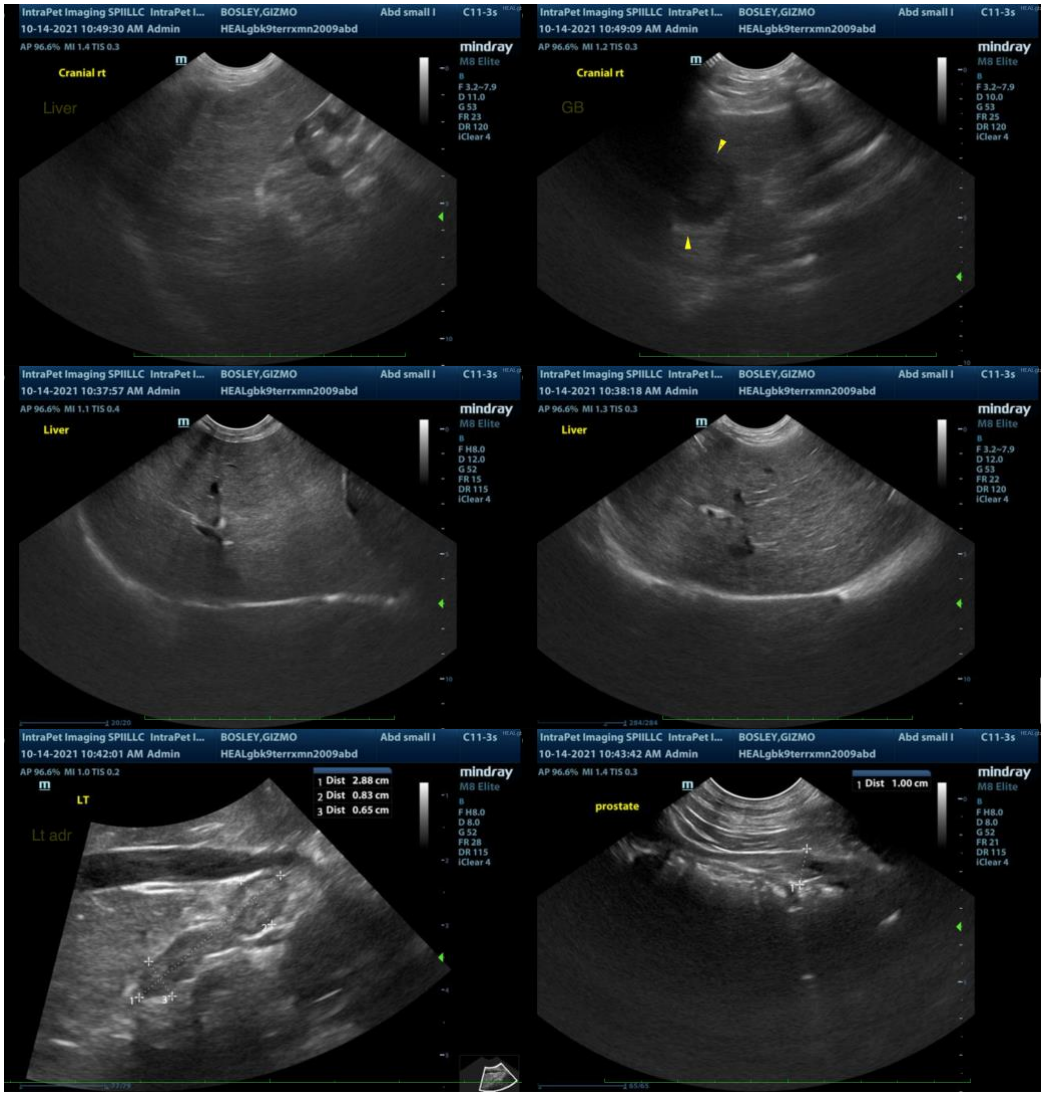
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely (changes are similar to the previous scan).
- Gallbladder debris, non-mucocele

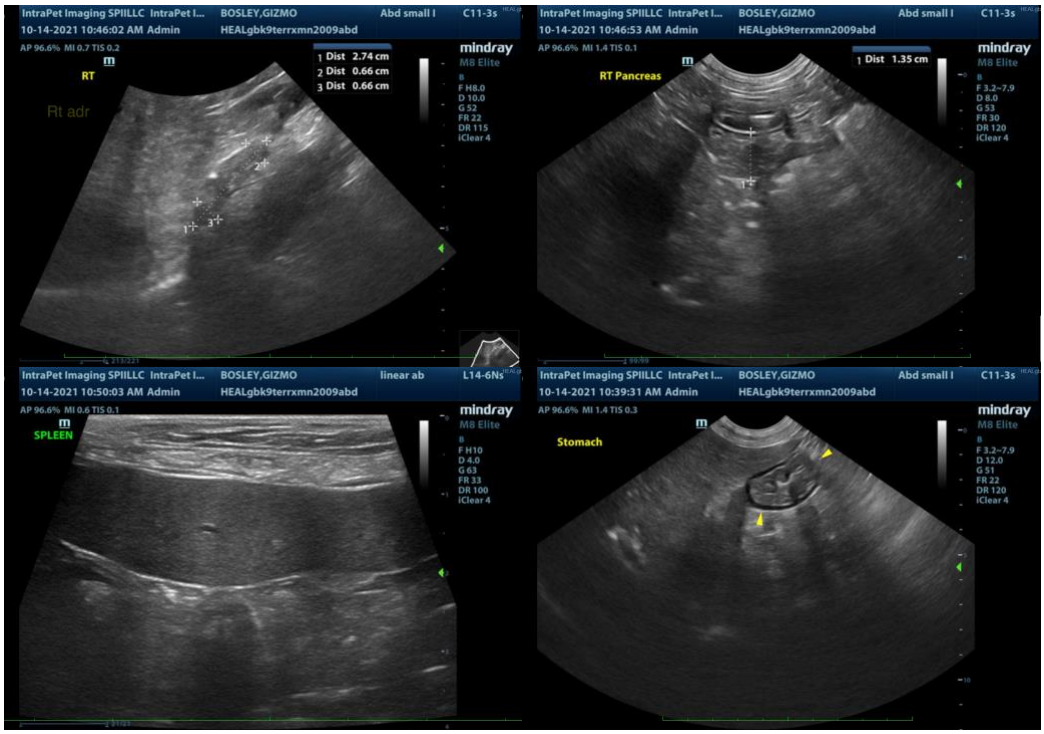
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis (changes are similar to the previous scan).
- Mild left adrenomegaly (changes are similar to the previous scan)
- Bilateral nephropathy with dystrophic mineralization and a cortical cyst in each kidney (changes are similar to the previous scan)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 3 view thoracic radiographs are recommended to assess for evidence of pulmonary metastatic disease.
- A recheck abdominal ultrasound and thoracic radiographs should also be considered every 3-4 months to assess for recurrence of the hepatocellular carcinoma.





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.

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