SonoPath
Clinical Sonography & Telecytology
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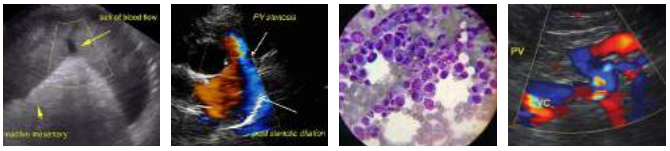

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hawk Freyaldenhoven

SPECIES
Canine

BREED
Labrador

SEX
Male Neutered

AGE
12 Years

WEIGHT
68 lbs.

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

IMAGING PERFORMED BY
Dr. Beard

HOSPITAL NAME
West Prince Animal Hospital

REFERRING VET
Dr. Stone

INVOICE
11965kk

DATE
10/7/21

PRESENTING CLINICAL SIGNS

History: Weight loss, anorexia, lethargy.

Abnormal PE/Chem/CBC/UA Results: Thin. CBC = lymphopenia. Chemistry = increased potassium, Na/K 24, TT4 low, cPL normal. UA = normal. ACTH Response normal. Chest xrays WNL, abdominal xrays lack of visceral detail in the cranial abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.13 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.48 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visulzied and is normal size (0.63 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is seen.

Spleen

The spleen is normal in size (1.47 cm in width at the level of the hilus). The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is diffusely heterogeneous with a several ill-defined, small, cavitated areas. The overall appearance is “moth-eaten”. There is no visibly normal parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 disease is noted.

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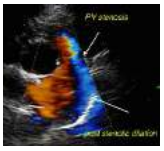
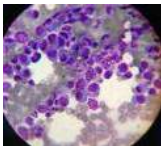
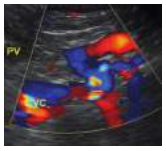

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Pancreas

A portion of the pancreas is obscured by the hepatic pathology. In the visualized regions, no obvious abnormalities are observed.

Free Abdomen

The mesentery in the cranial abdomen is mildly hyperechoic. A small amount of free fluid is observed.

Lymph Node

See "Other" category.

Other

A 1.39 cm hypoechoic nodule is observed adjacent to the tail of the spleen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic parenchymal changes are most consistent with infiltrative neoplasia or diffuse inflammatory disease +/- concurrent, age-related pathology. Regional peritonitis present.
- The origin of the hypoechoic nodule in the left mid-abdomen is unclear. It may be a prominent lymph node or may be arising from mesentery, left adrenal gland, liver, other.

Secondary Findings:

- Bilateral, minor, age-related renal changes with dystrophic mineralization.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25-guage needle should be used. If cytologic evaluation is inconclusive, a surgical liver biopsy may be necessary to get a definitive diagnosis. If surgery is pursued, the nodule in the left-mid abdomen should also be evaluated/biopsied.

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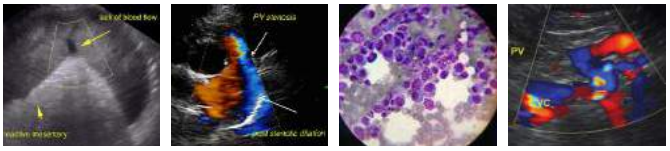

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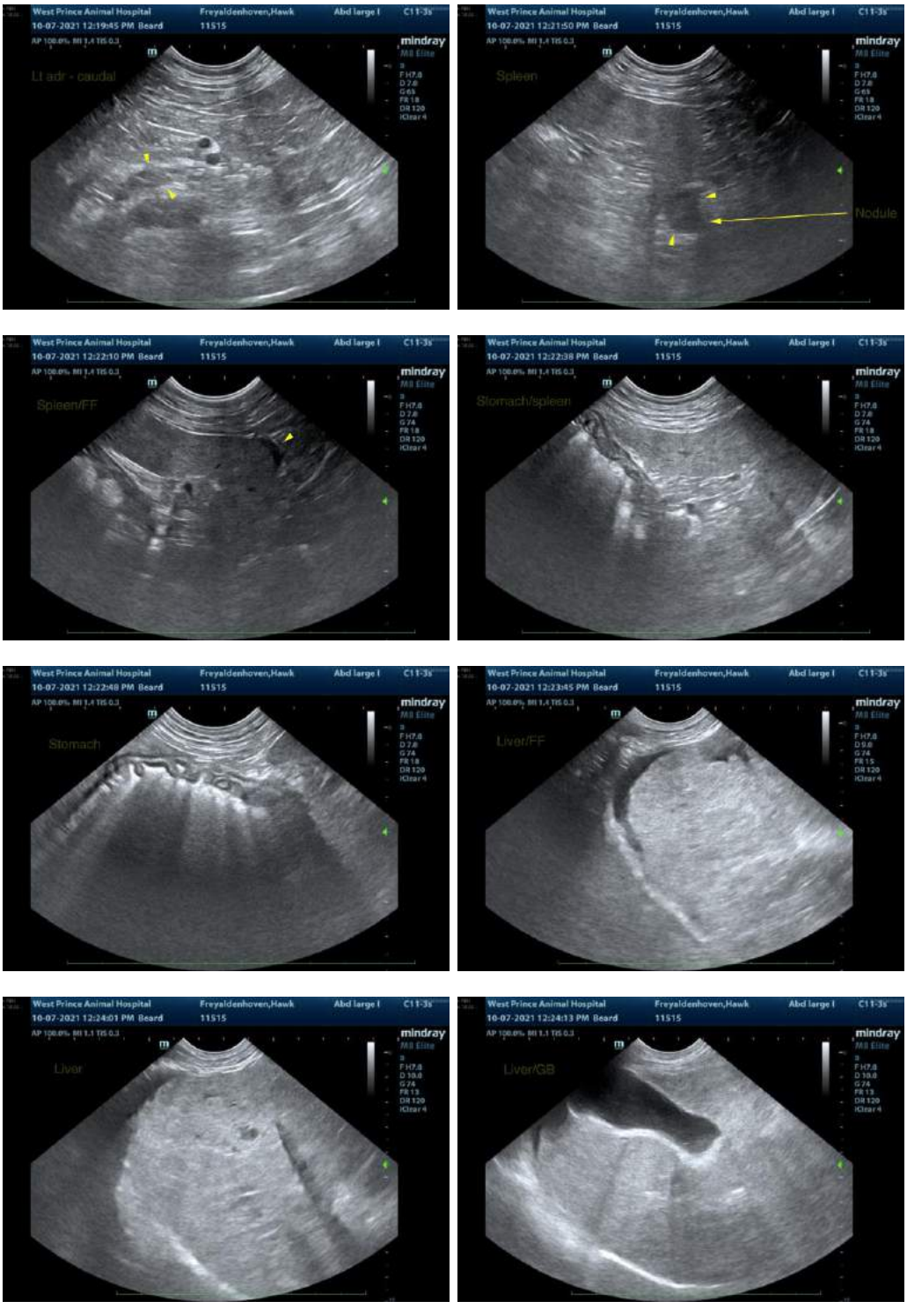

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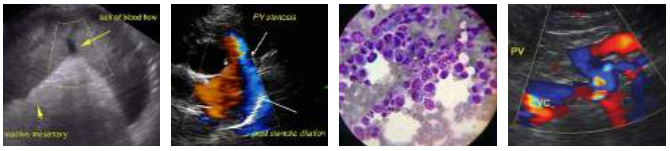

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com