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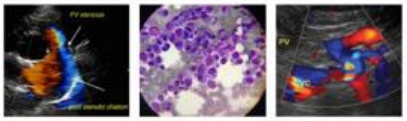
SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rosie Proffer

SPECIES

Canine

BREED

Labrador Retr

SEX

Spayed Female

AGE

11 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Briarwood VH

INVOICE

11899

DATE

11.23.22

PRESENTING CLINICAL SIGNS

History: Abdominal pain
Abnormal PE/Chem/CBC/UA Results: Abnormal bloodwork

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. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (6.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

The right kidney is normal size (6.55 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.90 cm at cranial pole) (0.81 cm at caudal pole); with a normal shape and smooth peripheral contours. The parenchyma is heterogenous with ill-defined hyperechoic areas at the cranial and caudal aspects. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is enlarged (1.50 cm in width) with heterogenous parenchyma. Surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.99 cm in width at the level of the hilus) with a slightly, irregular/rounded peripheral margin at the cranial aspect. The parenchyma is subtly mottled in appearance. Several, myelolipomas are observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is normal to slightly prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. An approximately 7.30 cm irregular, hypoechoic area is observed on the left side. The lesion does not appear to cause capsular expansion. 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 to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. There is no evidence of an obstructive pattern.

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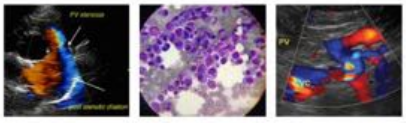

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Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

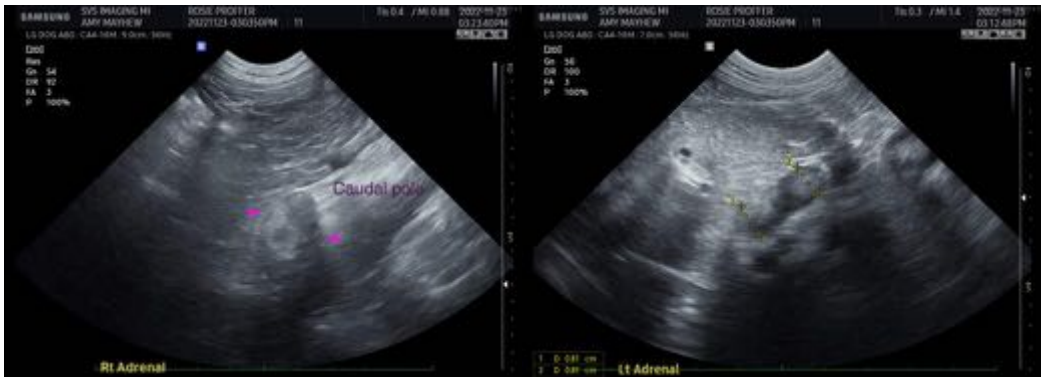
- The left hypoechoic hepatic lesion could be consistent with infiltrative neoplasia, an inflammatory process, area of infarction, nodular hyperplasia, other. The diffuse hepatic parenchymal changes are nonspecific and may be secondary to regenerative nodular hyperplasia, age-related remodeling, diffuse inflammatory disease, infiltrative neoplasia, fibrosis, other.

Secondary Findings

- Mild, bilateral, age-related renal changes
- The bilateral adrenal changes are most consistent with nodular hyperplasia. However, emerging bilateral tumors cannot be completely excluded.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsy (i.e., laparoscopic or surgical)) if clotting status is appropriate. Particular attention should be paid to the hypoechoic area.
- Also consider a fine-needle aspirate of the spleen to assess for emerging neoplasia.
- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- Further recommendations should be based on the patient's lab results (not provided).



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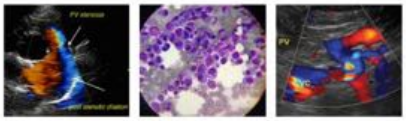

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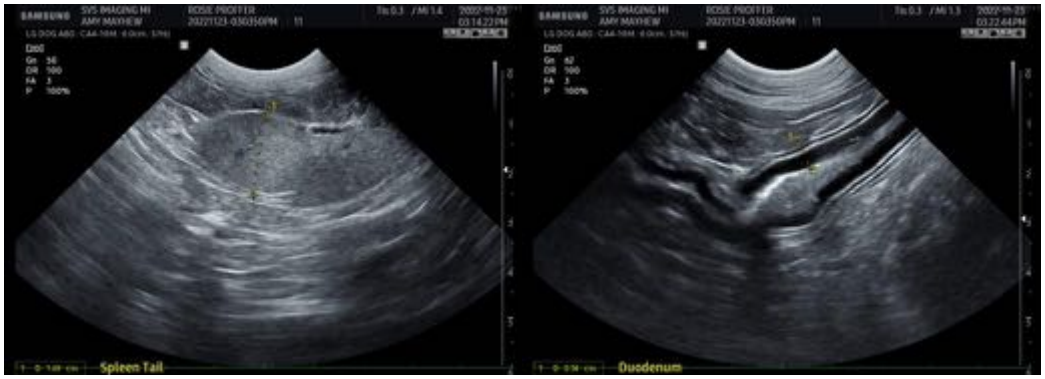
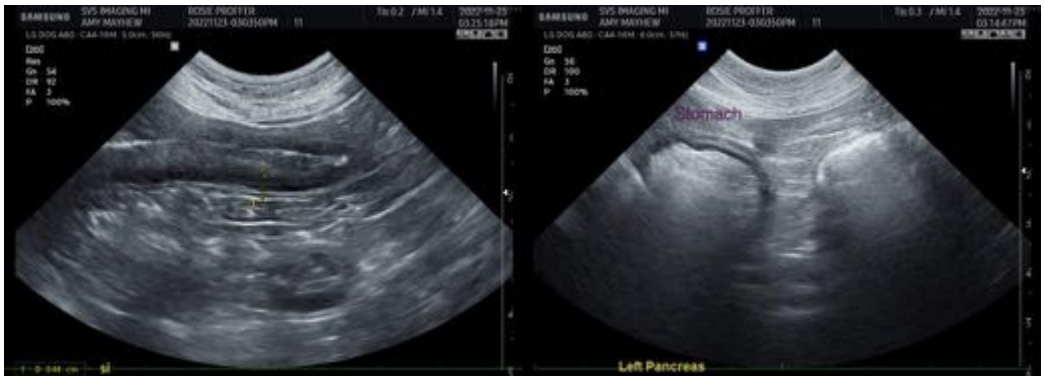
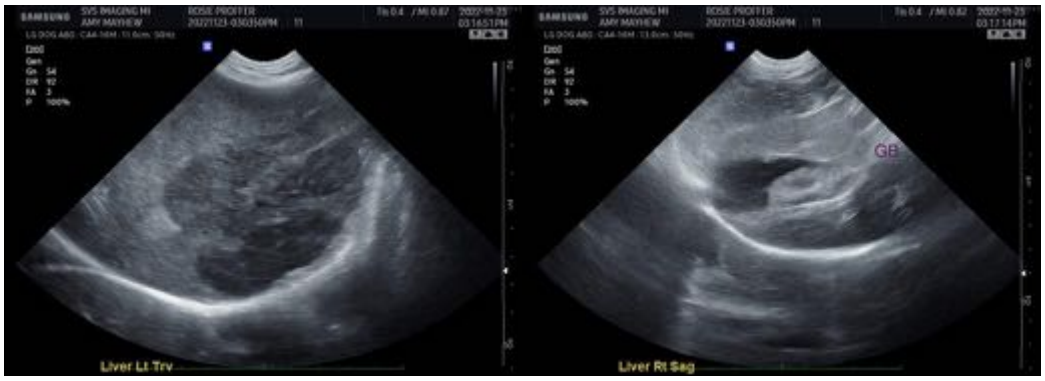
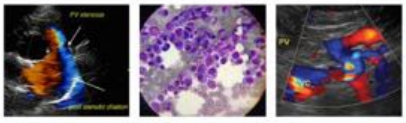






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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