SonoPath
Clinical Sonography & Telecytology
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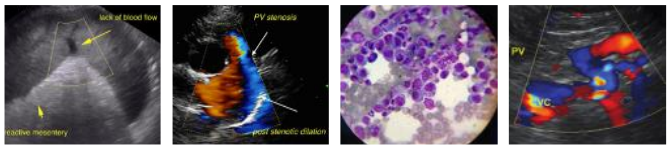


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oliver Dorfman

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

6 Years

WEIGHT

39 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

12768

DATE

12/1/21

PRESENTING CLINICAL SIGNS

History: Recheck liver - parenchymal + nodule, if nodule increased in size possible FNA. Recheck adrenals. Current med: Vetoryl 60 mgs SID.

Abnormal PE/Chem/CBC/UA Results: ALT 121, ALP 250, GGTP 14, chol. 351 (10/18/2021).

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 2.0 cm, are normal.

The prostate is normal in size (1.24 cm in length x 0.78 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 (4.73 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.

The right kidney presented normal size (4.85 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 mildly enlarged (0.72 cm at cranial pole) (0.81 cm at caudal pole) (2.36 cm in length); with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

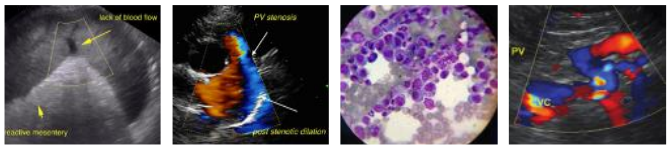
The right adrenal gland is mildly enlarged (0.83 cm at cranial pole) (086 cm at caudal pole) (2.38 cm in length); with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.33 cm 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 normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.41 cm x 2.19 cm hyperechoic to slightly heterogeneous nodule/mass is observed deep left to mid liver. In addition, a 2.73 cm x 1.50 cm ill-defined isoechoic nodule/area is observed on the left side. The remaining hepatic parenchyma



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exhibits a finely heterogeneous pattern. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately 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. No obstructive or overt infiltrative disease is noted.

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 previously observed hepatic nodule (deep left to mid liver) is similar in size compared to the last scan. The isoechoic nodule on the left side observed today was not previously visualized. Differentials for these lesions include benign pathology (i.e., regenerative nodular hyperplasia) or an emerging neoplastic process.

Secondary Findings

- Bilateral adenomegaly (previously observed)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If continued conservative approach is desired, consider serial sonographic monitoring (i.e., every 3-4 months) to assess for progression of the nodules.

- Alternatively, an abdominal exploratory with surgical biopsy/removal of the masses can be considered. If surgery is pursued, three-view thoracic radiographs should be performed prior to anesthesia.

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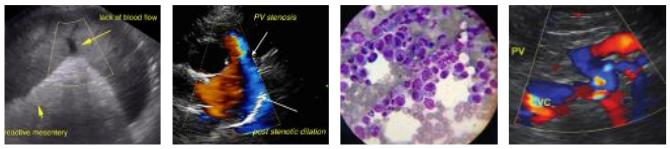

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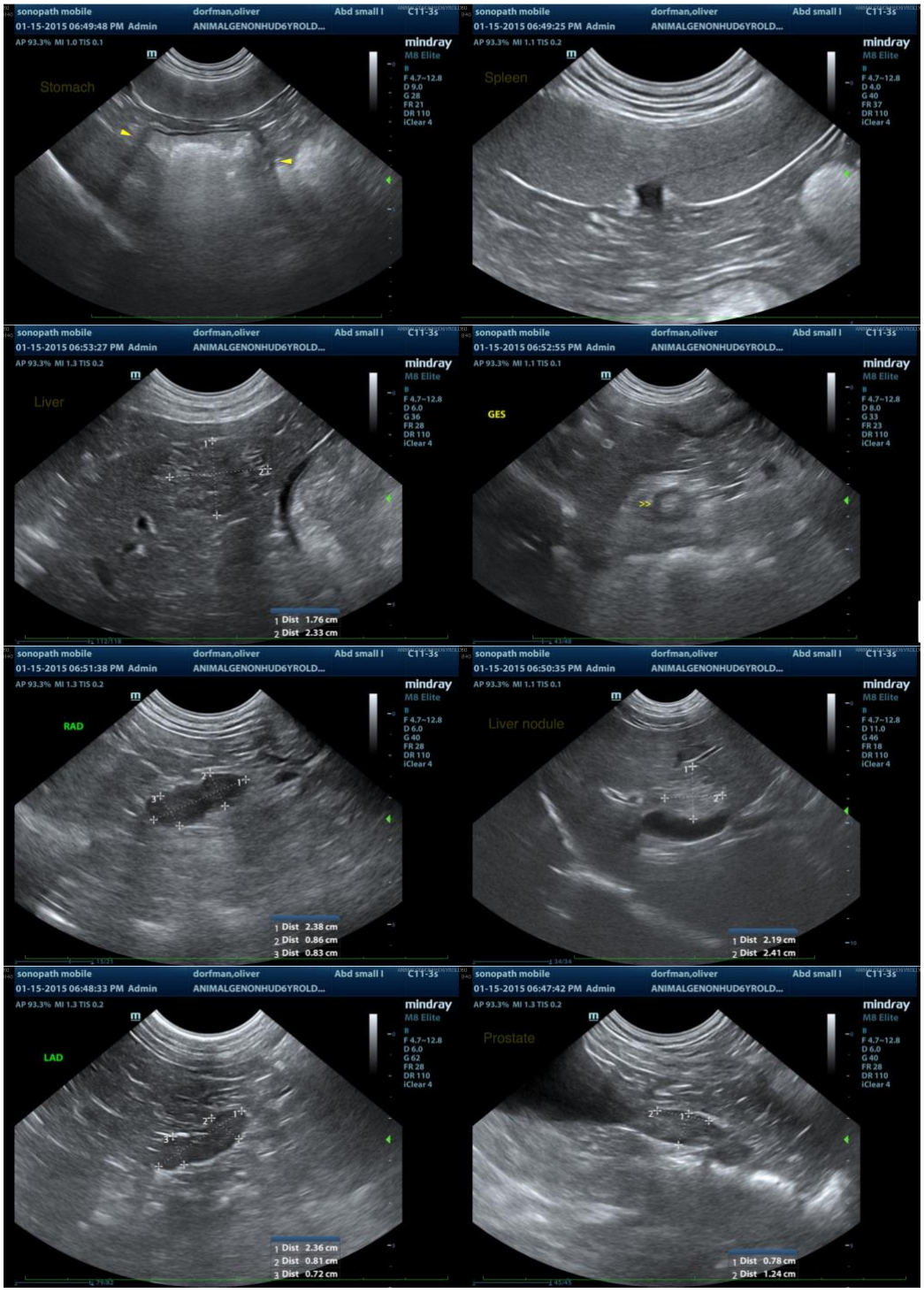

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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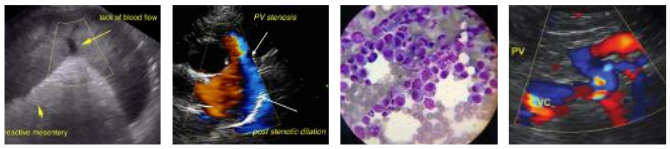

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