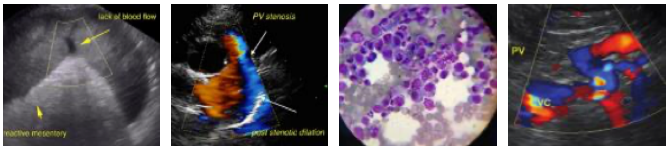
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Lola Sewell

SPECIES
Canine

BREED
Shih Tzu

SEX
Female, spayed

AGE
15 Yrs.

WEIGHT
13.4 lbs.

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

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Mobile Vet Ultrasound

REFERRING VET
Dr. Fine

INVOICE
14379

DATE
12/20/22

PRESENTING CLINICAL SIGNS

History: Pet presented for ultrasound due to lethargy, decreased appetite and increased liver enzymes.
Abnormal PE/Chem/CBC/UA Results: 11/19/22. 12/14/22 BUN: 50. Tbil: 1.7 Alkp: 265. Alkp: 763 Plt: 726. Alt: 1254 AST: 539 chol: 374 WBC: 19.5 Neut: 15.9 PLT: 734 HCT: 36.4%

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 and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.58 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.71 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.47 cm at caudal pole); 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

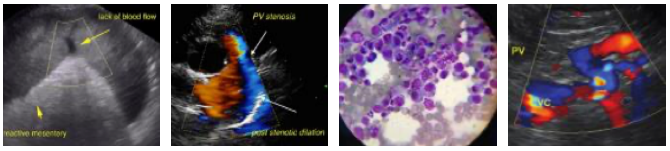
The spleen is normal in size (0.92 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size. A >5 cm hyperechoic to heterogeneous, slightly cavitated mass is observed on the right side, adjacent to the diaphragm. The mass causes capsular expansion. In the remainder of the liver, the margins are curvilinear and the parenchyma is hypoechoic relative to the spleen. Vascular 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 scant amount of aggregated, echogenic, mostly gravity-dependent debris 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The



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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 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:

- Right liver mass. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is suspected with a lower possibility of a benign process (i.e., inflammatory).

Secondary Findings:

- Bilateral, chronic, age-related renal changes with dystrophic mineralization.
- The hyperechoic lesions in the spleen are most consistent with a benign process (i.e., myelolipomas).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the liver mass can be considered (if clotting status is appropriate). A 25 gauge needle should be used. If cytology results are inconclusive or if an aggressive approach is desired, consider surgical excision of the mass with submission for histopathology. An abdominal CT scan may be useful in pre-surgical planning.

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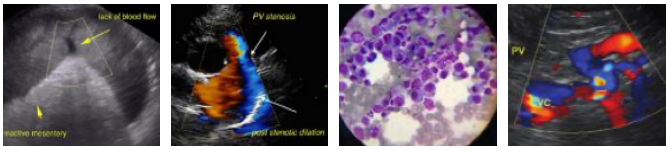

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com