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Clinical Sonography & Telecytology
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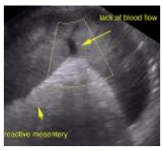
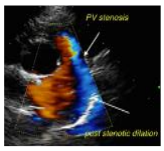
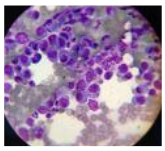
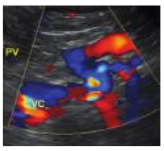





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tyson Henzlik

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

18lb, 3 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Taylor Parker

HOSPITAL NAME

Lone Mountain Animal Hospital

REFERRING VET

Dr. Taylor Parker

INVOICE

10093

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: Pre- op bloodwork showed elevated liver enzymes. No vomiting/diarrhea noted
Abnormal PE/Chem/CBC/UA Results: AST 67 ALT 1567 ALKPHOS 991 GGT 21 bilirubin 0.6 cholesterol 337

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**Forty still images and 27 video clips are available interpretation. Not all organs are evaluated via video clips.

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 cm, are normal.

The prostate is normal in size (0.7ocm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Three still images are available for interpretation of the left kidney. The kidney presents normal in size (3.65 cm in length); with 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.

The right kidney presented normal size (3.49 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.

Adrenal Glands

One still image of the caudal pole is available for interpretation. The caudal pole is normal in size (0.45 cm in width) with normal shape, glandular echogenicity and detail.

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.45 cm at caudal pole) (1.91 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

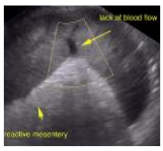
The spleen is normal in size (1.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.55 cm irregular anechoic nodule is observed at the caudal aspect. Splenic vasculature is normal.

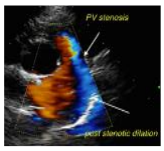
Liver

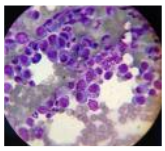
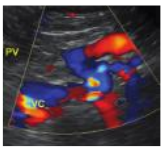
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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





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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 (xxx cm) 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

There is no evidence of free fluid in the available images. A few prominent jejunal lymph nodes are visualized, the largest measuring 1.90 cm in length. The nodes are normal in shape and echogenicity.

Other

A 4.20 cm well-circumscribed hyperechoic mass/lesion is observed in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely) cannot be excluded.
- The hyperechoic mass/lesion in the caudal abdomen likely represents an entrapped abdominal lipoma or liposarcoma.

Secondary Findings

- The anechoic splenic nodule may represent benign pathology (i.e., a cyst). Alternatively, emerging neoplasia (i.e., hemangioma, hemangiosarcoma), is possible.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- To get a definitive diagnosis, an abdominal exploratory with a liver biopsy, aerobic and anaerobic bile cultures, and acquisition of additional hepatic tissue samples for potential copper quantitation is recommended. The caudal abdominal mass can also be removed at the time of surgery and submitted for histopathology. If a more conservative approach is desired, fine-needle aspirates of the liver and caudal abdominal mass can be considered if clotting status is appropriate. A 25-gauge needle should be used. Empirical treatment for bacterial cholangiohepatitis/Leptospirosis should be initiated while awaiting test results.
- Complete video clips of all abdominal organs would be useful to further assess for possible pathology.

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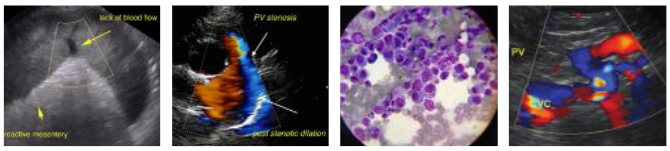

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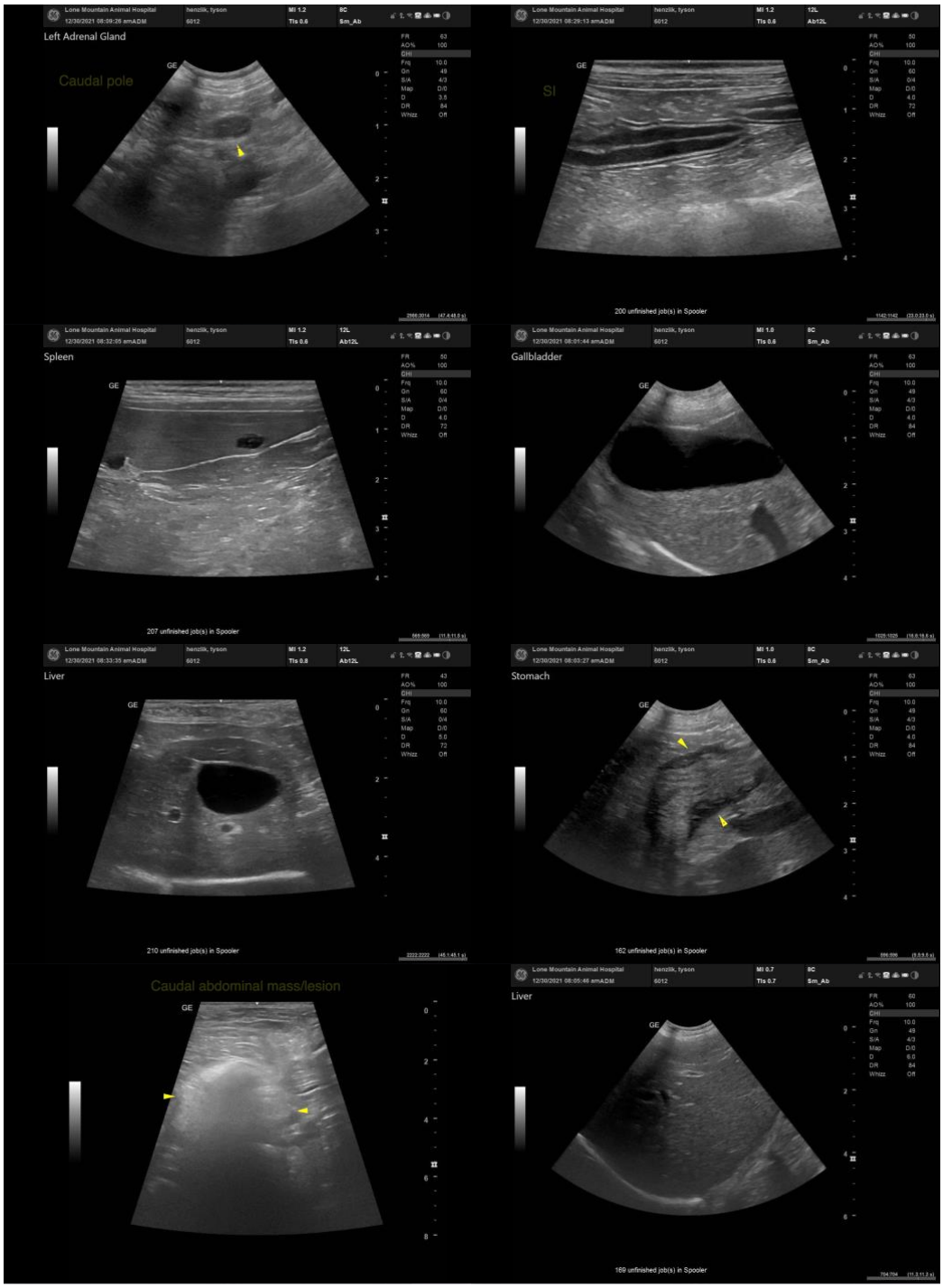

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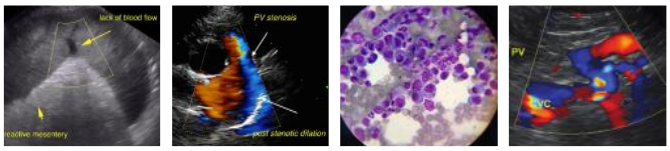

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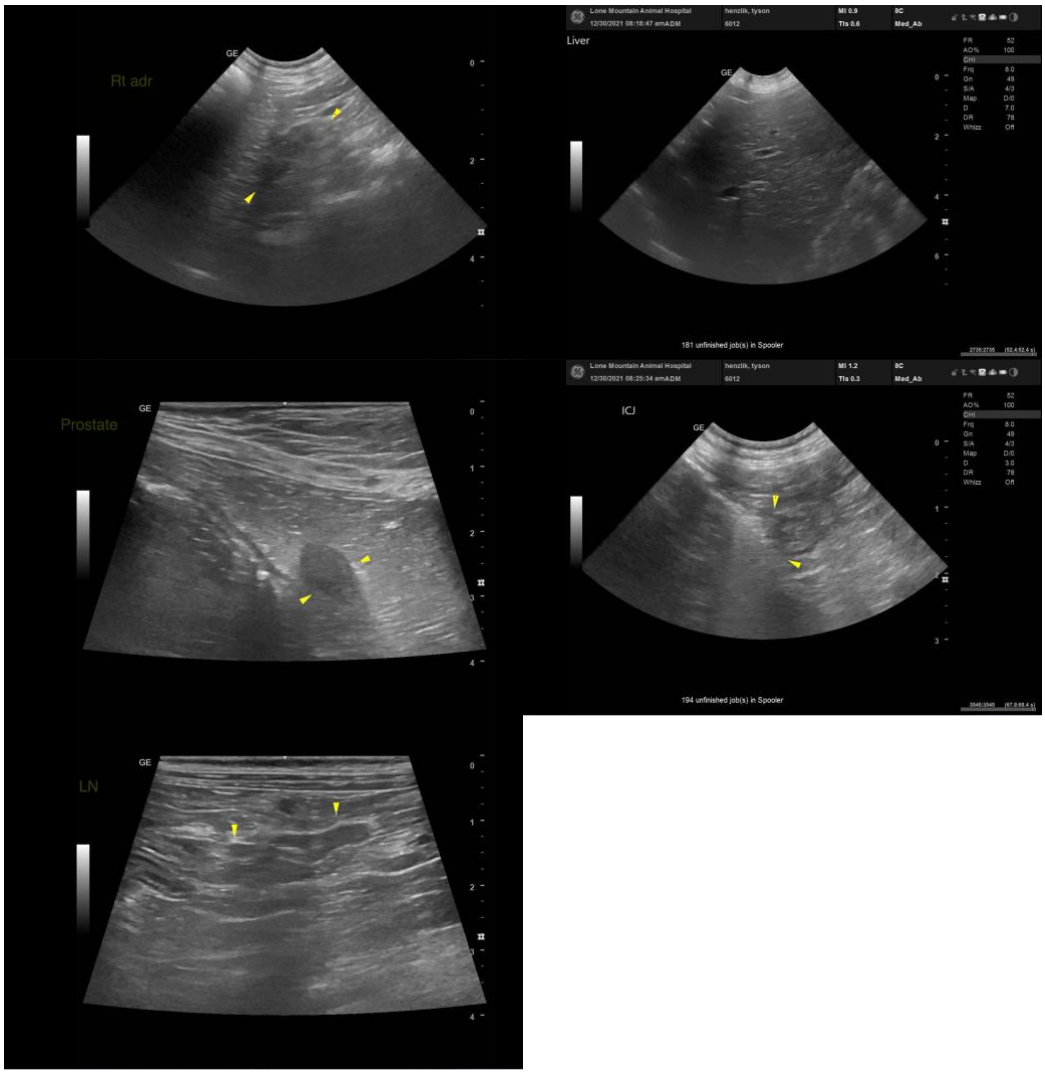

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com