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Clinical Sonography & Telecytology
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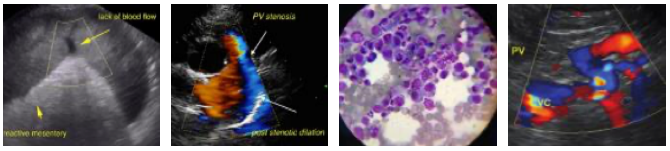

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1-800-838-4268 info@sonopath.com

PATIENT
Bauzer Munoz

SPECIES
Canine

BREED
Mini Schnauzer

SEX
Male, neutered

AGE
13.5 Yrs.

WEIGHT
19.4 lbs.

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

IMAGING PERFORMED BY
Meghan Myers VMD

HOSPITAL NAME
Hershire

REFERRING VET
Dr. Gallisdorfer

INVOICE
14589

DATE
2/14/23

PRESENTING CLINICAL SIGNS

History: 13yr Schnauzer with history of increase ALP with abnormal bile acids and weight loss; Exam in Jan 2023 - senior bw due to wanting to do dental cleaning, tense on abdominal palpation - Bloodwork revealed ALP 840 (5-160), remainder of liver enzymes WNL; July 2021 ALP was 1083 and LDDS not supportive of Cushings Feb 2023- 3lbs weight loss in last 6 weeks, firm cranial abdominal mass palpated, pre and post bile acids abnormal, PCV 49% - ELG
Abnormal PE/Chem/CBC/UA Results: pre-bile acids 51.5 post- bile acids 68.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 region of the trigone is normal.

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

The left kidney is normal in size (5.66 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. 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 (5.83 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is observed by the hepatomegaly. The gland is not definitively visualized.

The right adrenal gland is normal size (0.64 cm at cranial pole) (0.48 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.

Spleen

The spleen is normal in size (1.76 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.60 cm hypoechoic nodule is observed at the medial aspect. Several small ill-defined myelolipomas are also seen. Splenic vasculature is normal.

Liver

The liver is enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen with numerous varying sized hypoechoic to heterogeneous nodules/masses throughout the organ, the largest measuring 3 cm in diameter. Many of the lesions cause capsular expansion. Some have a target like appeaarnce. 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 moderate amount of mostly gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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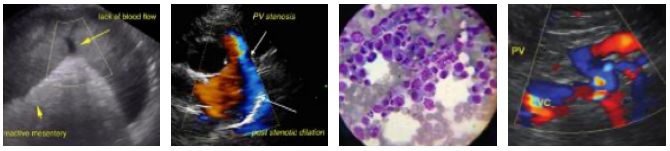

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

Pancreas

A portion of the pancreas is obscured by the hepatomegaly in visualized portions. No obvious abnormalities are seen.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid. At least one enlarged rounded lymph node is observed in the right cranial quadrant, measuring 1.85 cm in diameter.

Other

A 1.08 cm irregular hypoechoic nodule is observed adjacent to the spleen at the level of the hilus.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic lesions are most concerning for a neoplastic process (i.e., round cell tumor) with a lower possibility of multifocal inflammatory lesions. Cranial peritonitis is present, likely secondary to hepatic pathology.
- The hypoechoic nodule adjacent to the spleen is concerning for a metastatic lesion with a lower possibility of a benign process (i.e., inflammatory focus, granuloma).
- The prominent lymph node in the right cranial quadrant may represent reactive change or infiltrative neoplasia.

Secondary Findings:

- Bilateral, chronic renal changes with dystrophic mineralization.
- The hypoechoic splenic nodule may represent a benign lesion (i.e., lymphoid hyperplasia). However, a metastatic lesion cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the hepatic nodules, if clotting status is normal. 25 gauge needles should be used. If cytology results are inconclusive, biopsies may be necessary to get a definitive diagnosis.

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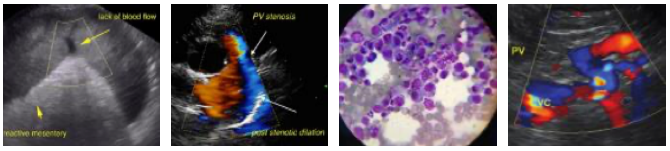

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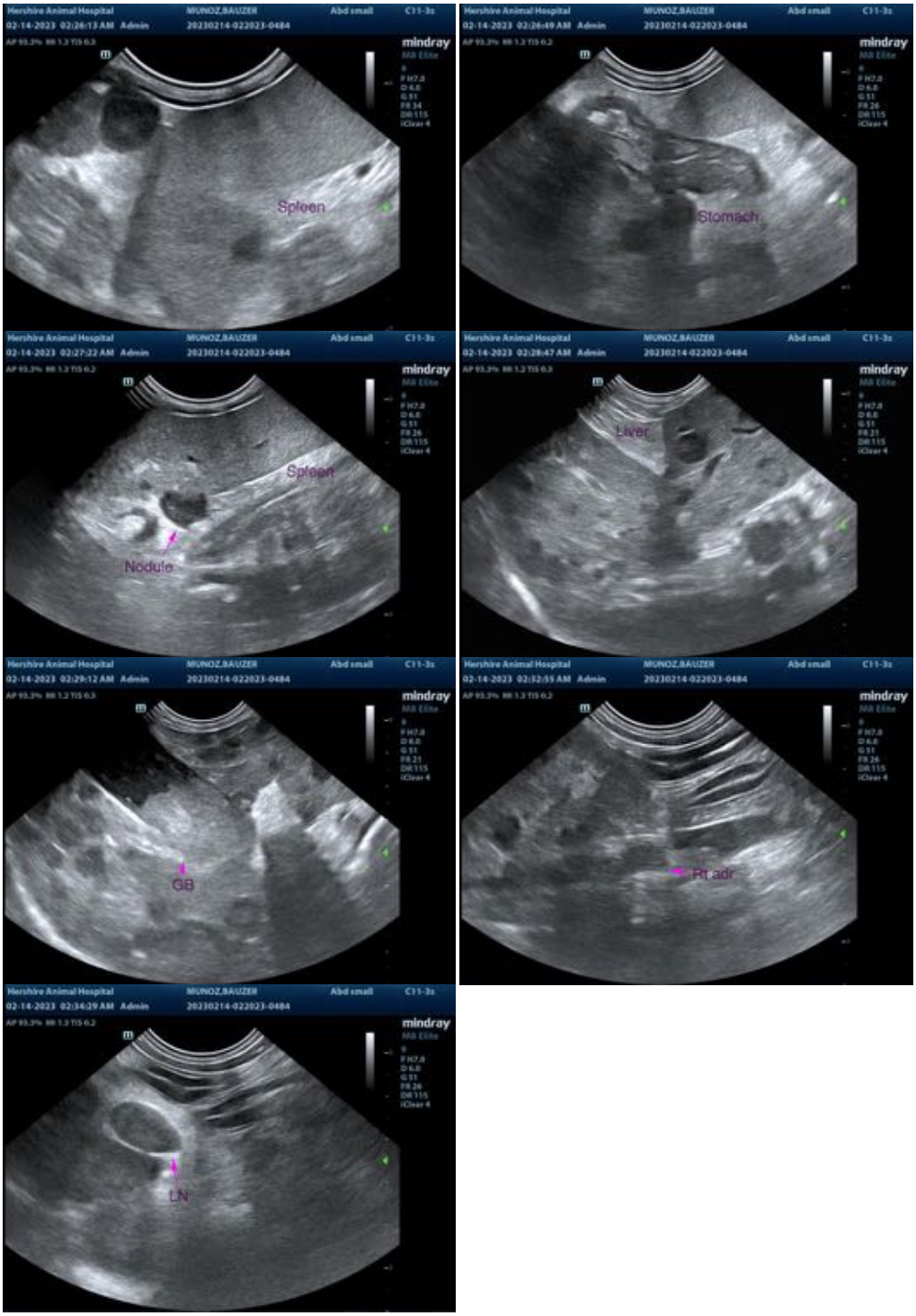

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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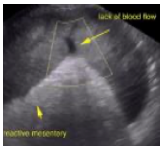
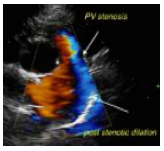
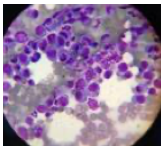
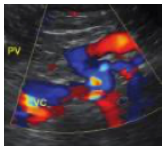

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