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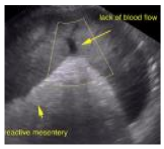
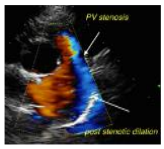
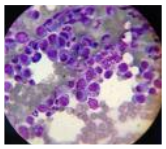
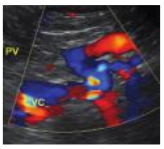

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1-800-838-4268 info@sonopath.com

PATIENT
Murphy Clark

SPECIES
Canine

BREED
Cocker Spaniel Mix

SEX
Neutered Male

AGE
14 Years

WEIGHT
10.43 kg

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

IMAGING PERFORMED BY
Dr. Schwanebeck

HOSPITAL NAME
AEH, Volusia

REFERRING VET
Dr. Kelly Schwanebeck, DVM

INVOICE
13965

DATE
2/17/22

PRESENTING CLINICAL SIGNS

History: p presented for not e/d for 1.5 days, v/d, pancreatitis, ALT mildly increased (404), ALP severely increased (933), Tbili (1.8) and GGT (44) high, WBC 33000, severe gas distention of stomach on rads and questionable segmental dilation of small intestines, p does eat cardboard and tissues so obstruction is possible but not obvious.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed.

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

The left kidney presented normal size (5.84 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.

The right kidney presented normal size (5.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.59 cm at caudal pole) (2.72 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.

The right adrenal gland is normal size (0.80 cm at cranial pole) (0.51 cm at caudal pole) (2.15 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 (1.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few pinpoint hyperechoic nodules are visualized. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 1.89 cm oval shaoed hyperechoic to heterogeneous nodule is observed deep on the left side. There are questionable cavitations within this nodule. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is distended. The wall is normal in thickness. A moderate to large amount of aggregated echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery effacing the serosal surface of the gallbladder is hyperechoic/reactive. Trace free fluid is also present in this region.

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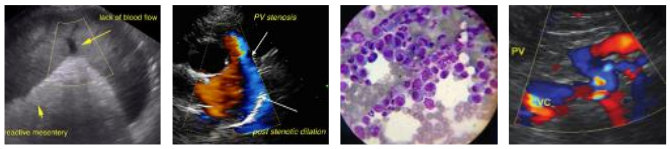

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Gastrointestinal

The gastric lumen is gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. 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

Trace free fluid is observed adjacent to the gallbladder. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

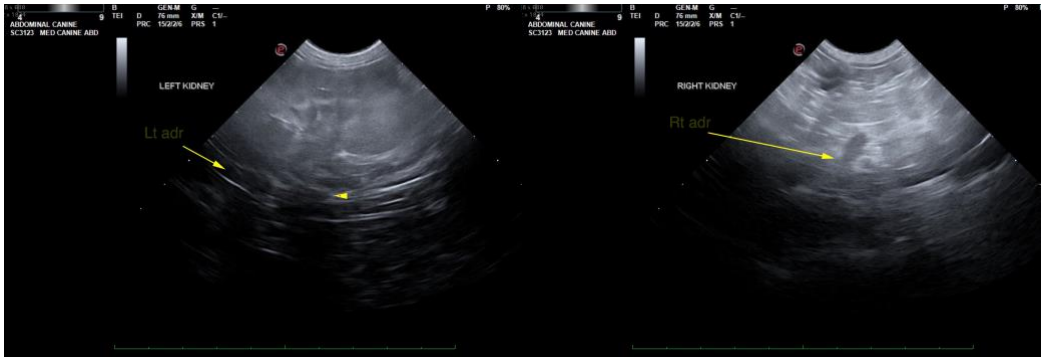
- The gallbladder changes are consistent with a fully formed mucocele. Regional peritonitis is present, likely secondary to concurrent cholecystitis.
- The diffuse hepatic parenchymal changes could be consistent with inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely) +/- concurrent age-related change. The hepatic nodule could be consistent with an emerging tumor or benign pathology (i.e., regenerative nodule, other).

Secondary Findings

- The hyperechoic splenic nodules are likely benign (i.e., myelolipomas or foci of lymphoid hyperplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A cholecystectomy is recommended along with a liver biopsy, as well as removal of the hepatic nodule, with submission for histopathology. Referral to a board-certified surgeon is recommended due to the potential for perioperative complications.



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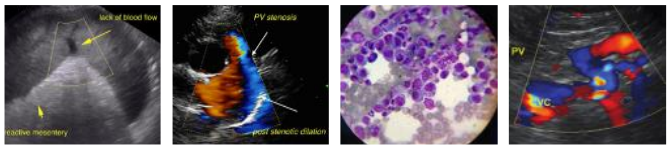

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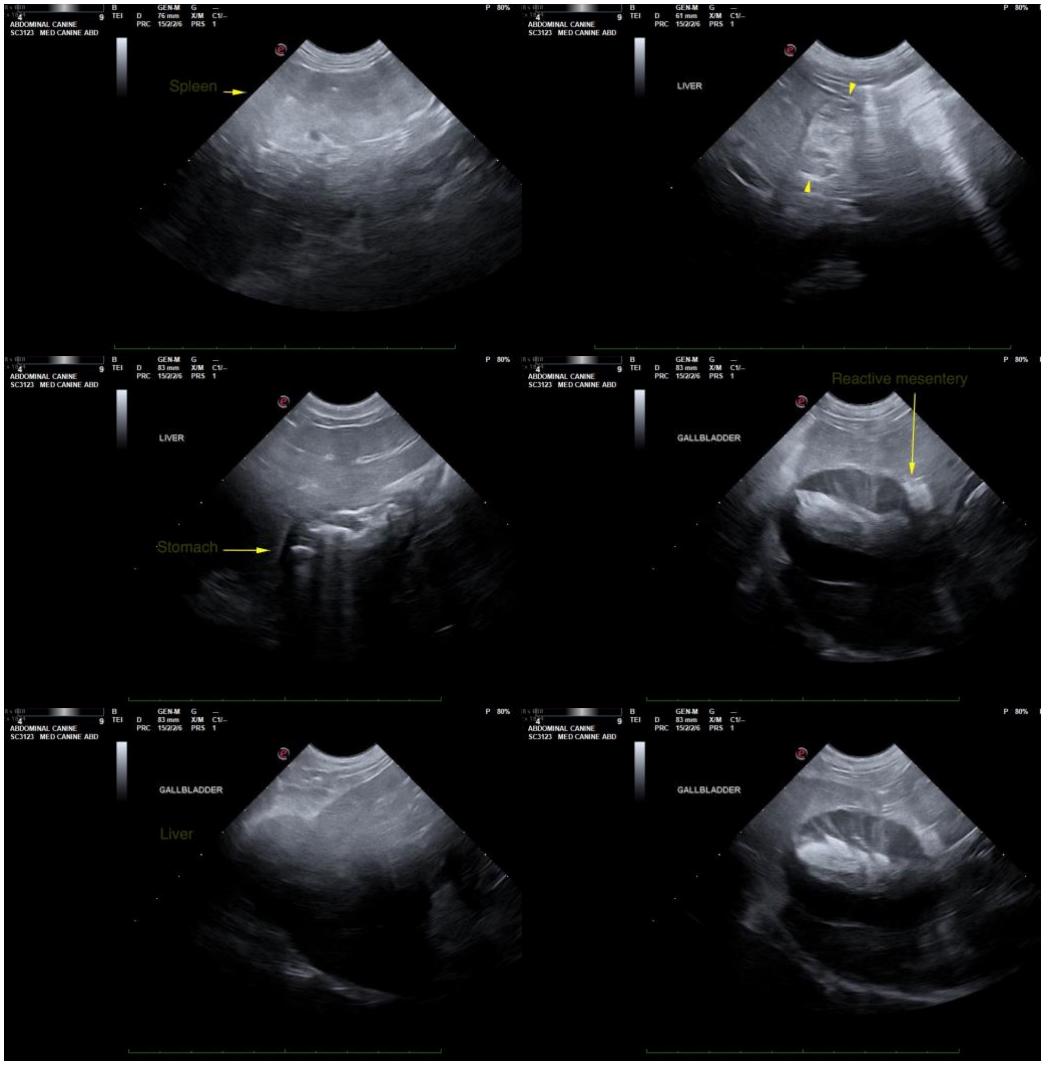

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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