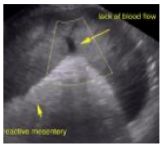
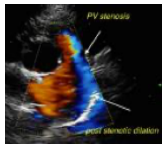
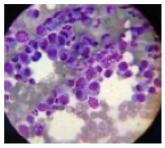
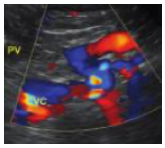
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ellie Coates

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

10 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

12576

DATE

3.29.23

PRESENTING CLINICAL SIGNS

History: History of liver and splenic nodules, and cranial abdominal lymph node. History of monitoring with ultrasound. Owner requests FNA of abdominal lymph node.

Abnormal PE/Chem/CBC/UA Results: ALP 183.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (5.36 cm in length) with a normal shape, architecture and 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.

Right kidney

(No images provided)

Left Adrenal Gland

The left adrenal gland is normal in size (0.73 cm at cranial pole) (0.64 cm at caudal pole) 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.

Right Adrenal Gland

(No images provided)

Spleen

The spleen is normal in size (2.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.57 cm hypoechoic nodule is observed just caudal to the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen and subtly mottled in appearance. A 1.84 cm hypoechoic nodule is observed on the right side. 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. A small amount of aggregated echogenic-to-mineralized partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The 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

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 obvious evidence of free fluid. A 1.14 x 1.08 cm cystic lymph node is observed in the left cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The significance of the cystic lymph node at the cranial abdomen is unclear. It may be due to reactive change, benign cysts or emerging neoplasia.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

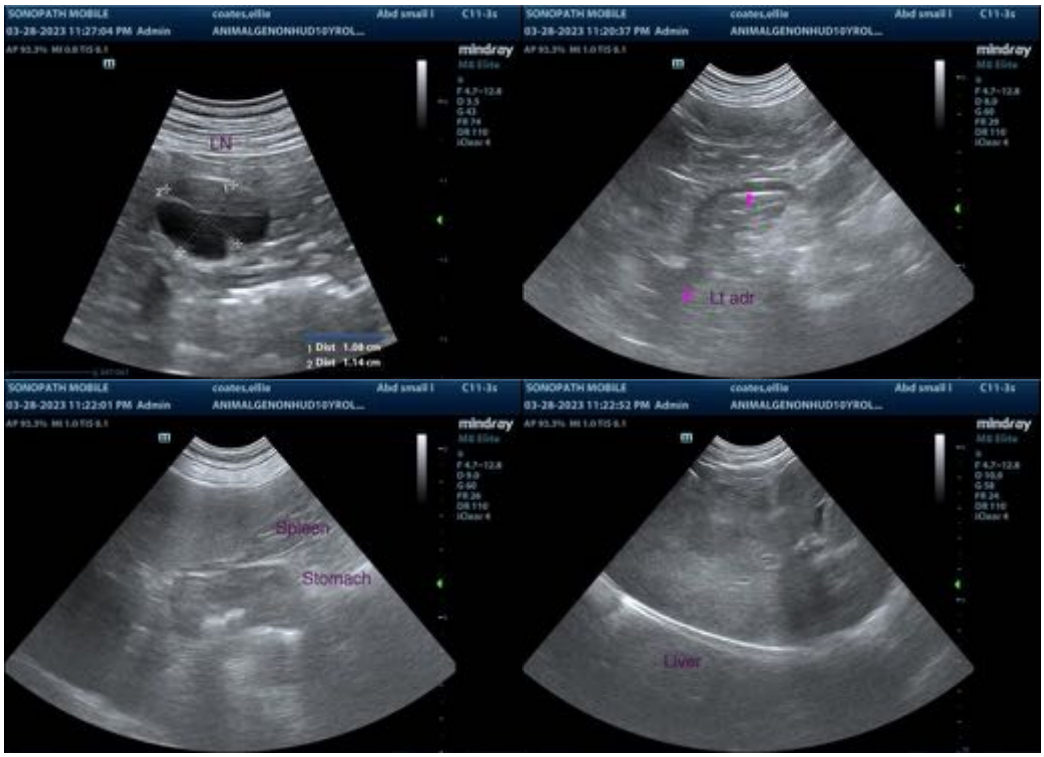
- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor.

- Minor age-related renal changes in the left kidney. The right kidney is not visualized in today's study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further recommendations should be based on cytology results from the enlarged abdominal lymph node.

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.



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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