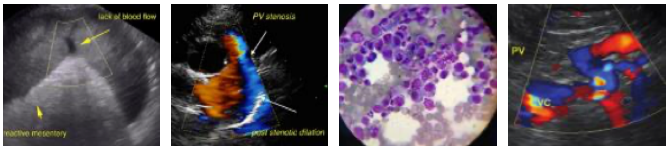
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Shasta Christensen

SPECIES
Canine

BREED
Labrador

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
8 Yrs.

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

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Mobile Vet Ultrasound

REFERRING VET
Dr. Pedro Santiago

INVOICE
13315

DATE
5/3/2022

PRESENTING CLINICAL SIGNS

History: Pet was seen for second opinion about possible lung mass. Today radiographs were repeated and confirmed that there is a 20 cm mass on R cranial thorax. Screening abdomen for possible mass
Abnormal PE/Chem/CBC/UA Results: Increased respiratory rate and labored breathing per owner
T4: 0.9 Rest NSF including urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The caudal portion of the urinary bladder is evaluated. Within this region, the wall is normal in thickness and luminal contents are anechoic. The region of the trigone appears normal.

The left kidney is normal size (7.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal size with normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.99 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

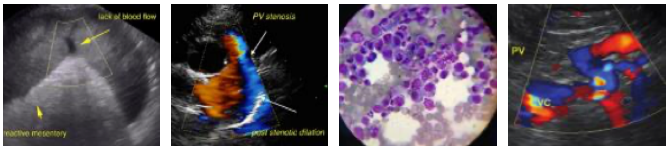
The spleen is normal in size (2.01 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended with an irregular shape. It appears to either be bi-lobed, septated, or adjacent to a cystic hepatic lesion. A small amount of echogenic debris is observed within the lumen. The wall is thin and smooth. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.



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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- There was no obvious evidence of a primary tumor within the abdominal cavity.

Secondary Findings:

- Possible bi-lobed or septated gallbladder or a normal gallbladder with an adjacent cystic area within the liver. This may be an incidental finding. However, this area should be monitored for the possibility of rupture due to its abnormal appearance.
- Bilateral, age-related renal changes.
- Mild left adrenomegaly.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic parenchymal changes are non-specific and may be secondary to a benign age-related process (i.e., idiopathic vacuolar hepatopathy, regenerative nodular hyperplasia and/or age-related remodeling). However, inflammatory disease or infiltrative neoplasia (i.e., lymphoma) cannot be completely excluded. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a thoracic CT scan to further assess the lung mass. A CT will be helpful in determining surgical resectability and lymph node involvement. If CT is to be pursued, consider also performing a CT on the abdomen to further evaluate the gallbladder. Otherwise, consider a repeat abdominal ultrasound in 3-4 weeks (or sooner if problems arise) to reassess the gallbladder.

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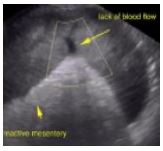
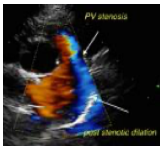
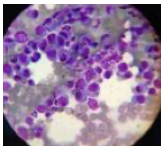
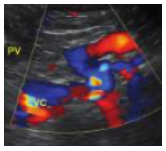

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com