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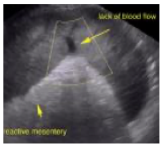
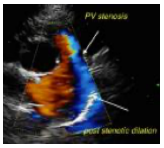
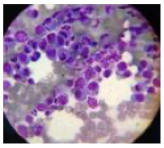
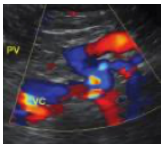
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Kesler Richert

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

13 years

WEIGHT

17.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr Brian Barnes

INVOICE

11099

DATE

6/16/22

PRESENTING CLINICAL SIGNS

History: History of Splenectomy summer 2019, presented with Hemoabdomen, Histo was benign consistent with a ruptured hematoma Jan 2021 presented with another cranial abdominal mass that was bleeding. Similar location to previous mass, origin of which was unclear. Mild to moderate pancreatitis +/- infiltrative neoplasia from the adjacent mass. also had a hepatic nodule. Mass was removed and was in an omental, mesenteric location Histo again was a Hematoma. Liver Vacuolar change, glycogen type, chronic, diffuse, R/C AUS Heart murmur Previous Echo - Aug 2021- -DMVD Stage B1 -Trace TR -Trace PI

Abnormal PE/Chem/CBC/UA Results: CBC: HGB 13 (N 13.1-20.5), No anemia CHEM: ALT 135 (N 10-125) Prev 136 , ALKP 223 (N 23-212) Prev 223

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness. In the region of the apex, the mucosal surface is slightly irregular. The bladder lumen is mildly 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 (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.91 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. Renal vasculature is normal.

The right kidney is normal size (5.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.63 cm at caudal pole) (2.48 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 (0.68 cm at cranial pole) (0.61 cm at caudal pole) (1.84 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

Previously splenectomized.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the right, renal cortex and is subtly heterogenous and mottled in appearance. No

distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 pyloric outflow tract is patent. 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific hepatic parenchymal changes, suggestive of a benign process (i.e., regenerative nodular hyperplasia, age-related remodeling, and/or vacuolar hepatopathy). However, an inflammatory or reactive hepatopathy cannot be completely excluded. Neoplasia is possible but considered less likely.

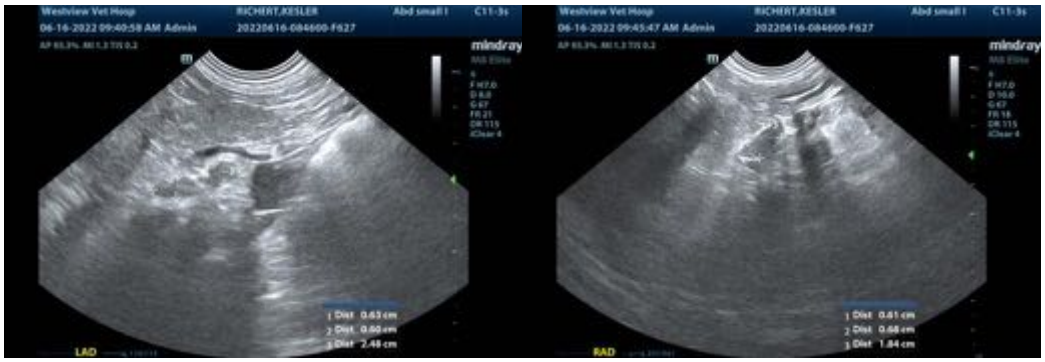
  *There is no obvious evidence of an abdominal mass at this time.

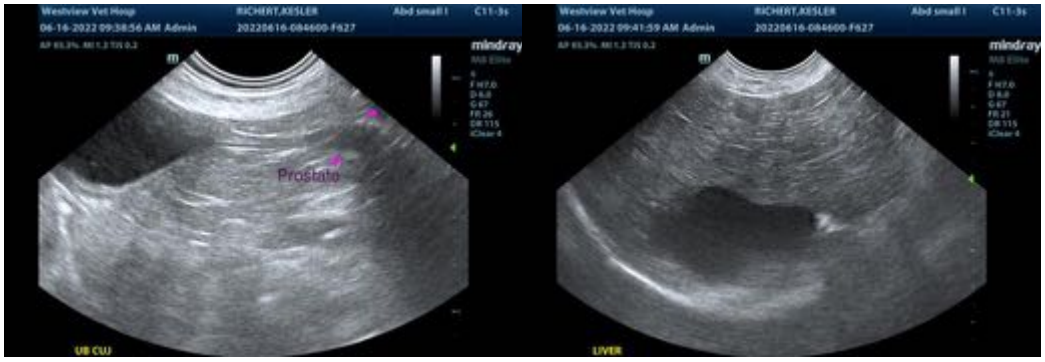
Secondary Findings

- Minor, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, consider serial sonographic monitoring (i.e., every 3-4 months) to assess for recurrence of the hematoma.





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