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Clinical Sonography & Telecytology
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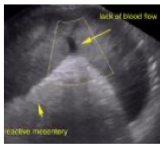
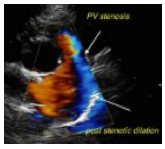
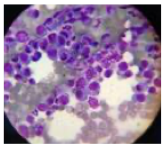
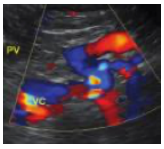

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1-800-838-4268 info@sonopath.com

PATIENT

Kesler Richert

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

14 years

WEIGHT

16.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Brian J Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr Brian J Barnes

INVOICE

13454

DATE

6.22.23

PRESENTING CLINICAL SIGNS

History:
1) History of Splenectomy summer 2019, presented with Hemoabdomen, Histo was benign consistent with a ruptured hematoma
2) Regrowth of Cranial abdominal mass at the site of the previous Sx. Again a hematoma, Jan 2022 removed
3) Heart murmur (Previous Echo - June 2022) -DMVD Stage B1 -Trace TR -Trace PI

Abnormal PE/Chem/CBC/UA Results: Doing well, still out on the trails 45 min or more. Grade 3/6 Cardiac murmur, holosystolic, PMI left hemithorax CBC, HGB 12.8 (N 13.1-20.5) Rest WNL Chem:Urea 12.7 (N 2.5-9.6), ALT 177 (N 10-125), ALKP 272 (N 23-212) SDMA 15 (N 0-14) U/A USG 1.014, Leu 500, WBC 8/HPF, no bac, cast, or crystals

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 2 cm, are normal.

The prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.68 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.38 cm in the longitudinal plane). A few foci of mineralization are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.19 cm in length) a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.62 cm at caudal pole) (2.21 cm in length) 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.

The right adrenal gland is normal in size (0.95 cm at cranial pole) (0.65 cm at caudal pole) (2.71 cm in length) 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.

Spleen

(Previously splenectomized)

Liver

The liver is normal to slightly prominent in size. There is a 3.70 cm swelling/questionable isoechoic mass effect in the region of the caudate process. The remaining parenchyma is isoechoic relative to the spleen and mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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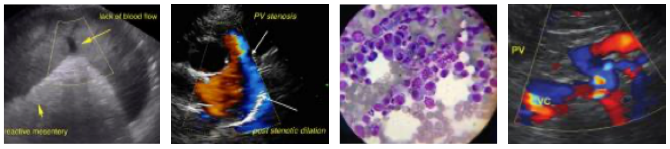

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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 is normal in thickness 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 left 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

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

- The diffuse hepatic parenchymal changes, which were previously observed, could be consistent with age-related remodeling, regenerative nodular hyperplasia, inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), infiltrative neoplasia, other hepatopathy. The swelling/mass effect in the caudate process could be consistent with the previous differentials or an emerging tumor (i.e., adenoma, adenocarcinoma, round cell tumor).

Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrocalcinosis and left pyelectasia
- Minor age-related pancreatic remodeling in the left limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the right hepatic swelling (if accessible and if clotting status is normal). A 25-gauge needle should be used. Otherwise, a repeat ultrasound is recommended in 1-3 months to reassess the liver for growth of the swelling.

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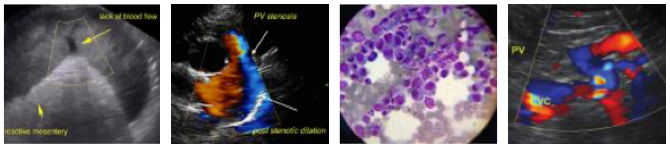

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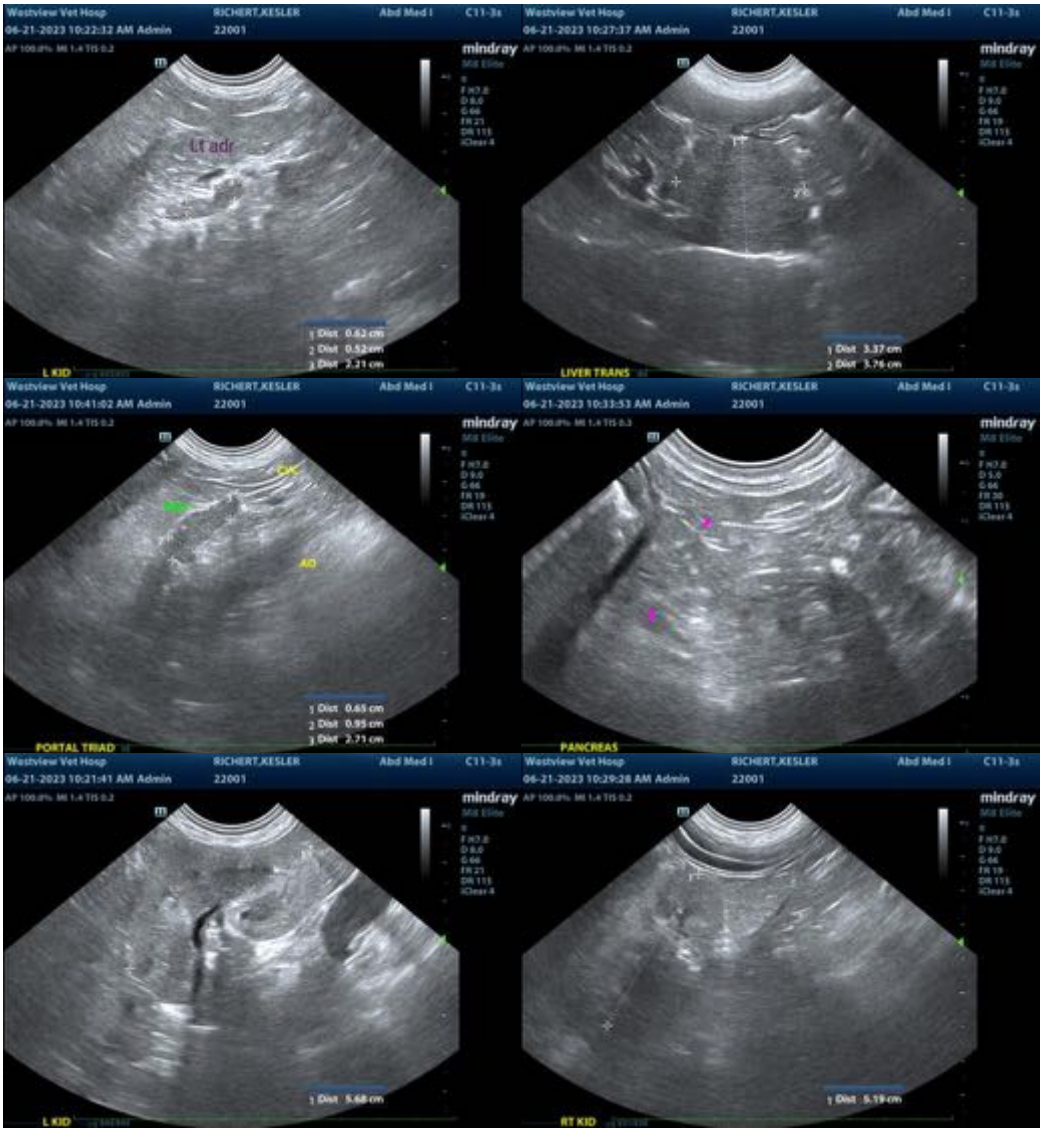

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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