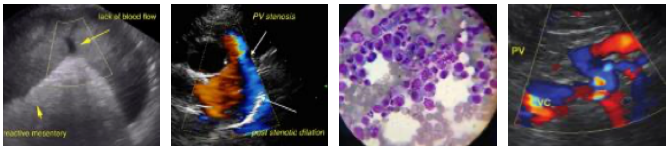
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Lola Merritt

SPECIES
Canine

BREED
Miniature poodle

SEX
Female, spayed

AGE
10 yrs.

WEIGHT
11 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Animal General on Hudson

REFERRING VET
Ddr. Vivian Ng

INVOICE
14127

DATE
10/19/22

PRESENTING CLINICAL SIGNS

History: Soft tissue abdominal mass and diffuse liver changes; owner interested in FNA. Current meds: Ursodial and thyroxine.
Abnormal PE/Chem/CBC/UA Results: PT/PTT: WNL. Glob. 5.1, ALT 187, ALP 749, Chol. 484.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 left kidney is normal in size (3.84 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.56 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.52 cm at caudal pole) (1.80 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 mildly enlarged (0.51 cm at cranial pole) (0.62 cm at caudal pole) (2.09 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

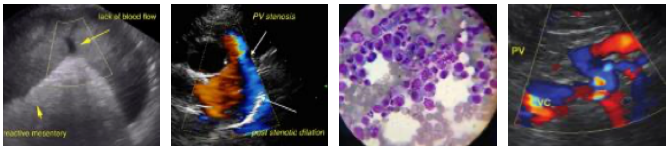
The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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 is distended. The wall is normal in thickness. A 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.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with ingesat. The gastric wall and pylorus are normal in thickness with a



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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. No obstructive 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

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

Other

A 4.20 x 2.19 cm irregular homogeneous mass is observed in the cranial abdomen, just caudal to the stomach.

*An ultrasound guided fine needle aspirate of the cranial abdominal mass was performed at the end of the study without incident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

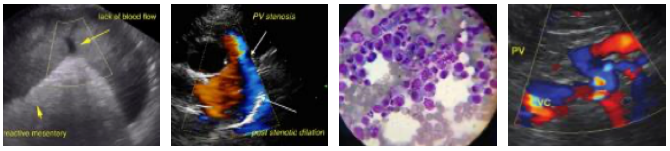
- Cranial abdominal mass, the origin of which is unclear. It may be arising from a stalk from the liver, mesentery, pancreas, lymph node, other. Differentials include neoplasia, inflammatory focus, granuloma, other.
- The gallbladder changes are consistent with a mucocele. Changes are similar to the previous sonogram.

Secondary Findings:

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is suspected with a lower possibility of inflammatory or infiltrative disease. Changes are similar to the previous sonogram.
- Minor bilateral age-related renal changes with dystrophic mineralization. Changes are similar to the previous sonogram.
- The mild right adrenomegaly may be a normal variant for this patient or could be consistent with early hyperplastic change. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on the cytology results from the cranial abdominal mass, surgical removal may be warranted. If surgery is pursued, consider a cholecystectomy. In the meantime, Ursodiol therapy is recommended with serial sonographic monitoring (i.e., every 4 weeks) to assess for progression. The client should be warned that the gallbladder could rupture at any point,



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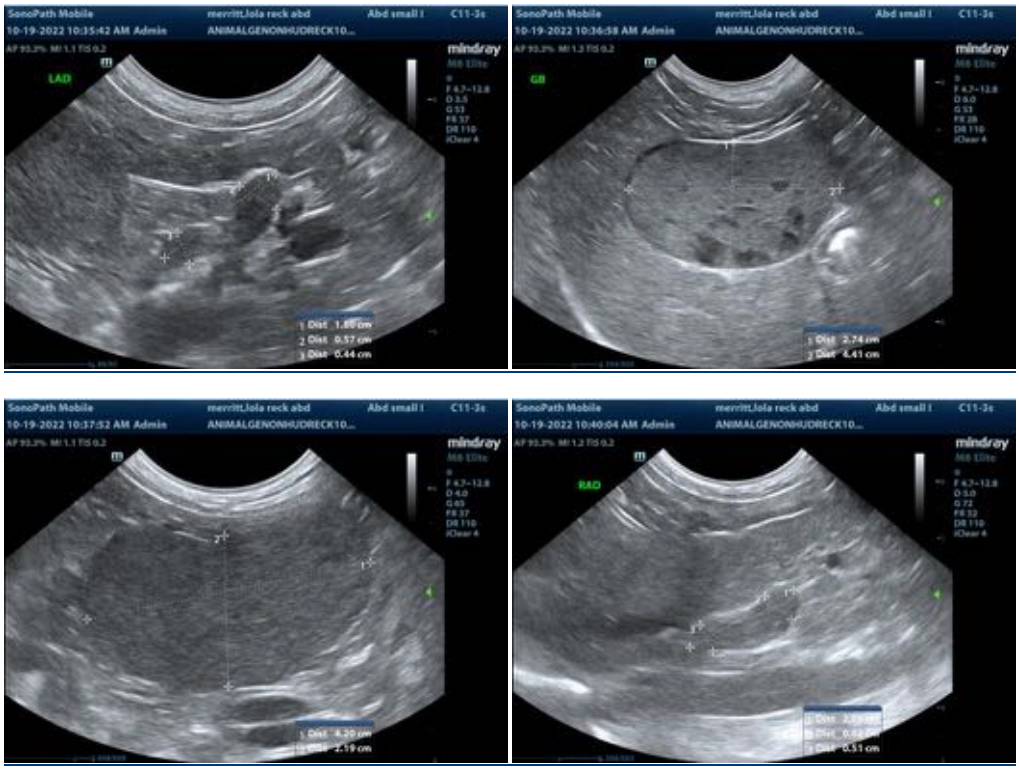
resulting in bile/septic peritonitis. Thoracic radiographs should be performed prior to any anesthetic event.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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