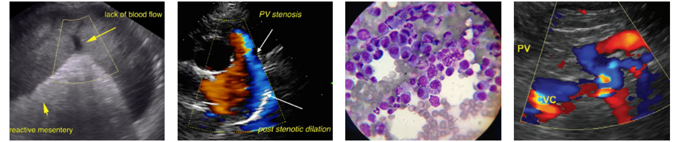


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
X Anderson

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
14 Years

WEIGHT
60 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield Vet Services

REFERRING VET
Dr. Rodriguez

INVOICE
35134

DATE
1/26/22

PRESENTING CLINICAL SIGNS

Elevated liver values. Prev on NSAIDS chronically. Stopped NSAIDS and began Denamarin after 12/31 visit
Abnormal PE/Chem/CBC/UA Results: 1/19/22: Creat: 1.4, TP:8.5, Glob: 5, ALT:422 12/31/21: ALT 381, TP: 8, Glob: 4.2,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The region of the prostate is evaluated without evident pathology.

The right kidney is normal in size (5.6 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Incidental cortical cysts noted.

The left kidney is normal in size (6.3 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.88 cm long x 1.0 cm at the cranial pole and 1.0 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.51 cm at the cranial pole and 0.54 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large in size with rounded margins. Parenchyma is normal in echogenicity, but has a coarse, heterogeneous echotexture. Multifocal well-demarcated hyperechoic homogenous nodules are present. Splenic vasculature appears normal.

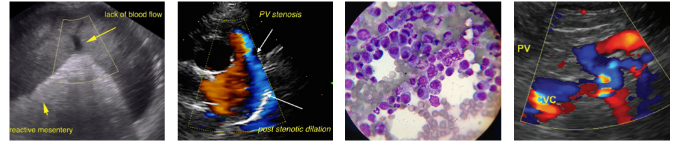
Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. A discreet, 2.0 cm round, hypoechoic nodule is noted in the caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine $<$ 0.5 cm and feline $<$ 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent



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

PATIENT

X Anderson

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

14 Years

WEIGHT

60 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. Rodriguez

INVOICE

35134

DATE

1/26/22

with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly and one well defined hypoechoic liver nodule – Differentials include nodular hyperplasia primarily. However, primary hepatic neoplasia or infiltrative round cell neoplasia cannot be ruled out.

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.

- Age related kidney change with incidental cortical cysts noted in the right kidney – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

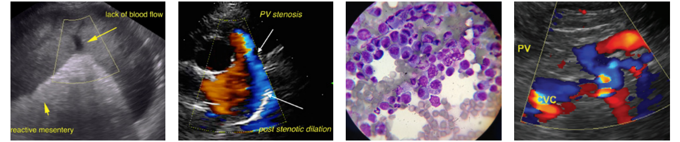
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include fine needle aspirate of both the liver and the spleen if patient's coagulation status is appropriate, as well as 3-view thoracic radiographs to further assess cardiopulmonary status as well as further evaluate for metastatic disease. If a diagnosis is not obtained via aspirates, and increased liver enzymes persist beyond time off of nonsteroidals, a liver biopsy may be indicated.

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

X Anderson

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

14 Years

WEIGHT

60 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

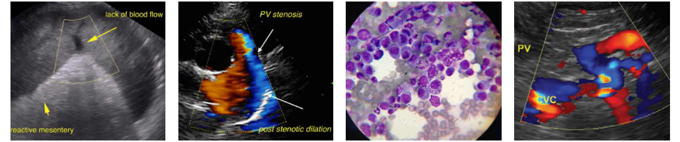
Dr. Rodriguez

INVOICE

35134

DATE

1/26/22



PATIENT

X Anderson

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

14 Years

WEIGHT

60 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

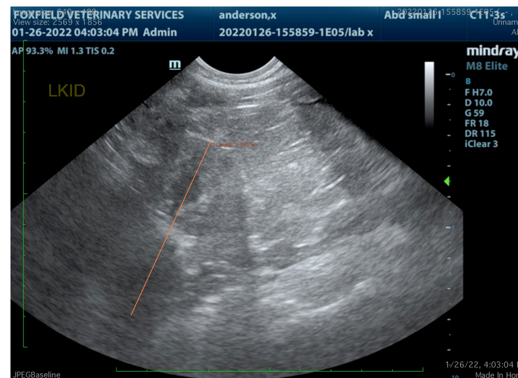
Dr. Rodriguez

INVOICE

35134

DATE

1/26/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com