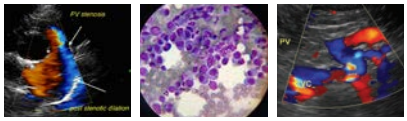
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

11/8/22

PATIENT

Tony Reynolds

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

6/30/09

WEIGHT

49.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Mangini

INVOICE

42646

PRESENTING CLINICAL SIGNS

Vomiting. Hx diffuse hepatitis + cholecysitis w/ hemorrhagic free peritoneal fluid (4 months ago on ultrasound @ Catonsville ER)
10/31/2022 Presented for V several times this morning after eating. He is bright and his abdomen comfortable. Labs show elevations in 3 of his liver enzymes (one is normal but elevated compared to last bloodwork).

Current Medications: 10/31: LRS 500mL SQ, Cerenia 1mg/kg SQ
Clavamox 375mg PO BID x 2 weeks, continue SamE
Lab Results: CBC: WBC 17.07 H, Neu 14.07 H. Chem 17 w/lytes: ALKP 620 H - slightly more elevated than 4 months ago, GGT 17 H. Oral malignant melanoma, left dorsal base of the tongue- Incomplete excision 5/12/2021, MI 28 per 10 hpf.
Radiographs: Caudal thoracic structure on chest X-rays 10/5/2021- suspect hiatal hernia vs. pulmonary mass
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (6.48 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.45 cm long x 0.79 cm at the cranial pole and 0.79 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 (2.48 cm long x 0.62 cm at the cranial pole and 0.79 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. In the deep mid caudal liver (stomach adjacent), there is a slightly heterogeneous, primarily isoechoic nodule/mass measuring 3.2 cm x 4.4 cm. The mass is

surrounded by hyperechoic enhanced fat and mesentery. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 empty with 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Diffusely hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

- **More focal mass-like lesion in the liver** – Differentials include infiltrative neoplasia such as adenoma/hepatoma, hepatocellular carcinoma, or even hemangiosarcoma. Infiltrative round cell neoplasia is also possible, or even metastatic disease. A benign inflammatory change, given the history of chronic hepatitis, is considered possible but less likely.

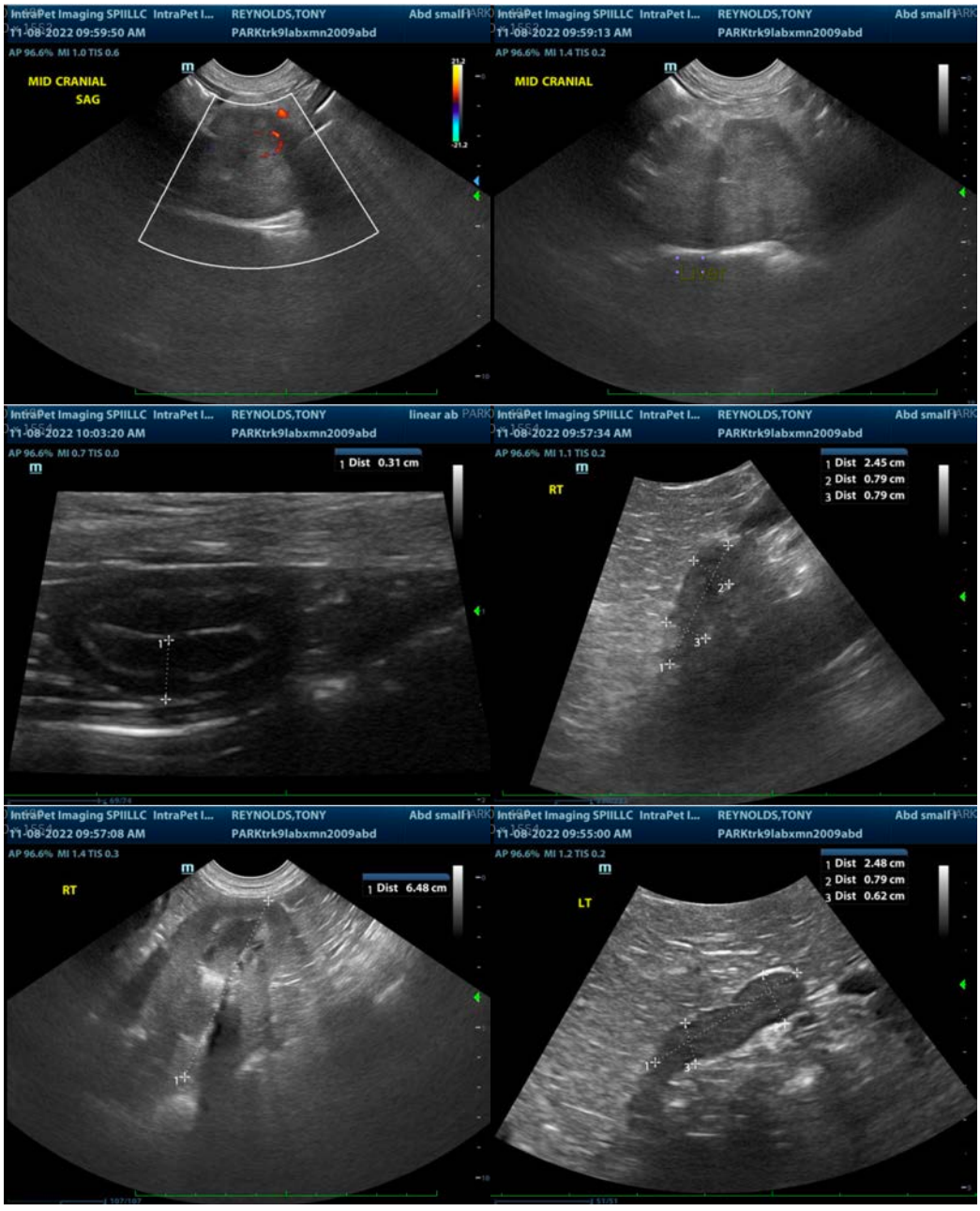
SECONDARY FINDINGS

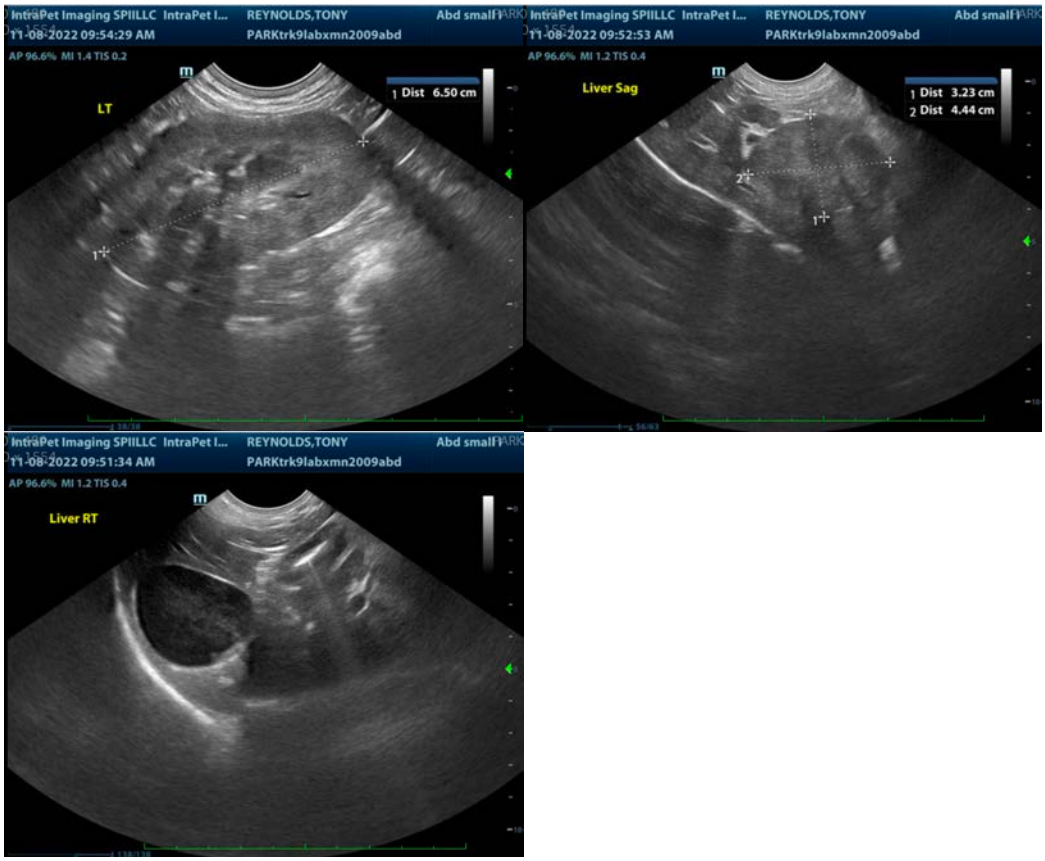
- **Gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the focal inflammatory liver change/liver mass is recommended if patient's coagulation status is appropriate. Give the suspicion of a possible pulmonary nodule, additionally advanced imaging such as thoracic +/- abdominal CT scan may also be warranted.

In the meantime, given the focal peritonitis around the mass and the clinical vomiting, therapeutic recommendations include antiemetics, gastroprotectants, pain management if indicated, fluid therapy, and appetite stimulation if necessary, hepatic nutraceuticals +/- broad-spectrum antibiotics.





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
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