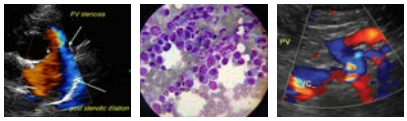
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

12/21/22

PATIENT

Noodle Trapani

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

5/9/13

WEIGHT

97 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Westminster VH

REFERRING VET

Dr. Hall

INVOICE

43638

PRESENTING CLINICAL SIGNS

Pet presented on 12/3/22 for routine senior exam. Owner reported that pet was doing well overall. On PE pet was QAR, apparently adequately hydrated. Pet was overweight with an ideal BW of 85-87lbs. MM pink, moist. A golfball sized semi firm SQ mass on the medial aspect of the left stifle. Cannot be picked up from the underlying structures. This mass has been present for sometime and is perhaps a little larger then when previously noted. Cytology was recommended, owner still considering. Routine senior bloodwork revealed an elevated lipase. Pet is reported to be asymptomatic at home. A spec cPL confirmed pancreatic inflammation.

Current Medications: Apoquel 16mg PO SID off and on since 01/2021
Lab Results: 12/3/22: CBC: RBC: 8.88M/uL (5.39-8.7); Chemistry: Lipase: 711U/L (0-250); Spec cPL: 723ug/L (0-200);

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.

The right kidney is normal in size (6.97 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 (7.22 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 (2.95 cm long x 0.57 cm at the cranial pole and 0.59 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 (2.7 cm long x 0.56 cm at the cranial pole and 0.61 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 with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Additionally, there is a 3.5 cm x 2.9 cm iso- to slightly hyperechoic discrete nodule deep in the 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 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

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

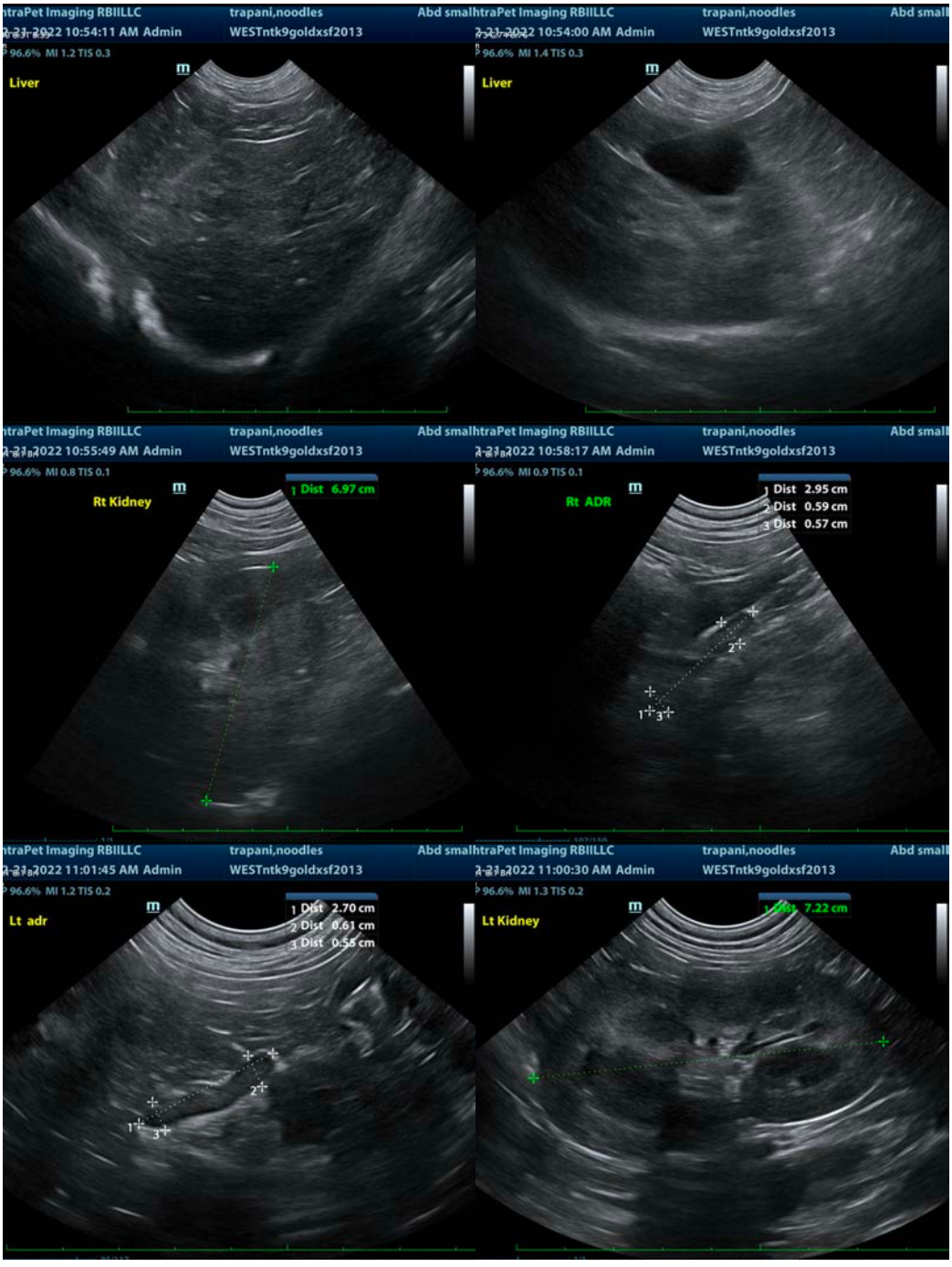
- **Liver nodule –** Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

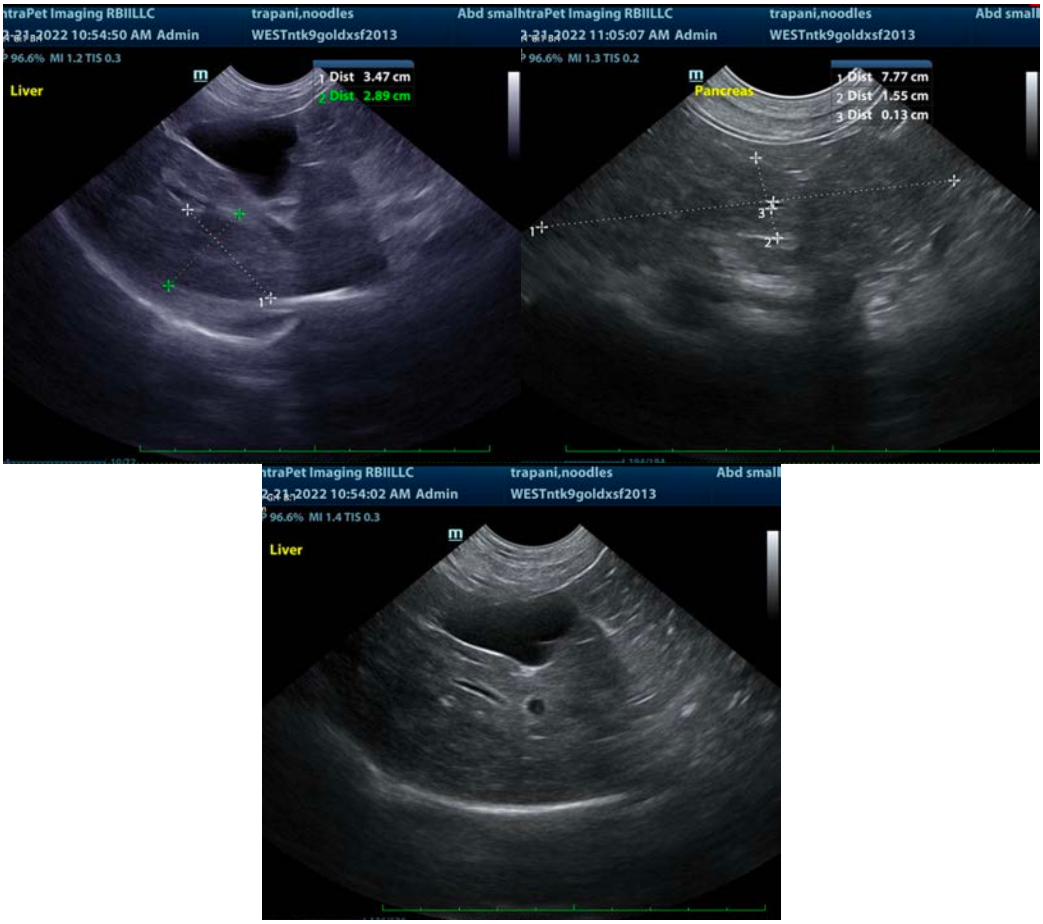
- Chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver pathology described above trends toward benign. Options include a fine needle aspirate of the liver, especially the deep liver nodule if patient's coagulation status is appropriate, versus monitoring of the nodule for change/progression, etc.

Without clinical signs, no additional recommendations regarding the increased lipase, etc. are recommended. If tolerated by the patient, transition to a low-fat diet could be considered, but is not critically important without clinical signs and/or progression in laboratory changes and/or ultrasound findings.


trapani,noodles
WESTntk9goldxsf2013
96.6% MI 1.2 TIS 0.3
Liver
trapani,noodles
WESTntk9goldxsf2013
96.6% MI 1.4 TIS 0.3
Liver
trapani,noodles
WESTntk9goldxsf2013
96.6% MI 0.8 TIS 0.1
Rt Kidney
1 Dist 6.97 cm
trapani,noodles
WESTntk9goldxsf2013
96.6% MI 0.9 TIS 0.1
Rt ADR
1 Dist 2.95 cm
2 Dist 0.59 cm
3 Dist 0.57 cm
trapani,noodles
WESTntk9goldxsf2013
96.6% MI 1.2 TIS 0.2
Lt adr
1 Dist 2.70 cm
2 Dist 0.61 cm
3 Dist 0.55 cm
trapani,noodles
WESTntk9goldxsf2013
96.6% MI 1.3 TIS 0.2
Lt Kidney



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