



PATIENT

Molly Rogalsky

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

12 Years

WEIGHT

11 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

VC of Hardyson

REFERRING VET

Dr. Travis Cerf

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DATE

2/4/22

PRESENTING CLINICAL SIGNS

BW results
Abnormal PE/Chem/CBC/UA Results: Lymphocytes 0.873, Platelets 504, IDEXX SDMA 25, Potassium 6.0, Na: K Ratio 24 Chloride 106, ALT 278, AST 93, ALP 2,465, GGT 42, Total T4 0.8

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 kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney measured 3.4 cm. The right kidney measured 3.4 cm. The left renal pelvis is dilated (pyelectasia), measuring (0.2 cm). No visible obstruction is observed, but cannot be ruled out.

Adrenal Glands

The right adrenal gland is subjectively small/flat (1.9 cm long x 0.35 cm at the cranial pole and 0.37 cm at the caudal pole). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is subjectively small/flat (1.3 cm long x 0.38 cm at the cranial pole and 0.27 cm at the caudal pole). 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). A 1.0 cm hypoechoic nodule is noted in the mid body, which causes a capsular bulge and contains a hyperechoic center. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal. (see other)

The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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.



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

SPECIES *Pancreas*

Canine 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.

BREED *Free Abdomen*

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

SEX *Other*

Spayed Female There is an approximately 8.0 cm, irregularly shaped, lobulated mass in the cranial to mid abdomen that is made up of varying sizes of anechoic walled of cyst-like lesions. The cystic areas contain septations and echogenic debris. The mass appears to be associated with the left caudal liver. However, definitive tissue origin cannot be definitively seen.

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ULTRASONOGRAPHIC FINDINGS

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- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia, and cannot be differentiated ultrasonographically. Given the presence of the mass described separately, and the splenic lesion, infiltrative neoplasia is considered a higher differential.

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- Hypoechoic splenic nodule with hyperechoic center (commonly referred to as a target lesion) – Target lesions can be associated with benign disease, but are most commonly indicative of malignancy.

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- Multilobulated, cystic liver mass – Can be seen with benign lesions such as hepatic cystadenomas, complex cysts, hematomas, abscesses, etc. However, given the concurrent lesions, a malignant primary hepatic tumor or cystic metastatic disease is considered more likely.

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- 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.

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- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

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- Left kidney pyelectasia - Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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- Subjectively small/flat adrenal glands – Rule out normal patient variant versus hypoadrenocorticism.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Given this patient's hyperkalemia combined with subjectively small/flat adrenal glands, baseline cortisol is recommended with a follow up ACTH stimulation test if the cortisol is <2.0. Additional recommendations include a fine needle aspirate of the diffuse liver parenchyma, as well as the splenic nodule, as well as the cystic mass if patient's coagulation status is appropriate. 3-view thoracic radiographs to further assess for metastatic disease are also recommended if not already performed.

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Shih Tzu

Given the pyelectasia, urinalysis and urine culture (if indicated based on urinalysis results) are also recommended if not already performed.

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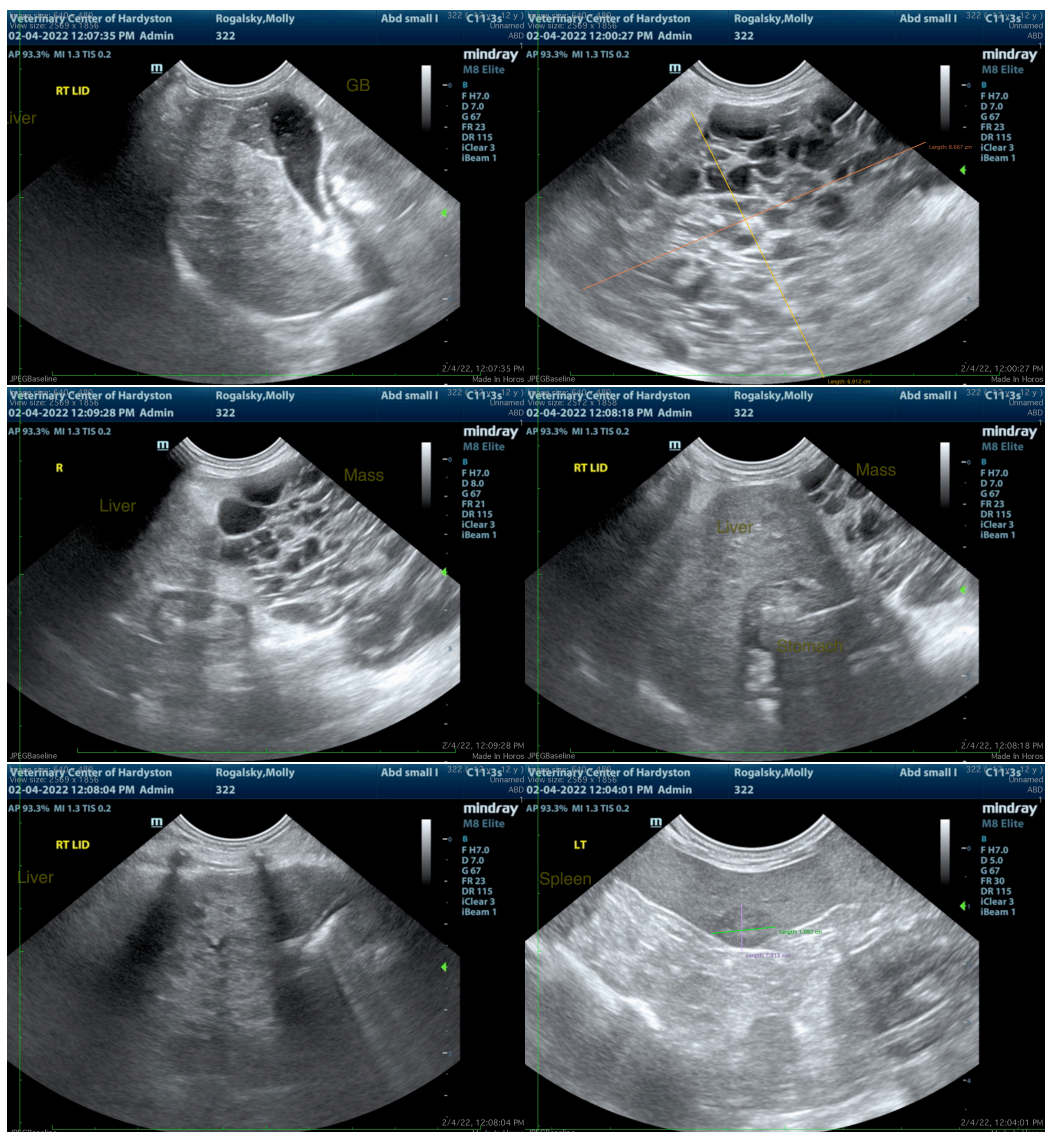
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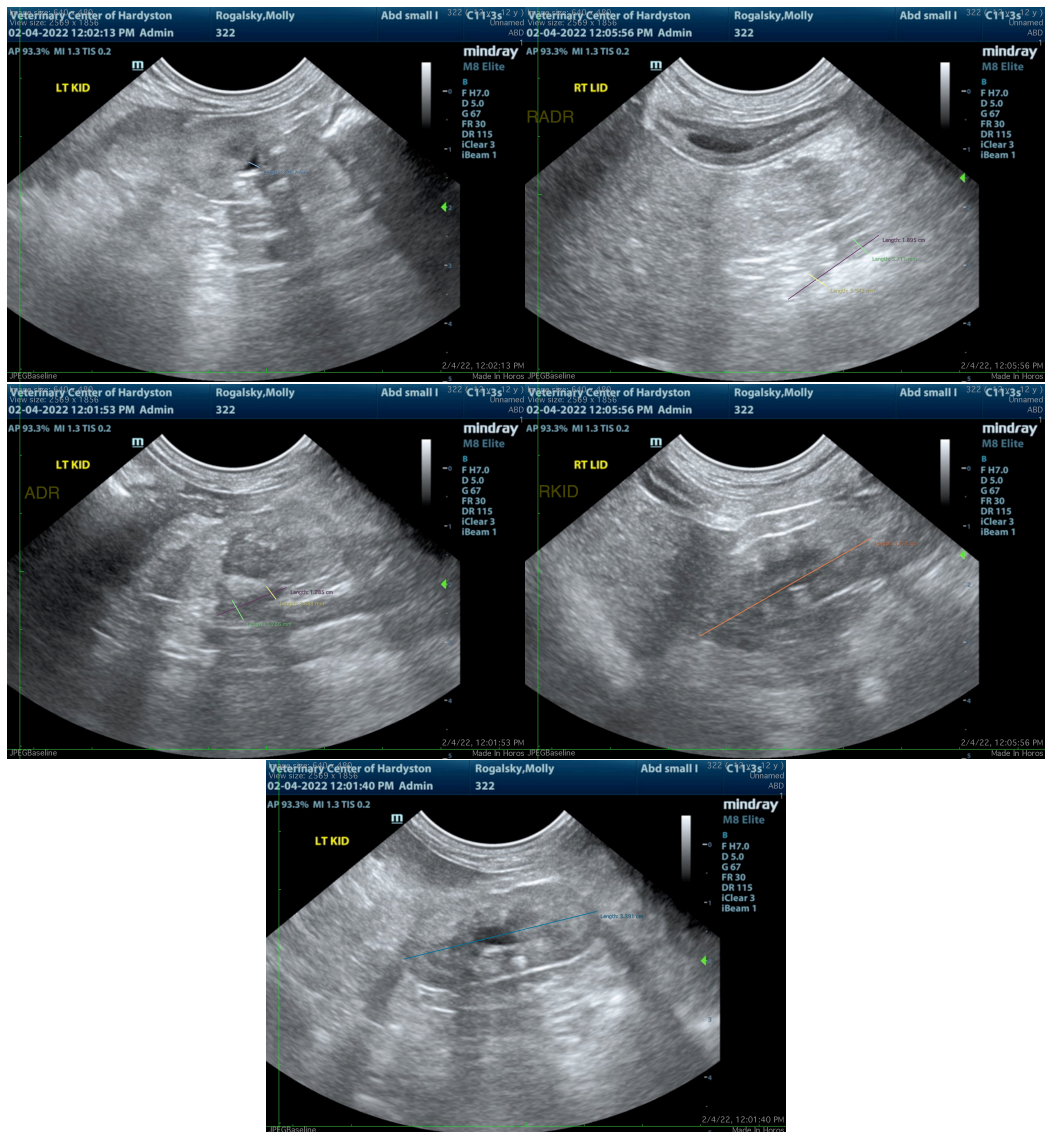
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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