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Clinical Sonography & Telecytology
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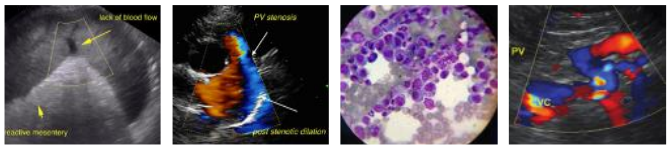


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rudy Schneider

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

96 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Abina Glennon

INVOICE

21049

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Patient presents for distended abdomen; concern for abdominal mass. (liver or spleen?).

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (7.32 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.

Right kidney is normal in size (7.83 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

Left adrenal gland is normal in size (2.98 cm long x 0.55 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

Spleen

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.

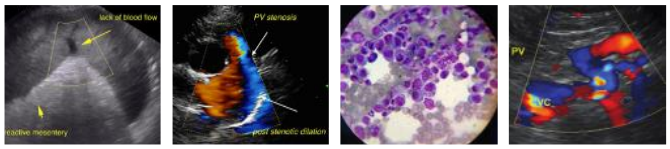
Liver

Liver is subjectively enlarged in size with irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules and mixed heterogenous cavitated nodules of varying size, creating an overall “moth-eaten” appearance. Visible vasculature and biliary tree appear normal without distention or congestion.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a large amount of anechoic free fluid throughout the abdomen. There is no apparent lymphadenopathy.

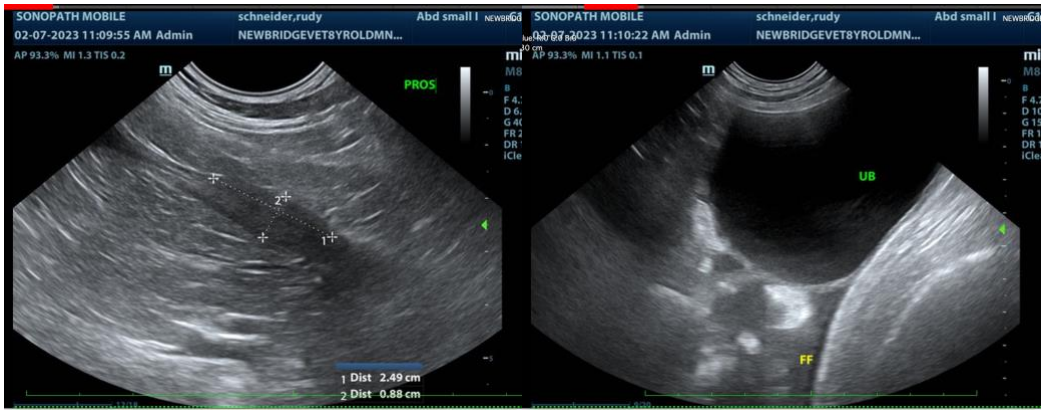
ULTRASONOGRAPHIC FINDINGS

- The nodular liver is most concerning for infiltrative neoplasia, such as sarcoma vs round cell neoplasia or even metastatic neoplasia. Benign disease cannot be ruled out but is considered less likely, especially given the concurrent reported hemoabdomen.
- Free fluid is noted consistent with the reported hemoabdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

An exploratory laparotomy could be considered to try to locate and stop the presumably hemorrhaging mass, as well as to obtain a diagnosis, however, given the diffuse nature of the liver lesions, full resection of all of the visible pathology is unlikely possible. Therefore, alternatively, a fine needle aspirate of the liver could be considered, however, with a hemoabdomen present, fine needle aspirate could exacerbate the bleed.



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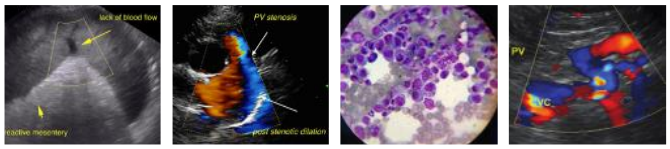

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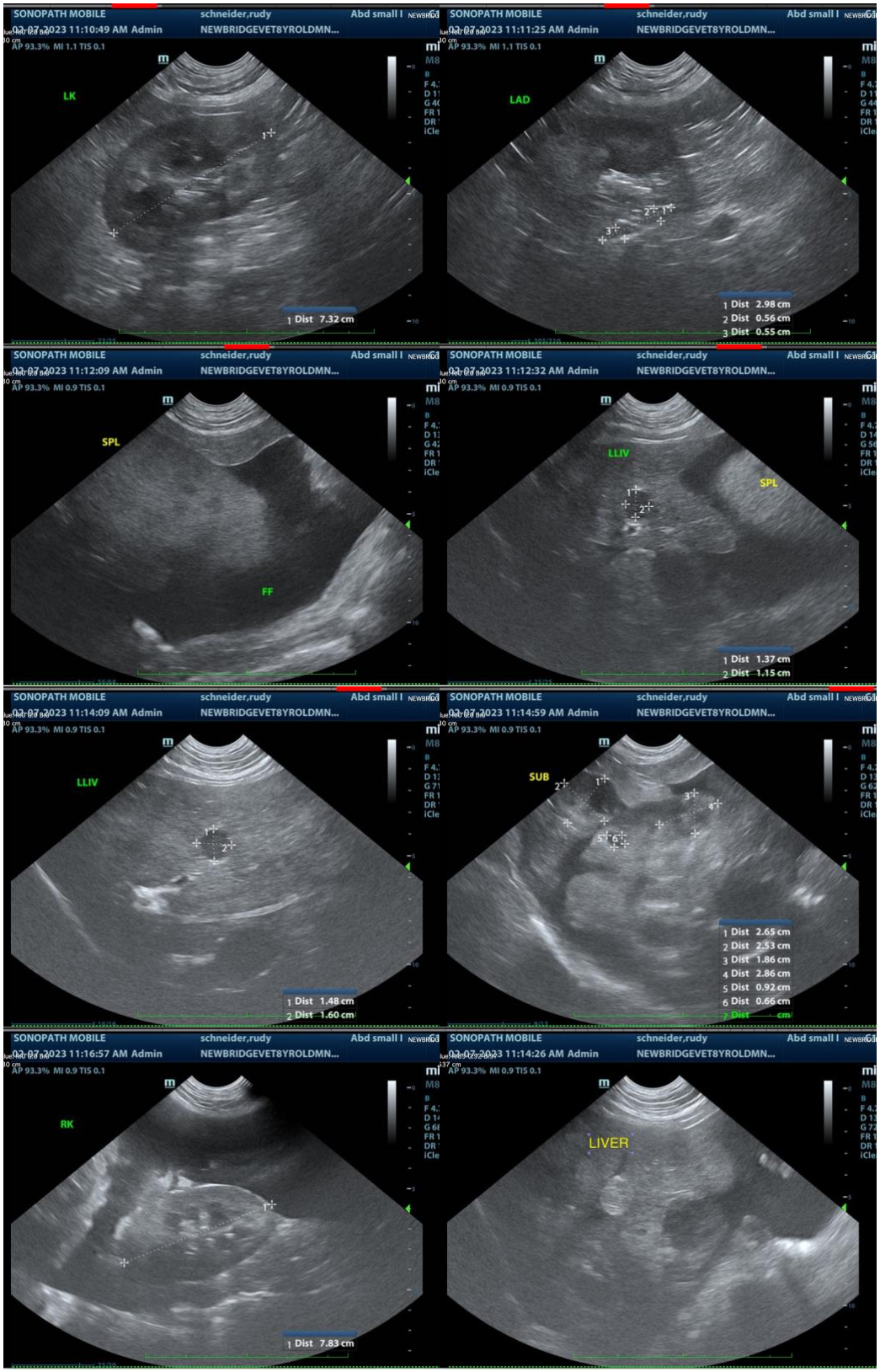

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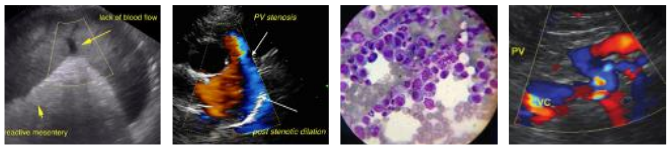

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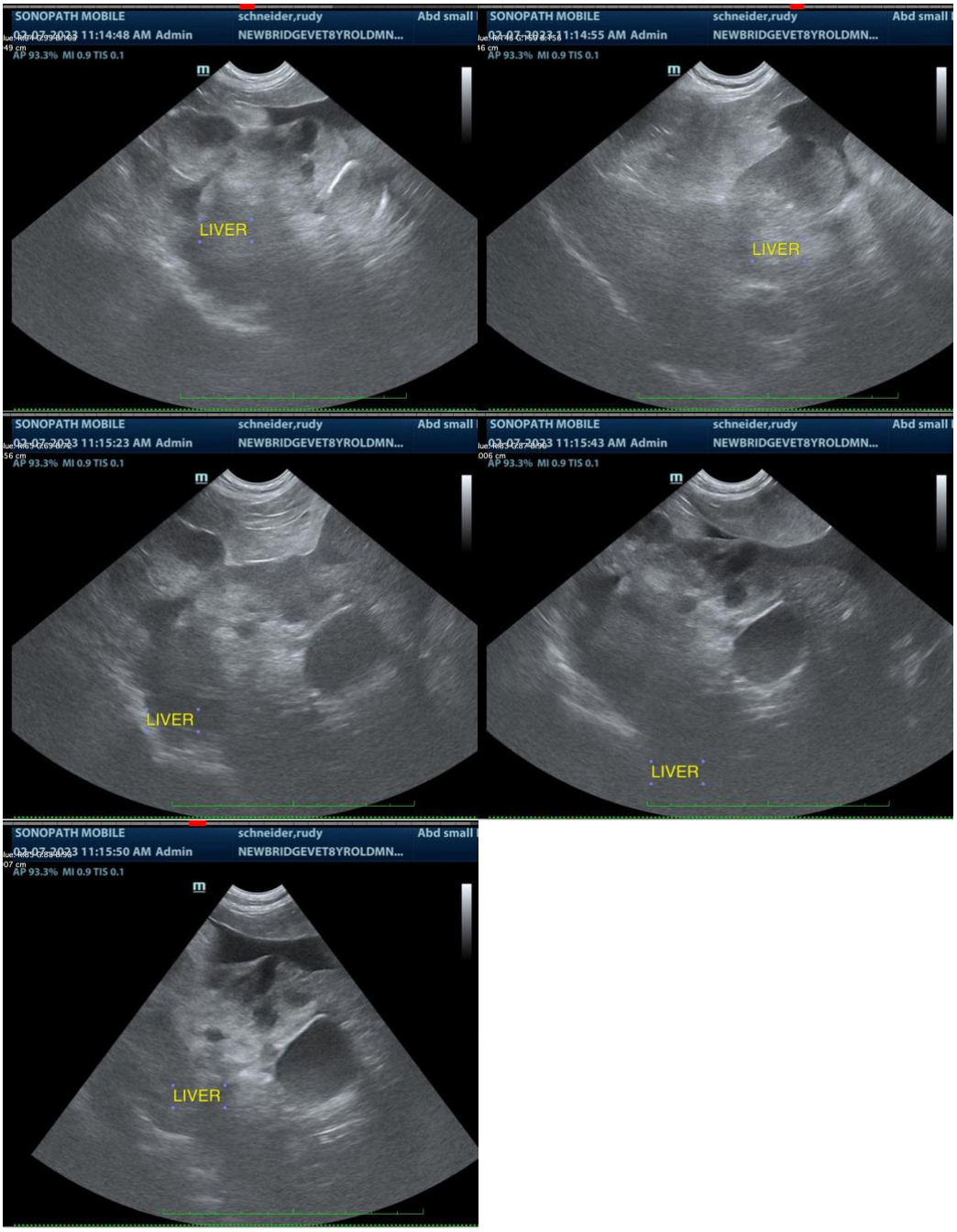

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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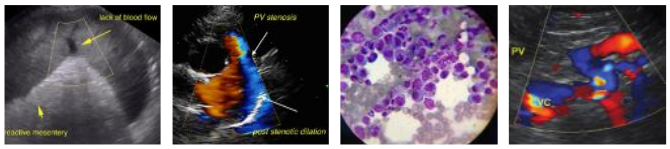

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