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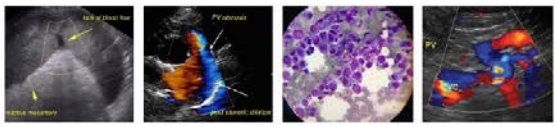


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Juno Hueton

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

35 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Bronte Village AH

REFERRING VET

Dr. McGrath

INVOICE

46197

DATE

3/28/23

PRESENTING CLINICAL SIGNS

mm light pink, crt about 2 seconds, HR 120- rr panting- -eyes, ears etc ok. skin ok and lymph nodes ok. - several fatty lumps and general DJD in her history -abdomen- splenic enlargement palpated- resists a bit due to bloated and uncomfortable mildly.

Abnormal PE/Chem/CBC/UA Results: Rads sent for referral Conclusion: 1. Non-obstructing piece of gastric foreign material. (a) Differentials include plastic or plant material which could include child's toy, bushing, corn cob, etc. 2. Suspect two hepatic nodular lesions and one splenic nodular lesion. (a) Differentials include neoplasia (lymphoma, carcinoma, hemangiosarcoma, other), hyperplasia, regenerative lesions, myelolipoma in the spleen or a combination. 3. Spondylosis lumbosacral region. (a) Can be associated with spinal nerve impingement at LS or can be benign and incidental in this location, but is benign in other areas.

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 (7.24 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 (6.26 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 (2.7 cm long x 0.48 cm at the cranial pole and 0.60 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 (1.62 cm long x 1.6 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

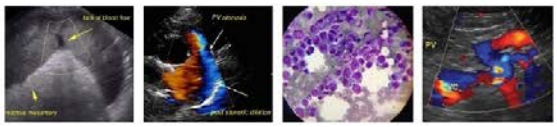
Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing heterogeneous, hypoechoic/cavitated nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete heterogeneous, hypoechoic/cavitated nodules of varying sizes “moth-eaten”. 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent. The gastric foreign body described radiographically is not distinctly visualized in these images, but may be occluded by reverberation artifact from gas.

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 a small amount of free fluid noted in the cranial abdomen around the spleen and liver.

There is no apparent lymphadenopathy noted in these images.

There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

- **Nodular Liver -** This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.
- **Honeycomb Spleen –** This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- **Free fluid –** concerning for hemoabdomen, given the organs involved in this patient's anemia.

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.

Fine needle aspirates of the splenic and liver nodules could be considered if patient's coagulation status is appropriate. Alternatively, given the risk of hemorrhage, an exploratory laparotomy to try to locate and stop/remove the source of hemorrhage (assuming free fluid is a hemoabdomen) could be considered. However, given the diffuse nature of the disease, full excision is not possible.

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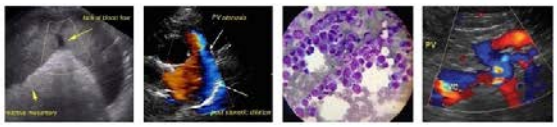

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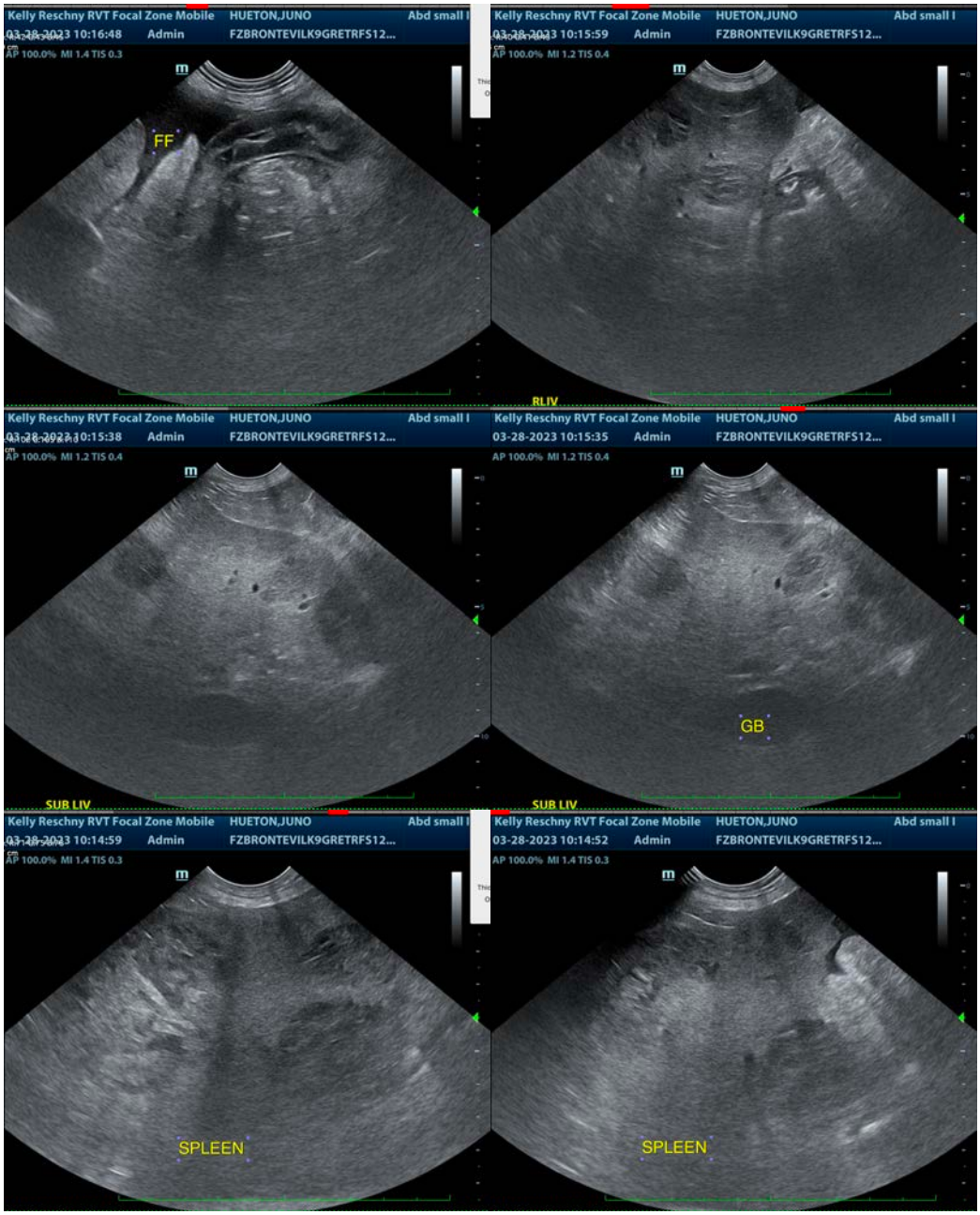

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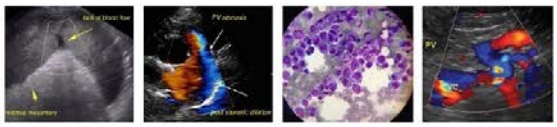

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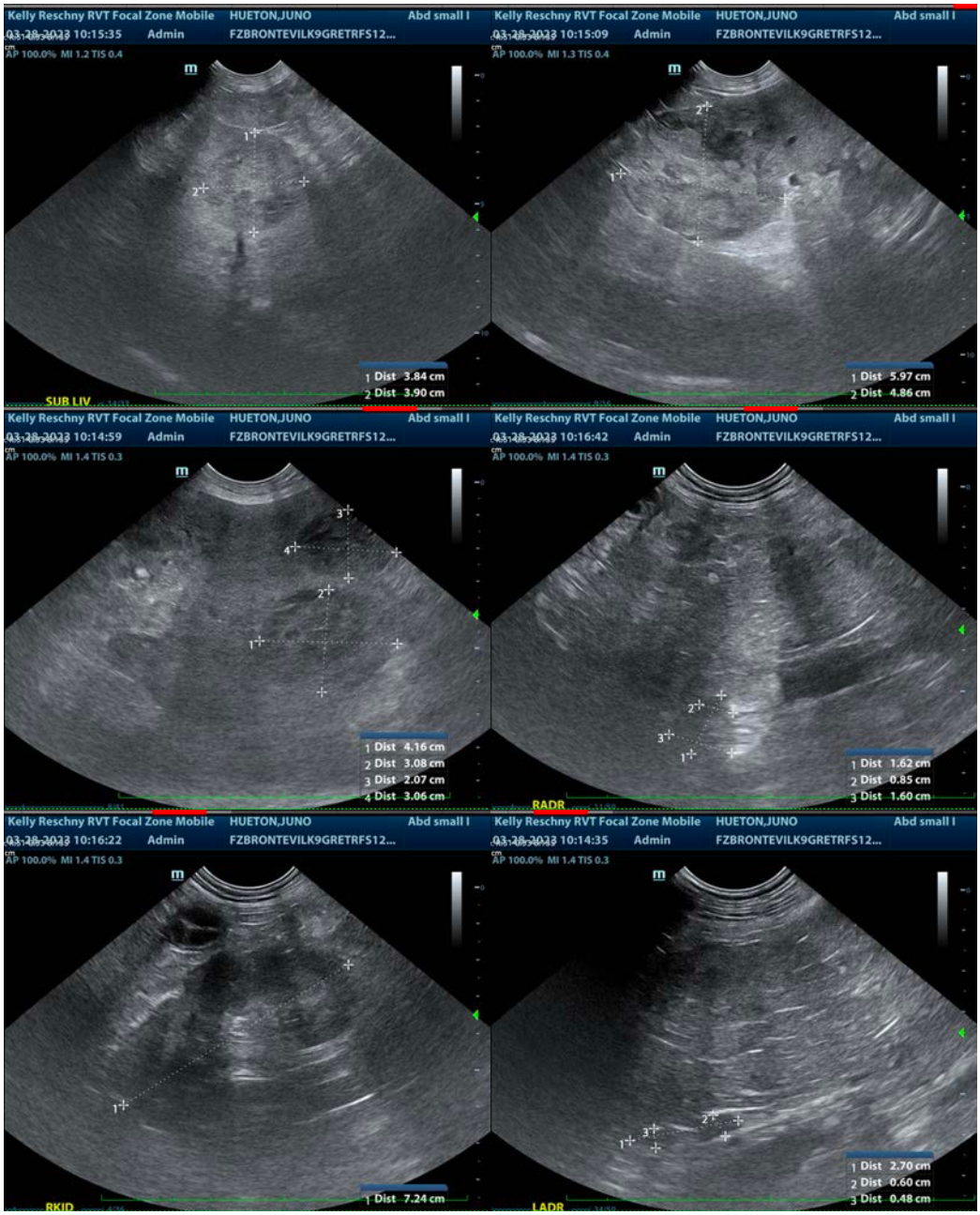

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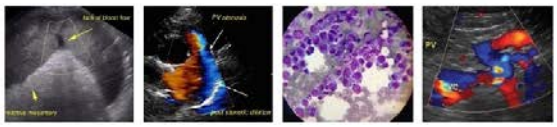

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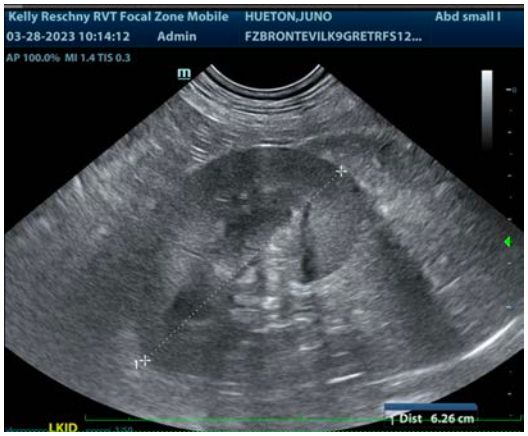

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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