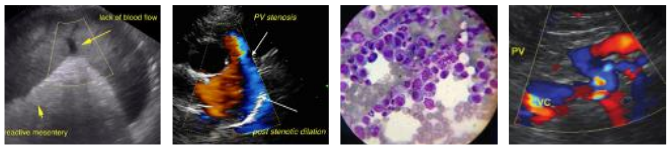
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cody Lange

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

7

WEIGHT

96.3

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Travis Cerf

HOSPITAL NAME

Veterinary Center of Hardyston

REFERRING VET

Dr. Travis Cerf

INVOICE

22184

DATE

4/24/23

PRESENTING CLINICAL SIGNS

History: Anorexia, Lethargy, loose stools. PU/PD

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.

The prostate is unable to be well visualized in these images.

Left kidney is normal in size (8.36 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 (8.3 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 adrenal glands are 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 normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. Multifocal discrete hyperechoic nodules are noted throughout the parenchyma. Visible vasculature and biliary tree appear normal without distension 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.

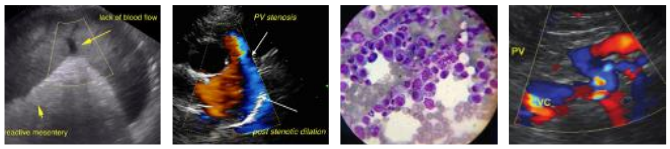
Gastrointestinal

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.

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



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

In the left cranial abdomen, cranial and superficial to the spleen and caudal to the liver, there is an approximately 2.5 cm x 5.0 cm area of slightly irregular, almost nodular or lobulated soft tissue density material, and some mildly enhanced fat.

ULTRASONOGRAPHIC FINDINGS

- Liver nodules – Differentials for discrete liver nodules include primarily benign changes such as nodular hyperplasia, fibrosis of old hematomas, granulomas, myelolipomas, 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.

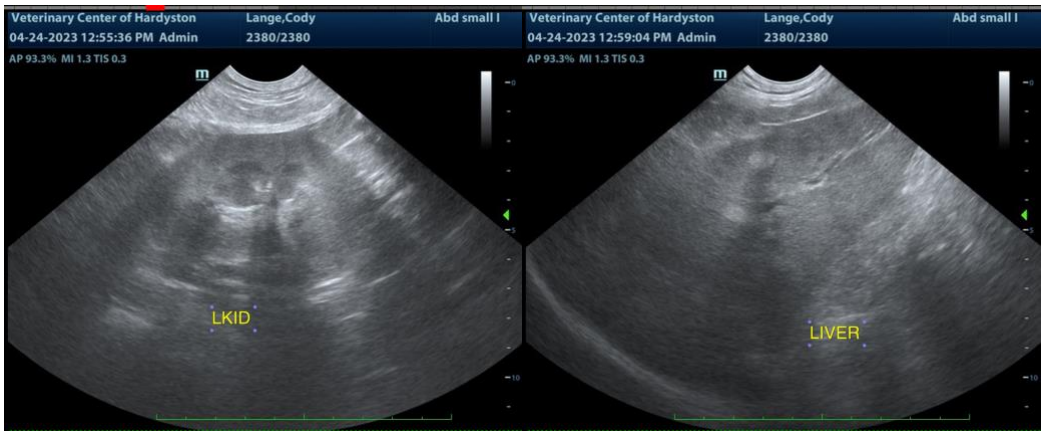
- In the left cranial abdomen, there is some subtle evidence of inflammation surrounding what appears to be prominent fat, potentially falciform fat, a lipoma or liposarcoma cannot be definitively ruled out with concurrent steatitis, etc. This finding should be interpreted in combination with supporting palpable abnormalities, pain in the area, laboratory changes, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not an ultrasonographically definitive explanation for this patients clinical signs. Next recommended diagnostic steps include a general metabolic health screen, including CBC/chemistry panel, electrolytes, and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Additionally, close palpation of the left cranial abdomen and subcutaneous spaces is recommended for evidence of swelling, pain, nodules, etc., and pending results of metabolic assessment, fine needle aspirate of that area could be considered if patients coagulation status is appropriate.

Pending results of all of the above, given the reported gastrointestinal signs, diarrhea, etc., a fecal exam is recommended if not recently evaluated, as is gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.



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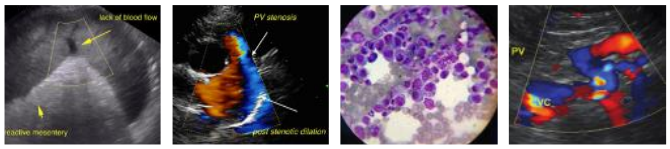

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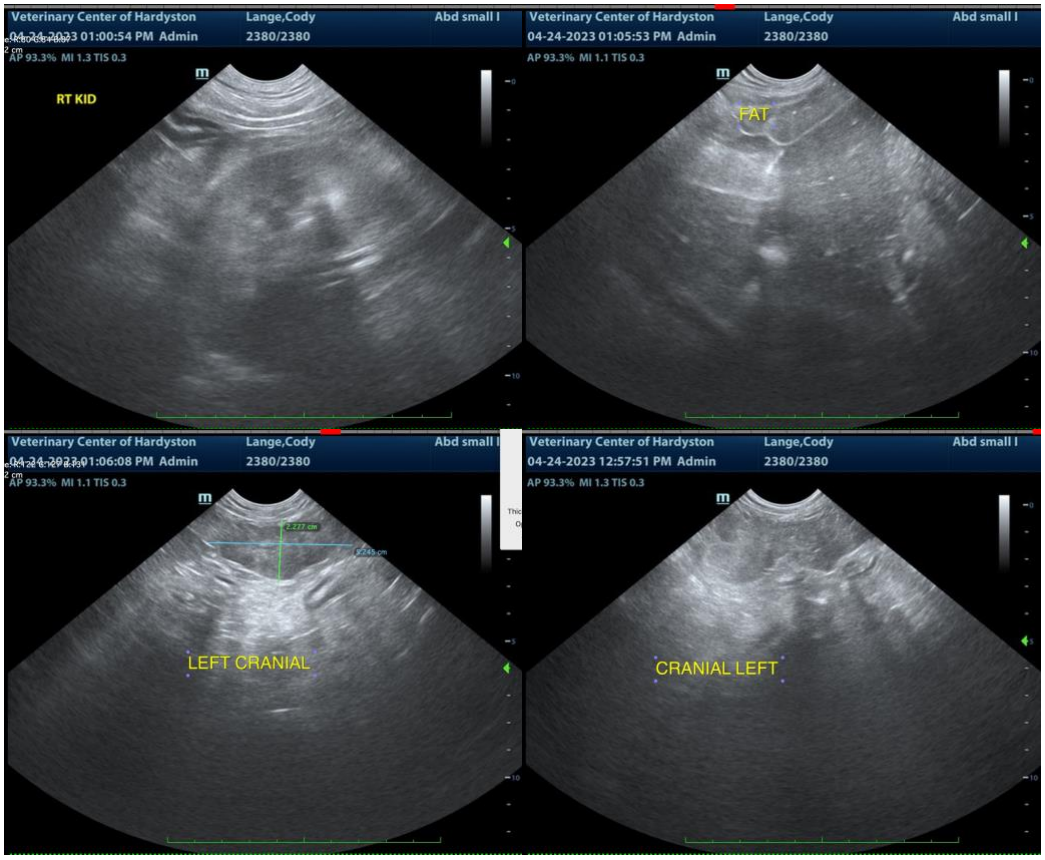

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com