IMAGING PERFORMED BY

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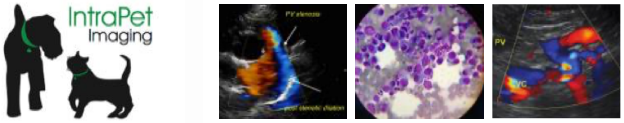

SonoPath
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DATE

5.8.2023

PATIENT

Franklin Edzik

SPECIES

Canine

BREED

Cattle Dog

SEX

Neutered Male

AGE

3/1/2009

WEIGHT

50.4 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Animal Care Ctr

REFERRING VET

Dr. Beavers

INVOICE

12987

PRESENTING CLINICAL SIGNS

History of inappetence, elevated liver values, anal gland tumor.

Current Medications: Zofran 8-16mg BID, Gabapentin 100mg BID, Mirtazapine 15mg SID.
Lab Results: See attached.
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

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 area of the prostate is examined without evident prostatic pathology.

Left kidney is normal in size (6.27 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 (6.23 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 (2.55 in length / 0.74 cm at cranial pole / 0.88 cm at caudal pole shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.30 in length / 0.77 cm at cranial pole / 0.84 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. 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 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

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no lymphadenopathy but note a moderate amount of anechoic free fluid.

ULTRASONOGRAPHIC FINDINGS

Findings

- A markedly heterogenous/nodular liver can be seen with benign processes such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, chronic inflammatory disease etc. However, given the marked degree of change in this patient, infiltrative neoplastic disease such as round cell neoplasia, metastatic neoplasia, etc., should also be considered and ruled out, especially given the concurrent free fluid.

- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

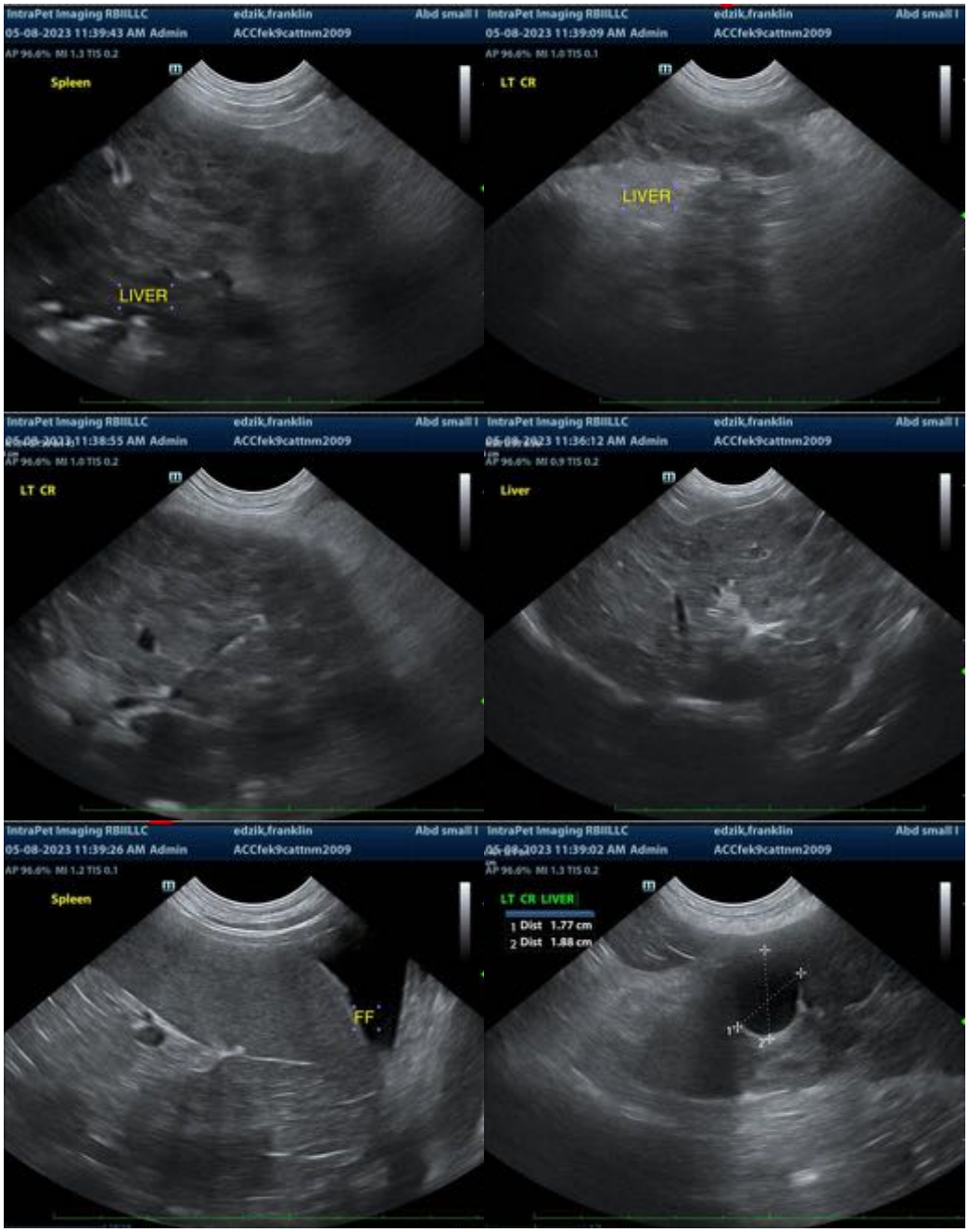
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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.

- A fine-needle aspirate of the liver is recommended (if patient's coagulation status is appropriate).

- Further evaluation of the pancreas is recommended in the form of a quantitative PLI (if not already evaluated). In the meantime, supportive/symptomatic medical management in the form of fluid therapy, antiemetics, gastric protectants, hepatic nutraceuticals (such as Ursodiol and/or Denamarin), pain management (if indicated), appetite stimulants, +/- broad-spectrum antibiotics, are recommended.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Spleen
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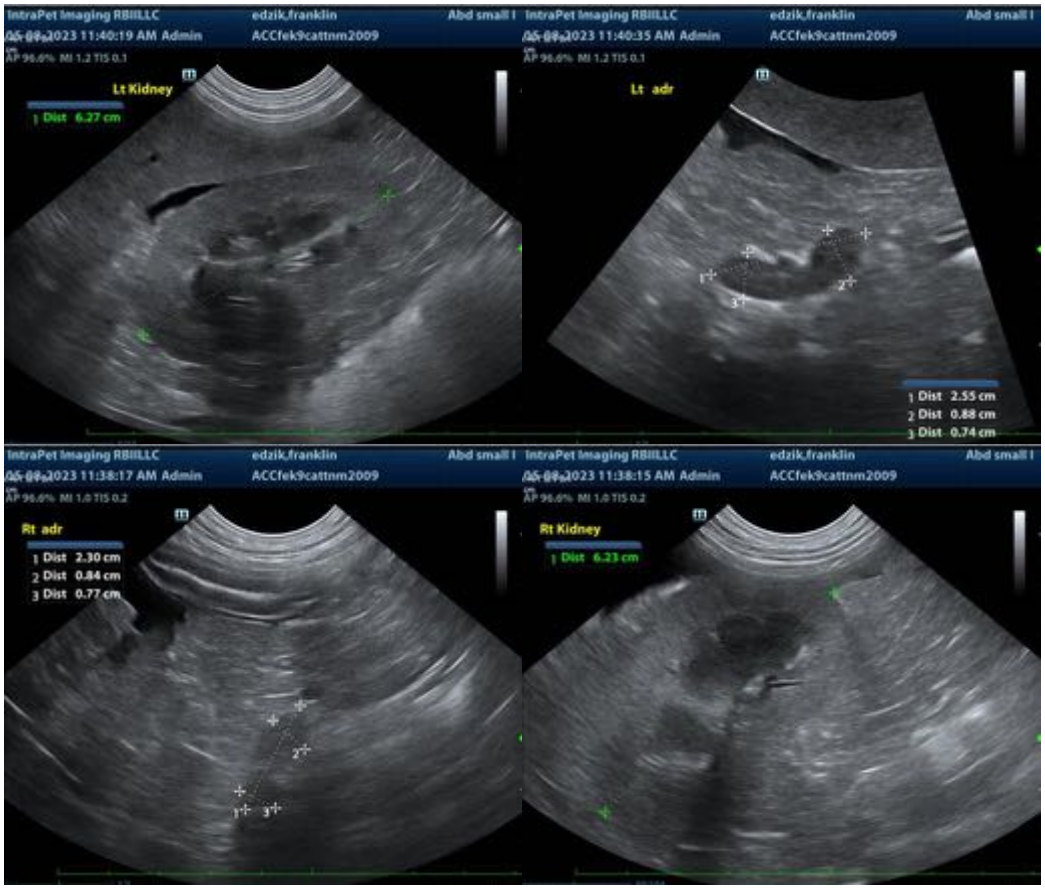
1 Dist 1.77 cm
2 Dist 1.88 cm


IntraPet Imaging RBIILLC
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Lt Kidney
1 Dist 6.27 cm
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3 Dist 0.74 cm
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Rt adr
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2 Dist 0.84 cm
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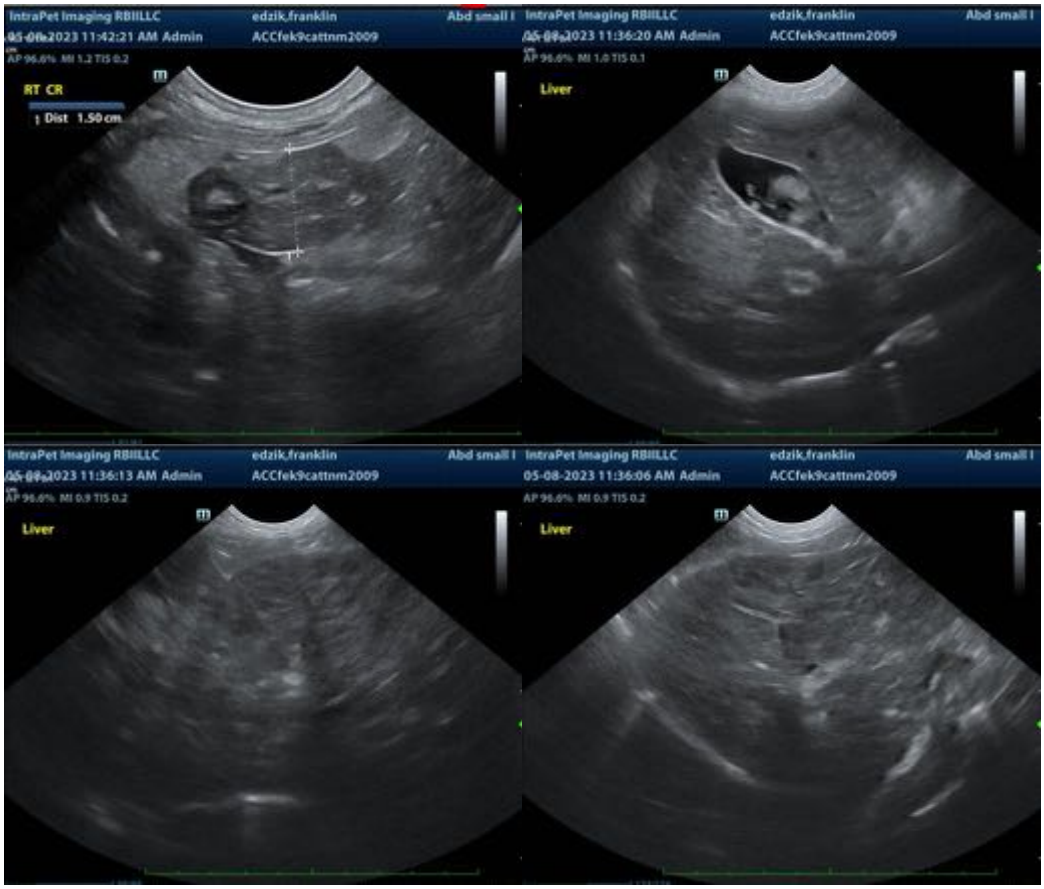
Rt Kidney
1 Dist 6.23 cm



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