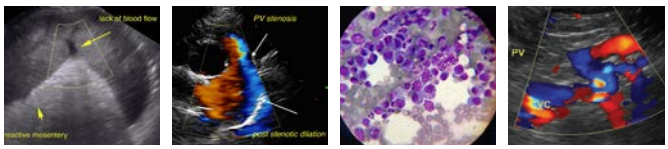
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Finn Cutter

SPECIES
Canine

BREED
Chihuahua X

SEX
Neutered Male

AGE
11 Years 6 Months

WEIGHT
10.2 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Graham Sager-Gellerman

HOSPITAL NAME
Back Bay Vet Clinic

REFERRING VET
Dr. Graham Sager-Gellerman

INVOICE
43370

DATE
6/22/23

PRESENTING CLINICAL SIGNS

09/2021 nasal tumor (r/o adenocarcinoma) treated w/ definitive radiation in 10/2021 02/2022 nasal tumor reduced ~95% (confirmed via CT) 11/2022 no growth nasal tumor (CT) AUS 02/2023 hematochezia had been present for ~1 week (this is the AUS submitted today) 05/2023 had repeat CT --> nasal tumor no growth (possibly continued reduction). Radiologist noted hepatic and splenic lymph node enlargement noted. Nodule within the left lateral liver lobe. **this series is to recheck AUS submitted ~6 weeks ago to look for the presence of abdominal lymphadenopathy**

Abnormal PE/Chem/CBC/UA Results: 4/19/23: CBC: mild lymphopenia (0.864 k/uL, RR 1.06-4.95 k/uL); thrombocytosis (675 k/uL, RR: 143-448 k/uL) CHEM: hyperphosphoratemia (2.4 mg/dL, RR: 2.5-6.1 mg/dL); mild hypochloremia (106 mmol/dL, RR: 108-119 mmol/dL); ALP 289 U/L (5-160 U/L); remainder wnl UA: USG 1.028 T4: 1.9 ug/dL (RR 1-4 ug/dL)

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (3.7 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 (4.39 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 (0.69 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

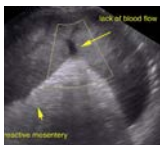
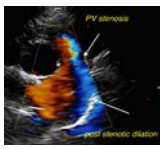
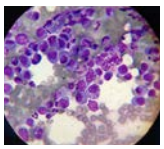
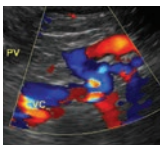
The left adrenal gland is normal in size (0.54 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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. A 0.80 cm round, hypoechoic nodule is noted in the deep/lateral left liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

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 no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the liver nodule described above trends toward benign, as is typically seen with nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, etc. Infiltrative neoplasia i.e., round cell neoplasia versus metastatic disease is possible but considered much less likely.

- Moderate 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

While the liver nodule described in the CT scan is noted in today's images, there is no ultrasonographically visible lymphadenopathy in these images at this time. Either the lymph nodes were enlarged at the time of the reported hematochezia and have since resolved, or they are too small and can only be seen with a more sensitivity modality such as a CT scan.

Recommendations include continuing monitoring and follow up as directed by patient's oncologist.

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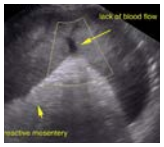
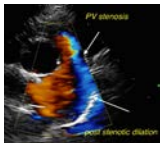
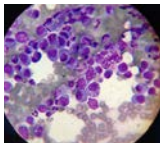
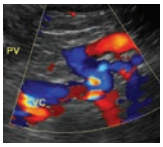

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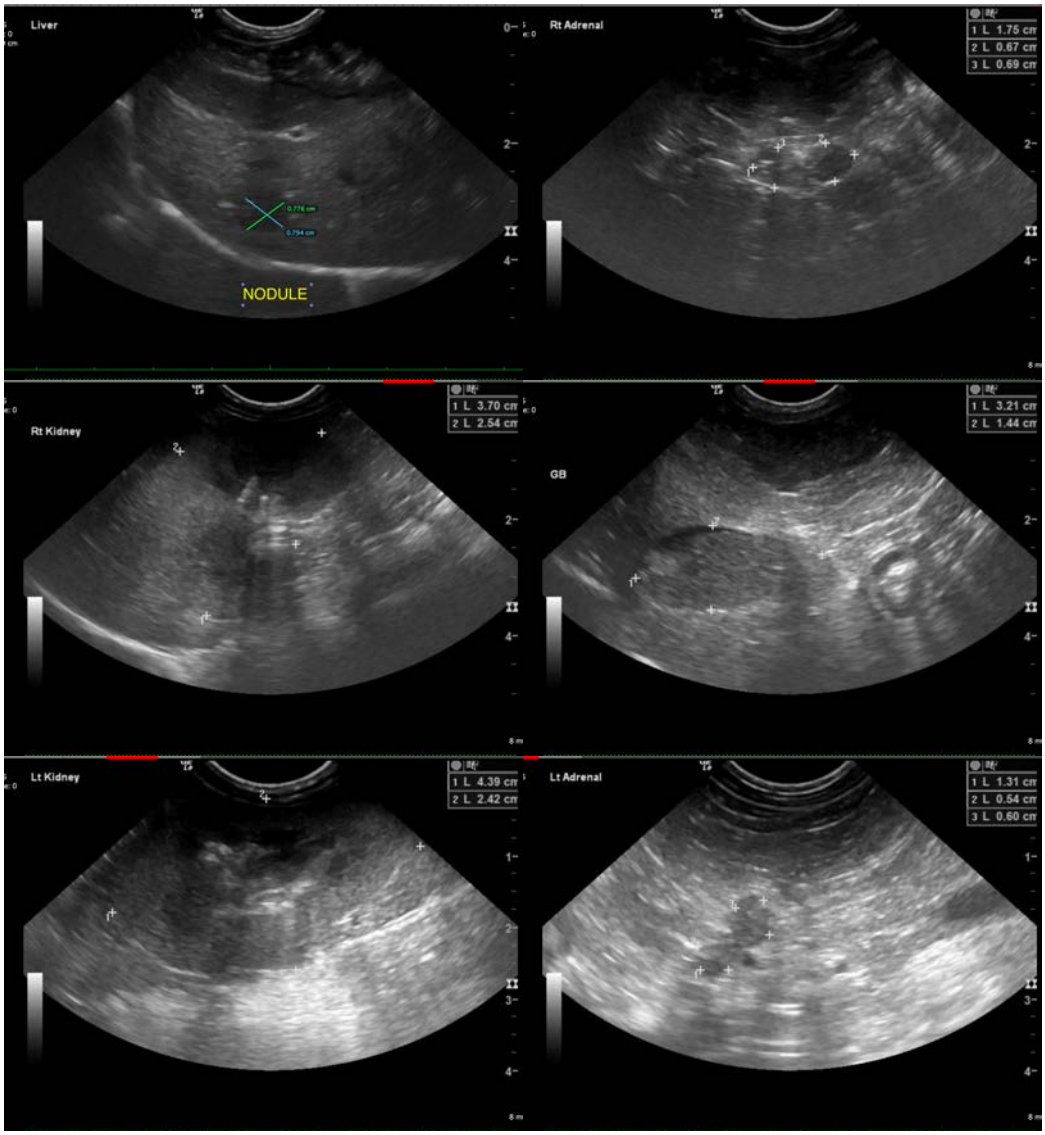

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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