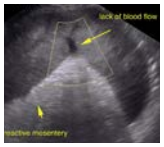
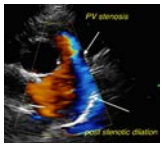
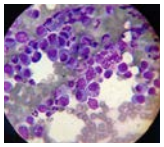
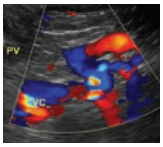
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Mosquito Virga

SPECIES
Canine

BREED
Pointer

SEX
Spayed Female

AGE
10 Years

WEIGHT
50 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Chelsea Pastor

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Linda Grau

INVOICE
39130

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6/30/22

PRESENTING CLINICAL SIGNS

not eating, uncomfortable, free roams, painful but can't localize, musculoskeletal vs abdominal, lyme
Abnormal PE/Chem/CBC/UA Results: negative, rads not overtly abnormal

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 (5.6 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.3 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is unable to be well visualized, but the area is examined without evident pathology.

The left adrenal gland is normal in size (0.62 cm at the cranial pole, 0.56 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.

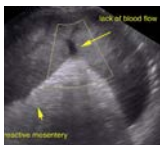
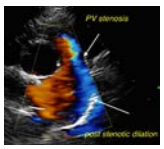
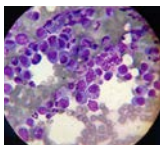
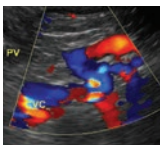
Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. Several approximately 2.0 cm round, hypoechoic nodules are noted, including at least one nodule with a more heterogeneous appearance and hypoechoic center that does cause capsular disruption. 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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (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. **See other.

Free Abdomen

Medial to the spleen, in the mid cranial abdomen, there is an oblong 2.5 cm x 4.0 cm mixed, primarily hypoechoic, partially cavitated structure surrounded by markedly enhanced hyperechoic fat. Differentials for this include left pancreas with suspicion for a pancreatic abscess or potentially necrosis, or even infiltrative pancreatic neoplasia versus an enlarged cavitated lymph node in the area of the pancreas.

PRIMARY FINDINGS

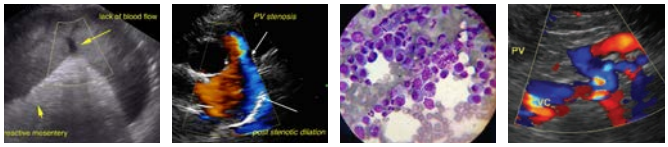
- Mixed, partially cavitated structure medial to the spleen, believed to be the left limb of the pancreas – differentials include severe acute pancreatitis with possible pancreatic necrosis or pancreatic abscess, even infiltrative neoplasia cannot be ruled out, versus a cavitated lymph node in the area. Surrounding tissue is concerning for focal inflammation/focal peritonitis.
- Hyperechoic hepatomegaly– most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.
- Hypoechoic hepatic nodules – differentials include both benign change such as nodular hyperplasia, cysts, hematoma, even abscess, etc., as well as potentially infiltrative neoplasia including round cell neoplasia or metastatic neoplasia more likely than a primary hepatic neoplasia, given the multifocal nature of the lesions.

SECONDARY FINDINGS

- Age related kidney change

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 nodules as well as the structure medial to the spleen suspected to be the pancreas recommended if patient's coagulation status is appropriate.
- If a conservative approach is elected, recommendations include medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid support is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be



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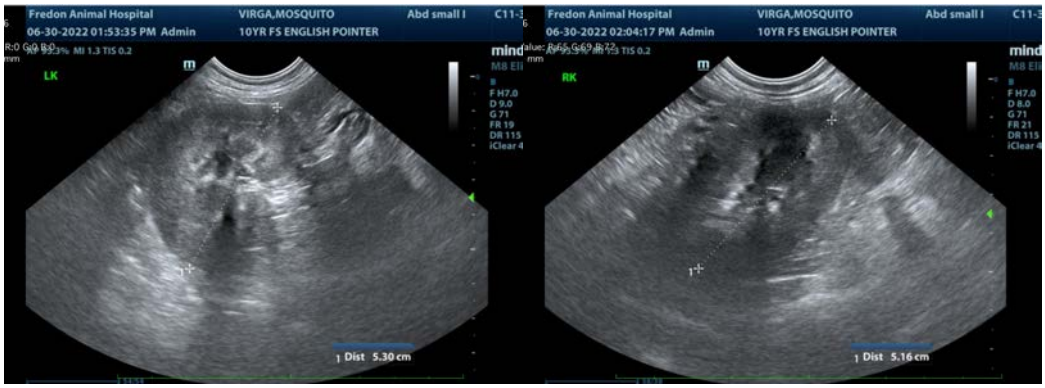
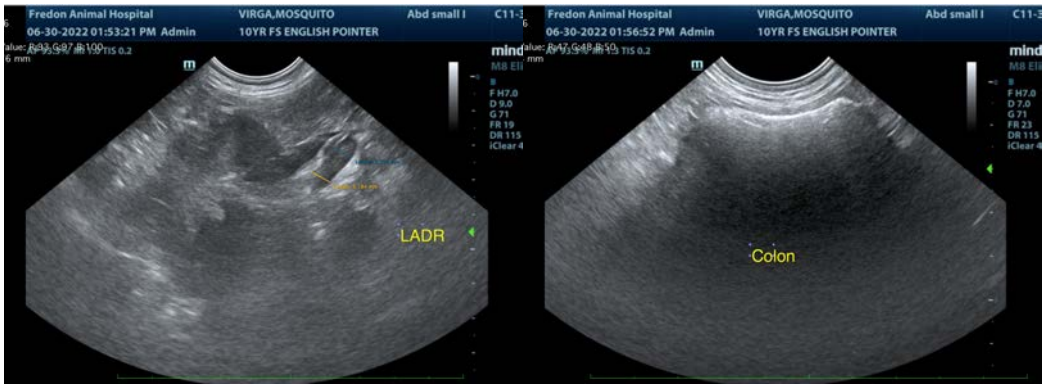
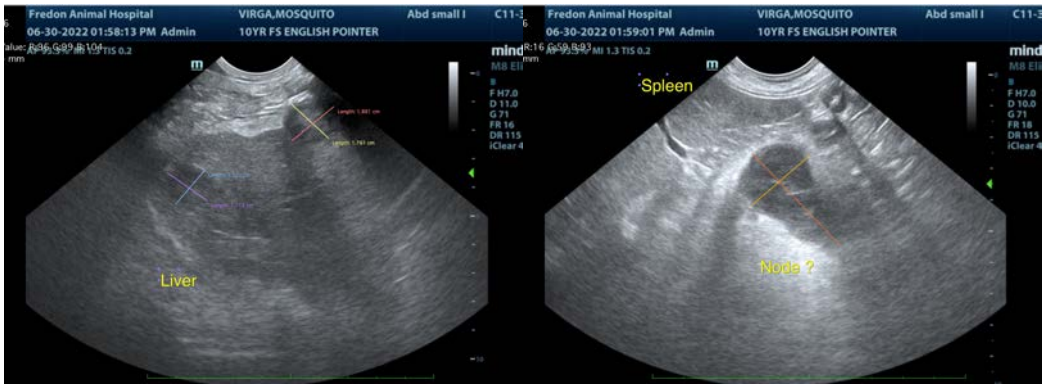
beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc. If the conservative approach is taken, but the mass-like structure remains present beyond medical management, a fine needle aspirate would be more strongly recommended at that time.







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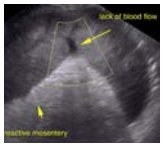
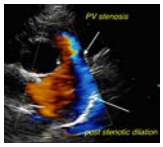
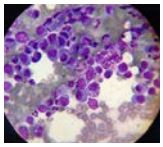
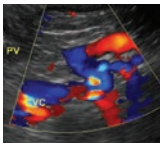

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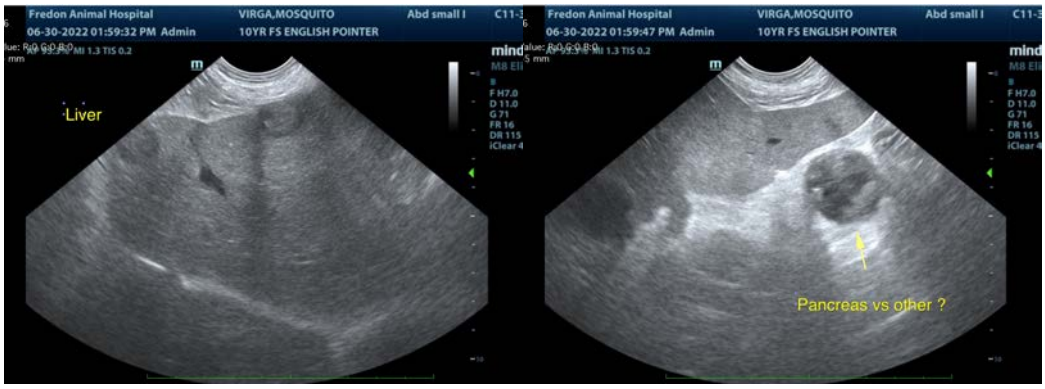

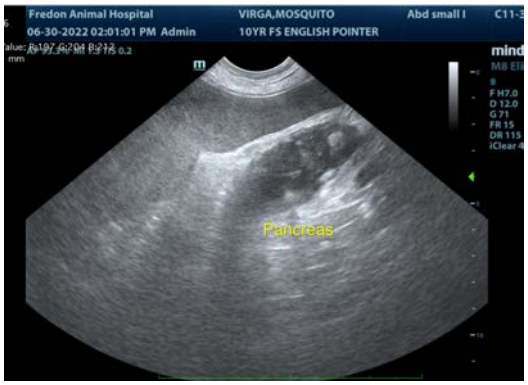

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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