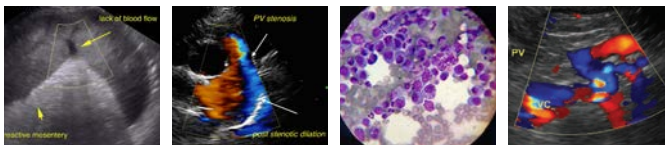
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Ty Fabtnacht

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
11 Years 2 Months

WEIGHT
79.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Lind

INVOICE
40017

DATE
8/1/22

PRESENTING CLINICAL SIGNS

Dx with hemo-abdomen at NVH.
Abnormal PE/Chem/CBC/UA Results: Hct 31.5%, PCV of hemoabd. blood 42%.

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 (6.85 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 (6.81 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 (2.43 cm long x 1.1 cm at the cranial pole and 0.78 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 (2.28 cm long x 0.51 cm at the cranial pole and 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). A 1.5 cm x 2.0 cm homogeneous, iso- to slightly hypoechoic nodule is noted near the head of the spleen, resulting in a slight capsular bulge. Splenic vasculature appears normal.

Liver

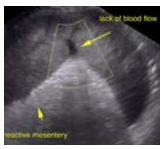
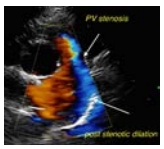
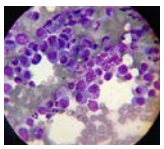
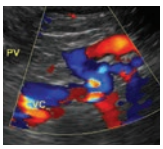
Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete nodules of varying sizes “moth-eaten”. Some of the nodules are hyperechoic, some are hypoechoic, and some appear cavitated. In the right caudal liver, there is a large, approximately 9.0 cm in diameter heterogeneous mass. 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 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Ty Fabtnacht

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
11 Years 2 Months

WEIGHT
79.5 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Lind

INVOICE
40017

DATE
8/1/22

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 large amount of anechoic free fluid noted.

There is no apparent lymphadenopathy noted in these images.

No evidence of metastatic cardiac disease and/or pericardial effusion noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Nodular Liver with a discrete right caudal liver mass -** These findings are 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.
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- **Large amount of anechoic free fluid** – consistent with the reportedly diagnosed hemoabdomen.

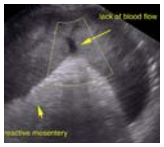
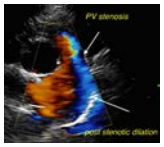
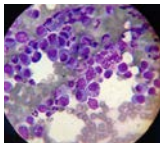
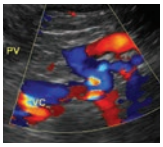
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Given the extent of visibly gross lesions including the spleen and liver, it is surgically unlikely that all visibly gross disease will be able to be removed. Having said that, it can't be determined based on ultrasound alone that the splenic lesions as well as the diffuse liver nodules are metastatic, and concurrent benign nodules/nodular hyperplasia on top of a neoplastic mass are possible.

Therefore, if further intervention is desired, recommendations include an exploratory laparotomy for removal of the believed to be bleeding liver mass as well as biopsies of the diffuse liver nodules and splenic nodule. A pre-surgical staging abdominal CT scan may be helpful if further staging is desired.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ty Fabtnacht

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

79.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

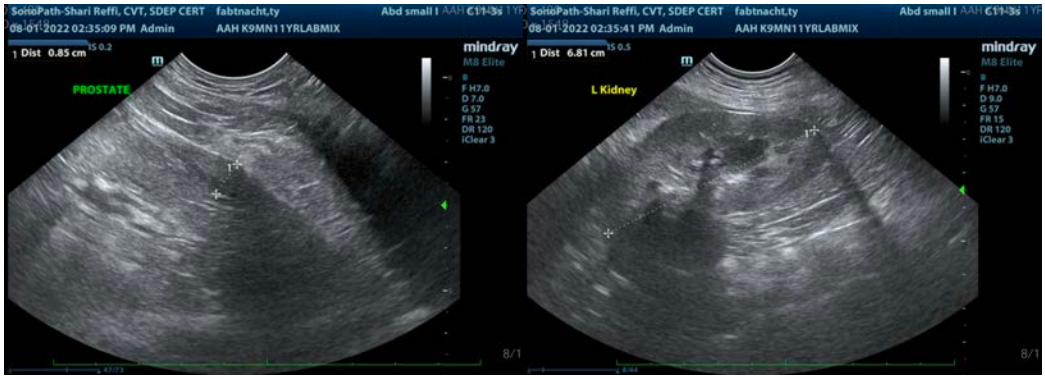
Dr. Lind

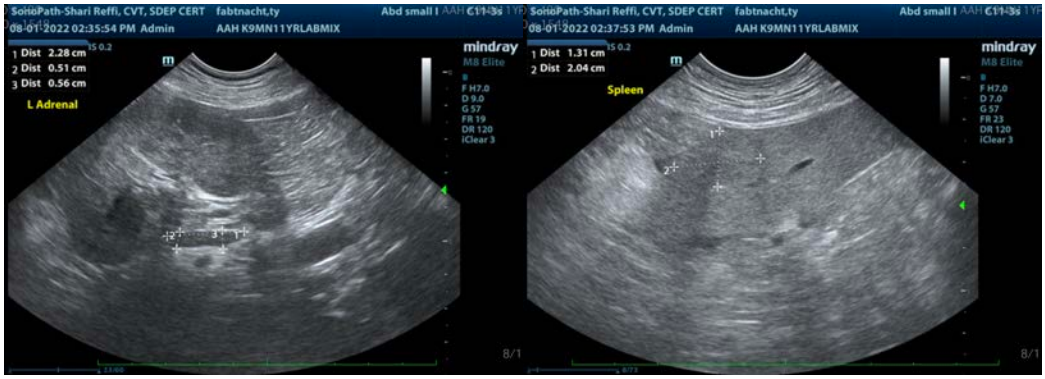
INVOICE

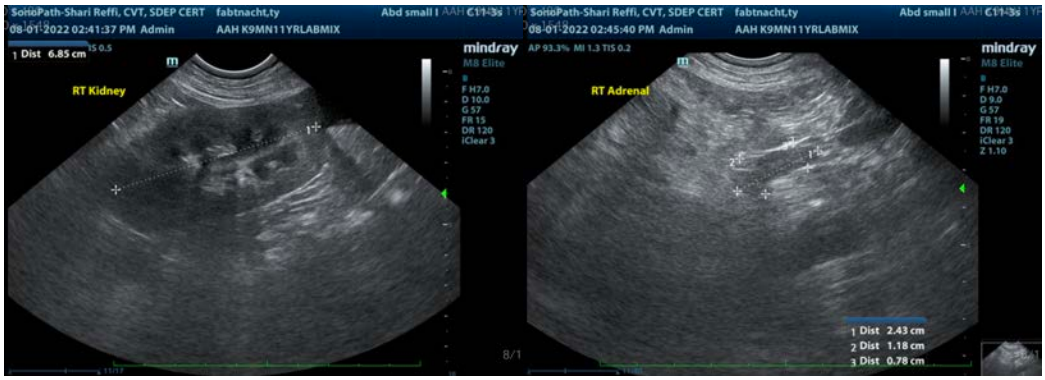
40017

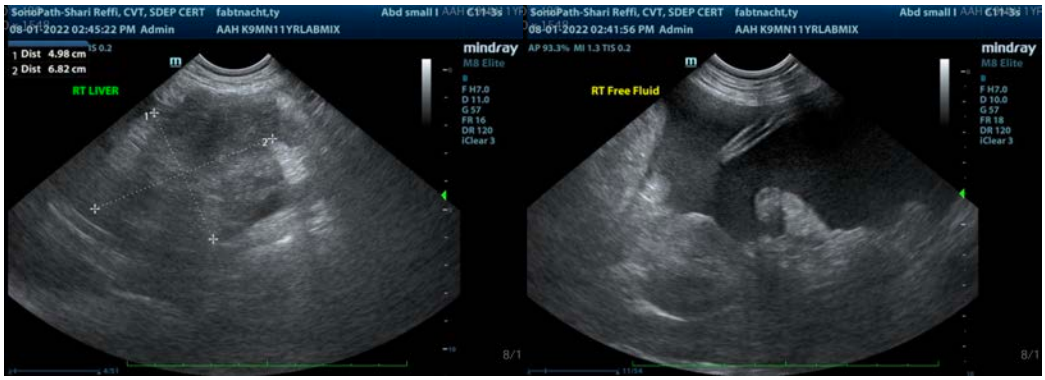
DATE

8/1/22

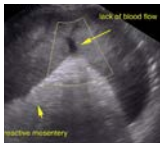
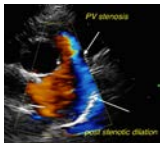
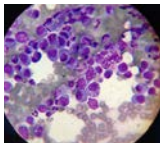
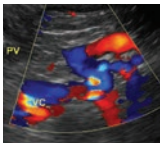








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ty Fabtnacht

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

11 Years 2 Months

WEIGHT

79.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

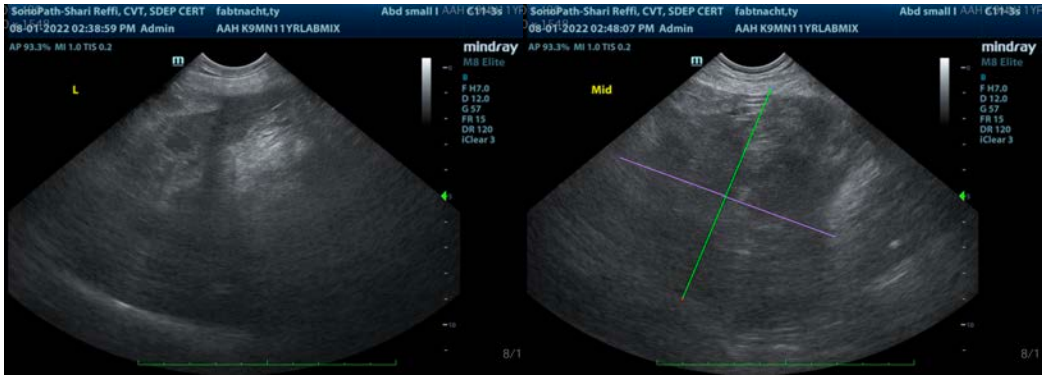
Dr. Lind

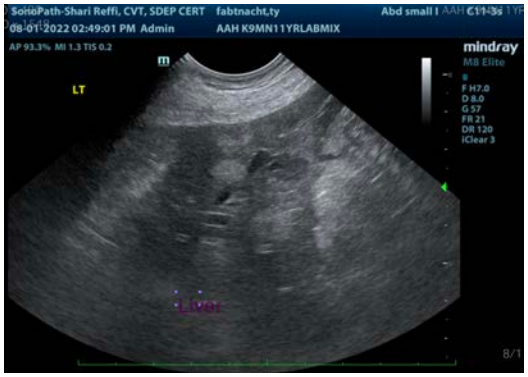
INVOICE

40017

DATE

8/1/22





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