



PATIENT PRESENTING CLINICAL SIGNS

Pippin Pyle Has a large perianal mass, growing in size. Neoplasia suspected. Pre sx evaluation Abnormal PE/Chem/CBC/UA Results: 1. Abdominal effusion. This finding is quite concerning, and neoplastic effusion needs highly considered. Ascites is due to nonspecific etiologies is a possibility as well. 2. Constipation. 3. Bilateral nephrolithiasis. 4. Slight rounding of the hepatic margins in absence of hepatomegaly likely due to fatty infiltrates, endocrinopathies, nodular regeneration or nonspecific hepatopathy. Neoplasia cannot be ruled out. 5. Unremarkable geriatric thorax. 6. Moderate elbow arthritis. 7. Intervertebral disc disease at C6-C7. DACVR

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

5.2 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Right kidney is normal in size (4.5 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 or infarcts observed. Multifocal cortical cysts of varying sizes are present. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Left kidney is normal in size (4.5 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 or infarcts observed. Multifocal cortical cysts of varying sizes are present. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

Right adrenal gland is normal in size (1.8 cm long x 0.59 cm at cranial pole and 0.78 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (1.66 long x 0.54 cm at cranial pole and 0.65 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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). Multifocal well-demarcated hyperechoic homogenous nodules are present. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Westview VH

REFERRING VET

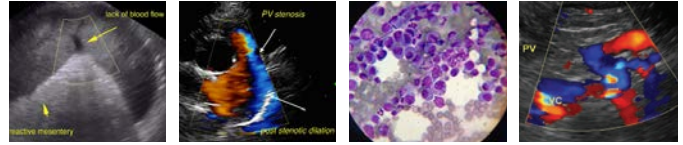
Dr. Brian Barnes

INVOICE NUMBER

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DATE

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PATIENT GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
Pippin Pyle

Gastrointestinal

SPECIES 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.
Canine

BREED 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.
Yorkie

SEX The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Neutered Male

Pancreas

AGE 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.
12 Years 5 Months

Free Abdomen

WEIGHT There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
5.2 kg

ULTRASONOGRAPHIC FINDINGS

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- Bilateral non-obstructive dystrophic mineralization in the kidneys with incidental cortical cysts
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.

HOSPITAL NAME

Westview VH

- Hyperechoic hepatomegaly canine – 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.

REFERRING VET

Dr. Brian Barnes

- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no contraindications noted in the abdomen for the planned perianal mass removal, and recommendations include proceeding with surgery and submitting the mass for histopath.

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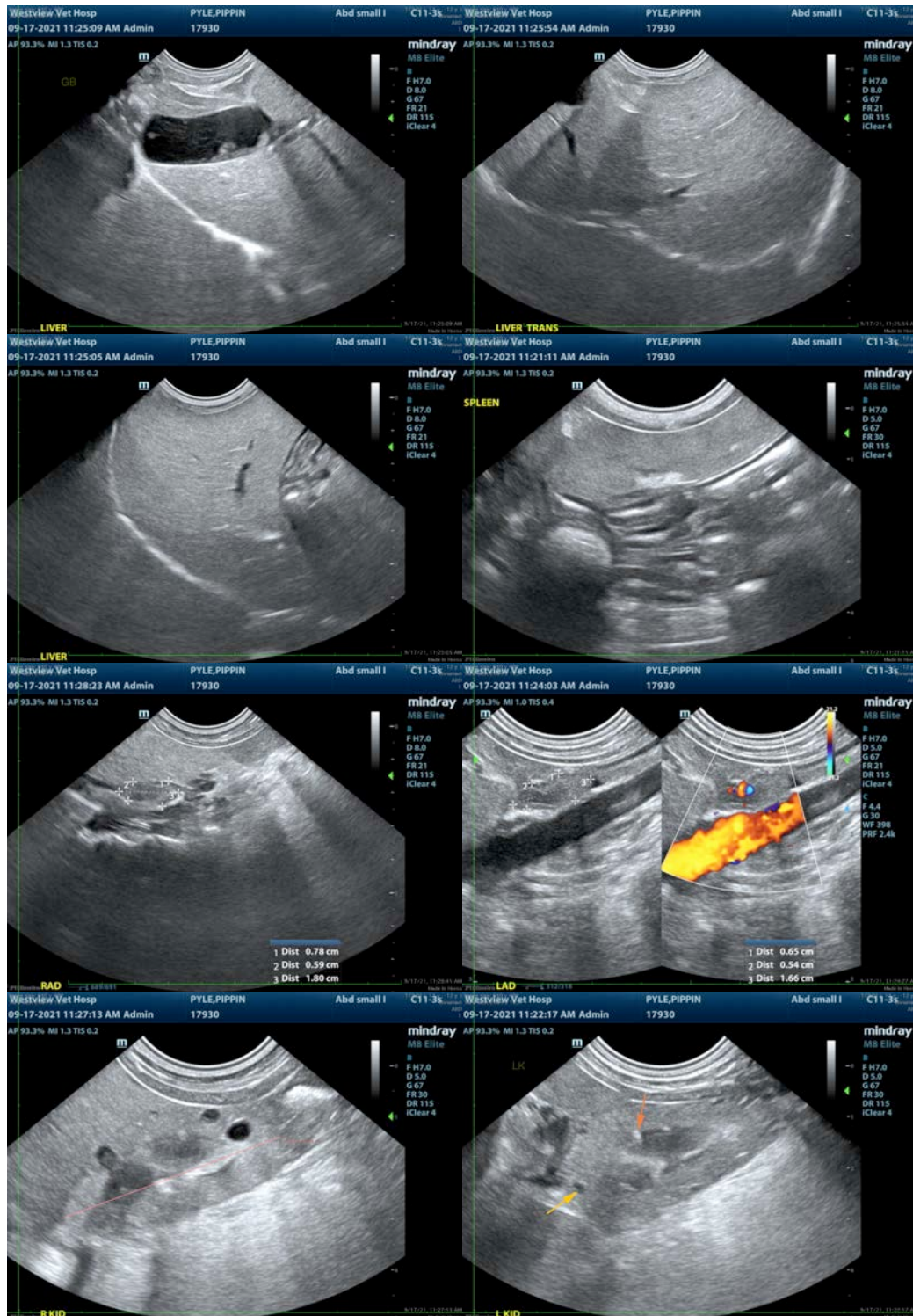
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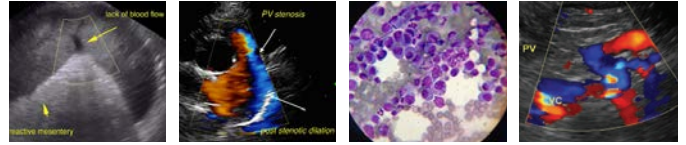
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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