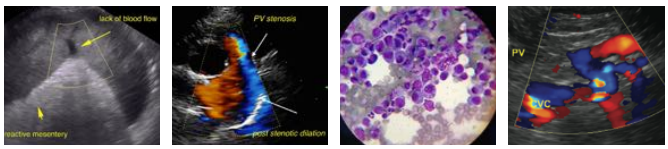

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1-800-838-4268 info@sonopath.com

PATIENT

Draco Porth

SPECIES

Canine

BREED

Belgian Tervuren

SEX

Neutered male

AGE

7 years

WEIGHT

56 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Marti Williams

HOSPITAL NAME

Limtestone VH

REFERRING VET

Marti Williams

INVOICE

42534

DATE

11/2/22

PRESENTING CLINICAL SIGNS

History: Screening ultrasound for neoplasia since multiple neoplasias in relatives Neoplasias that dog's relatives have had: Stomach, Splenic Tumors, Lymphoma, Bladder, Osteosarc
Abnormal PE/Chem/CBC/UA Results: Labwork pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is fully visualized and is normal.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla). No evidence of pelvic dilation was present. The kidneys had pinpoint areas of cortical mineralization or focal areas of mineralization. The right kidney measured 6.8 cm. The left kidney measured 5.5 cm (the measurement may not be reflective of true kidney length due to slight oblique of image.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.4 cm in length and 0.58 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

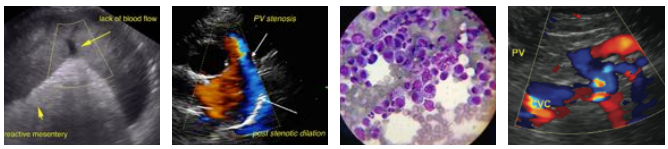
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours. There is generally appropriate echogenicity, but the liver contains poorly defined, variably sized, hyperechoic nodules throughout the parenchyma. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The



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visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hyperechoic liver nodules.

Secondary Findings

- Mild renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver changes are most likely benign aging change, it may reflect a vacuolar hepatopathy within the liver. Other benign inflammatory process or this may be a normal aging change. Further evaluation can be considered with liver FNA. Ultimately liver biopsy is often required to full differentiate these causes, but neoplastic process is not strongly suspected based on imaging. Overall the abdomen is well visualized and there is no significant concern for intraabdominal neoplasia based on this study. As concern for neoplasia is high given the patient's relatives additional study such as abdominal CT could be considered as it has more sensitivity. However, no intraabdominal neoplasia is suspected based on ultrasound.

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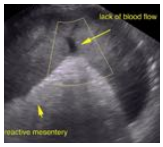
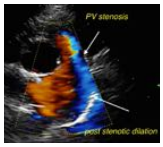
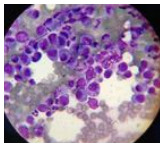
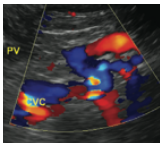

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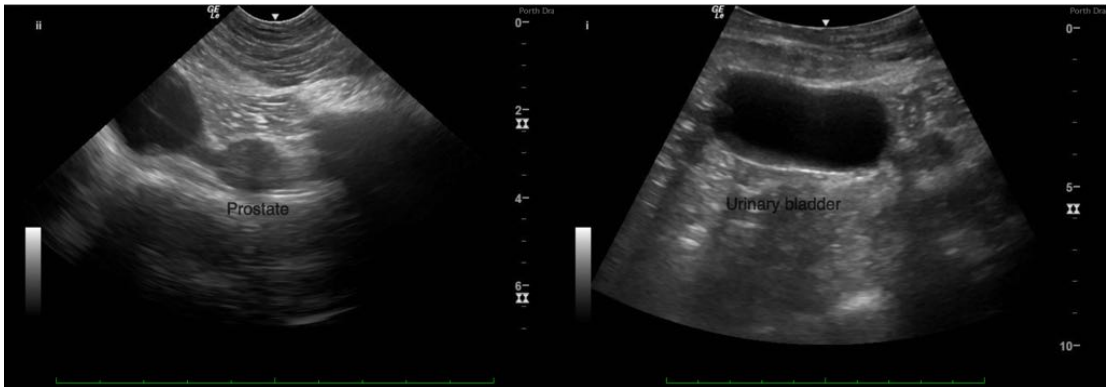

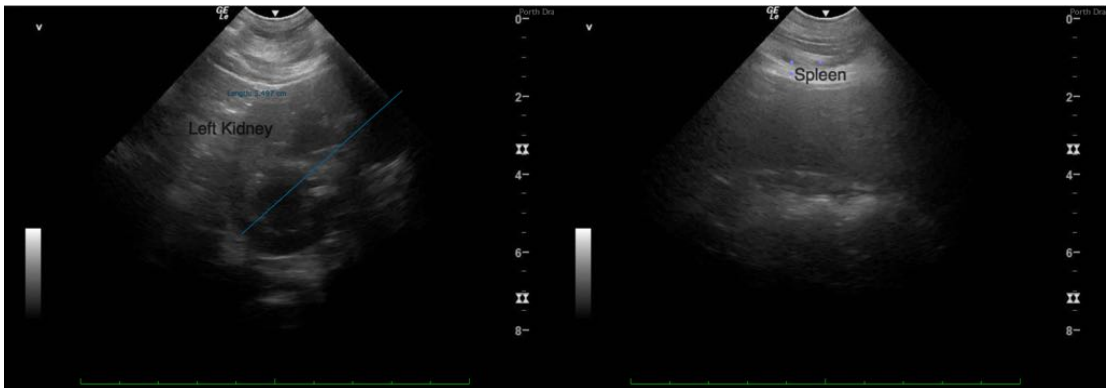

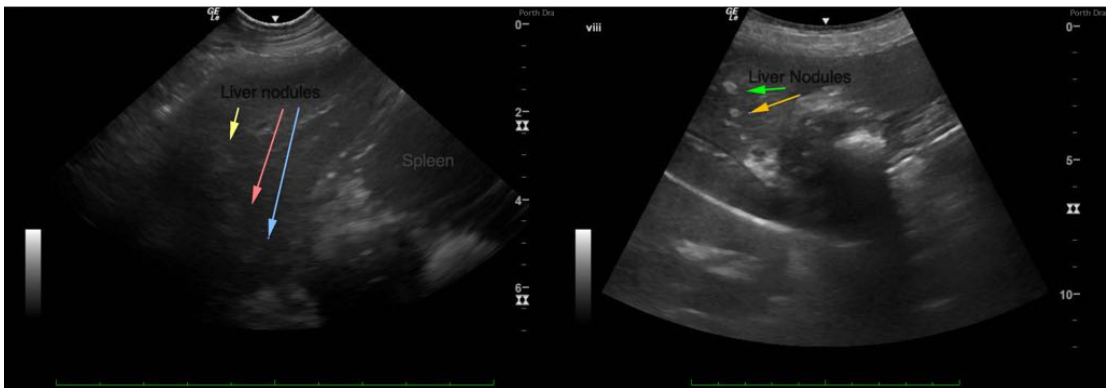

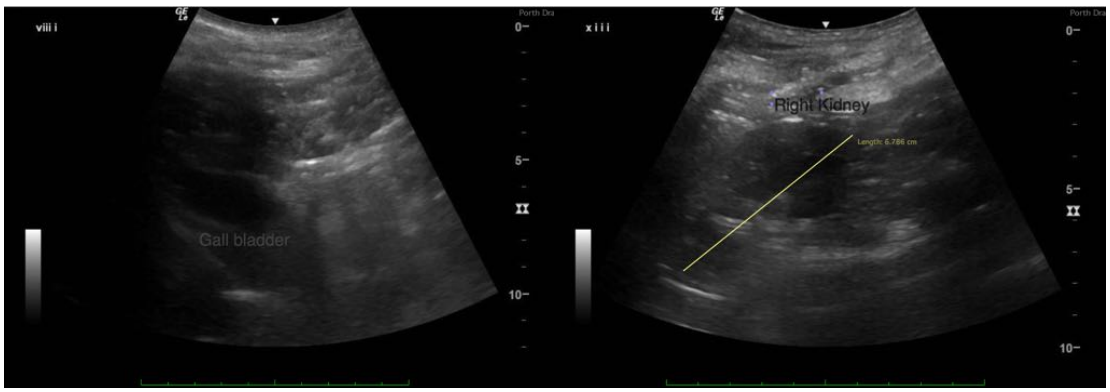

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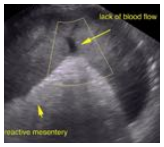
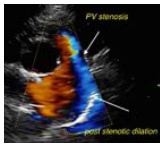
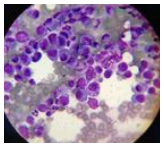
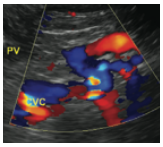

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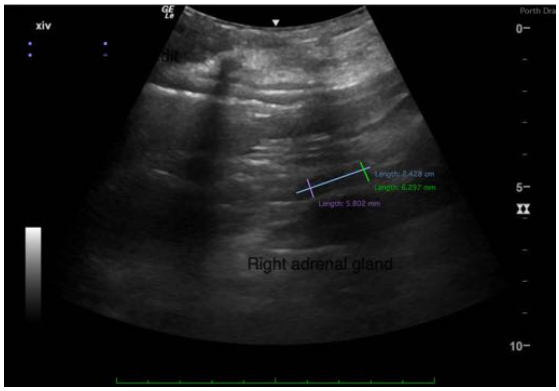

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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