

PATIENT

Molly Farrow

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

12.3 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petwroks VH

REFERRING VET

Dr. Trudeau

INVOICE

43092

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: increasing upper resp stridor; pu/pd oral examination revealed soft palate completely collapsing on the epiglottis; small blister like are on her right vocal fold

Abnormal PE/Chem/CBC/UA Results: CBC: mild non regenerative anemia, otherwise NSF Chem - elevated ALT 145 U/L (10-125) ALP 1810 U/L (23-212) ; Chol 10.1 mmol/L ; otherwise NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System Still Images

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 kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Pinpoint areas of cortical mineralization. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm and the right kidney measured 4.5 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic with a hyperechoic nodule in the caudal pole of the left adrenal gland. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.4 cm in length, 0.76 cm in the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.7 cm in length, 0.77 cm at the caudal pole and 0.87 cm at the cranial pole.

Spleen Still Images

The spleen was normal in size with a slightly mottled or coarse parenchyma and slightly irregular capsule. Normal splenic vasculature with no signs of congestion or thrombosis. Splenic aspirate could be considered.

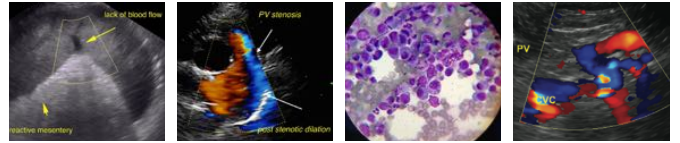
Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is slightly heterogenous with a coarse appearance. There is a hypoechoic somewhat poorly defined nodule (1.9cmx2cm) in right liver near diaphragmatic surface. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal Stomach video, SI and colon Still Images

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 visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid



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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 Still Images

The left limb 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.

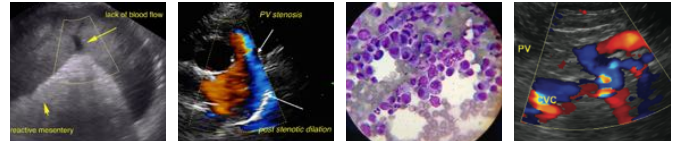
ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Coarse liver with hypoechoic nodule
2. Prominent adrenal glands bilaterally with nodule in caudal pole of left adrenal gland
3. Aging changes in spleen
4. Mild/moderate chronic degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coarse liver is likely a benign age related parenchymal change. Hypoechoic nodule may represent a reactive or regenerative nodule, a focal area of inflammation or less likely early infiltrative or neoplastic disease. Monitoring for progression or regression with serial imaging is reasonable. FNA of the liver to screen for microscopic disease is not unreasonable if considered clinically warranted. Aspiration of the hypoechoic nodule may be challenging due to proximity to gall bladder and depth. Adrenomegaly is consistent with adrenal gland reaction to stressful illness, but could also represent pituitary dependent hyperadrenocorticism, common in this breed. Nodule may be secretory or non-secretory, malignant, or benign. No features of malignancy are present and serial monitoring with ultrasound is reasonable. If hyperadrenocorticism or pheochromocytoma is clinically suspected, adrenal gland function testing (ACTH stimulation test or LDDST and urine metanephrine screen) should be considered. Splenic changes are likely related to aging. Renal changes are likely age related degenerative changes. Clinical significance should be correlated to bloodwork and urinalysis findings.



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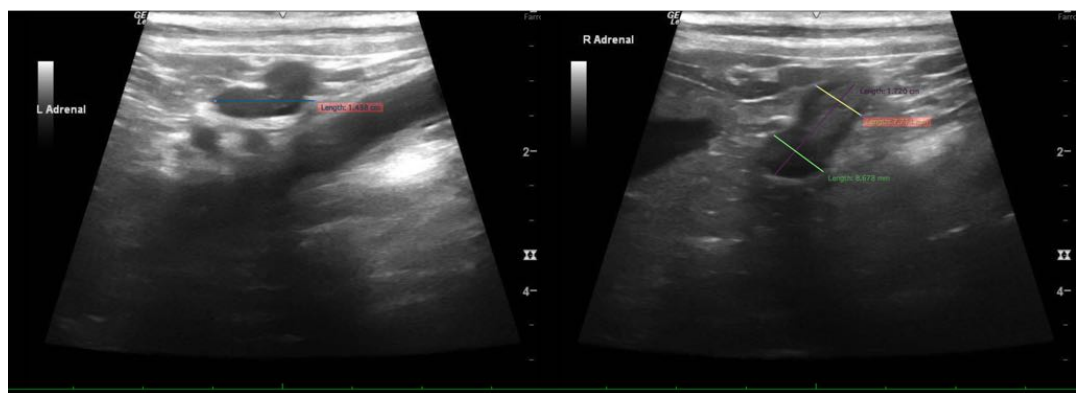
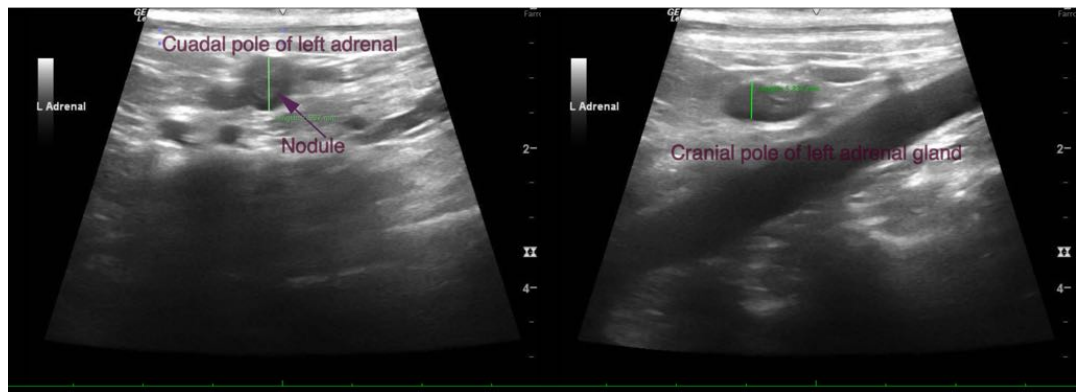
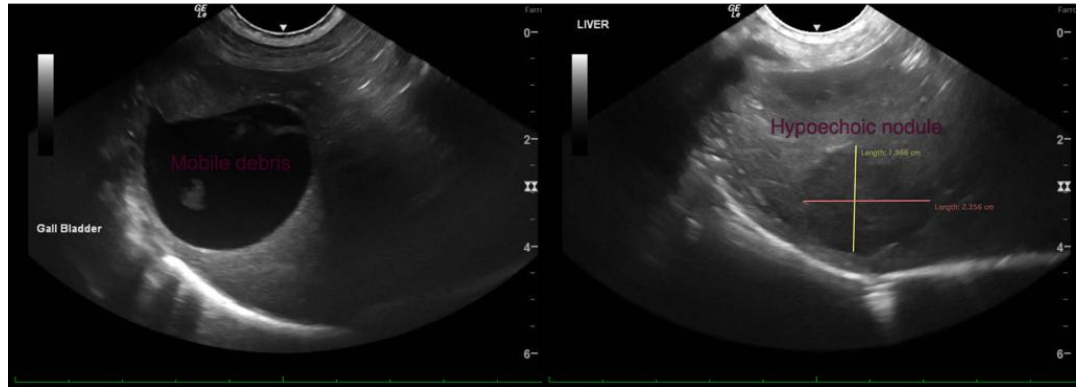
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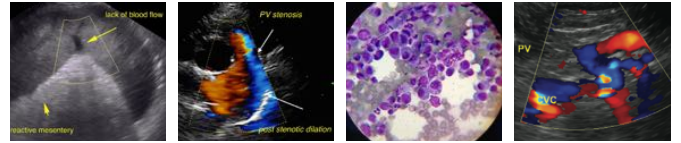
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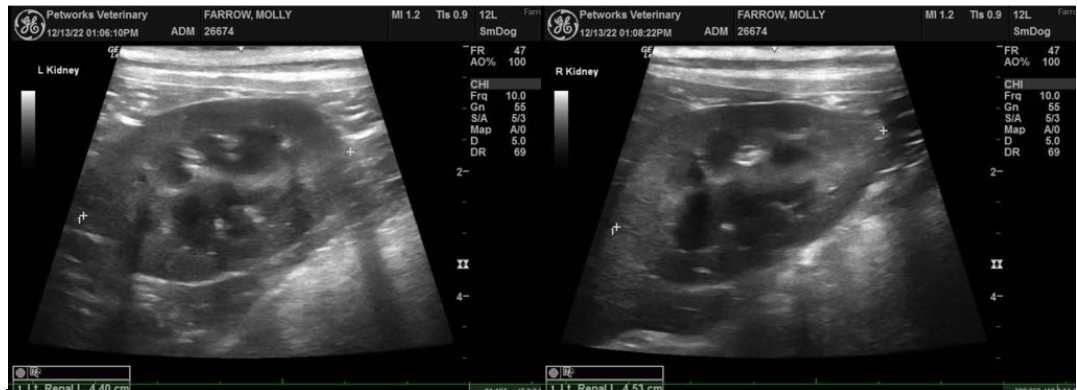
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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