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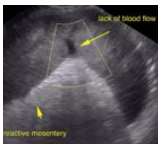
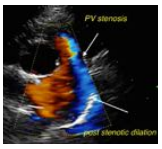
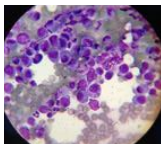
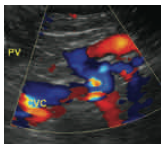

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1-800-838-4268 info@sonopath.com

PATIENT

Duke Wasserman

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

11 years

WEIGHT

63 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside

REFERRING VET

Dr. Griffin

INVOICE

95655

DATE

1/31/22

PRESENTING CLINICAL SIGNS

Patient presented for recheck liver values. Owner says he eats too fast and throws up. Struggling to make BM going on few a months. Owner reports that he will have a solid BM initially and then it gets progressively less solid throughout the day and he will strain to defecate. Normal urinations. Normal appetite and energy level. Owner reports that he is high strung in the middle of the night, seems anxious Abnormal PE/Chem/CBC/UA Results: SDMA 21 (H), ALT 335 (H), ALKP >2000unable to run even with dilution, CHOL 350 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.0 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 0.9 cm. The left adrenal gland measured 1.0 cm.

Spleen

The **spleen** was mildly enlarged and uniform. This is likely reactive state or hyperplasia. There was no evidence of masses.

Liver

The cranial **liver** was unremarkable with heterogenous parenchymal changes. However, the left caudal liver revealed a pedunculated mass. This appears resectable and measured approximately 10-12 cm. A portion of the mass appears to be cavitated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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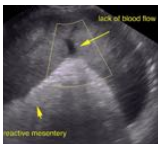
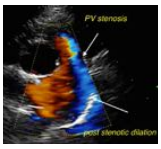
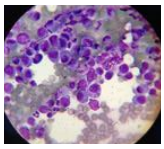
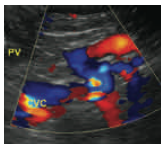

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

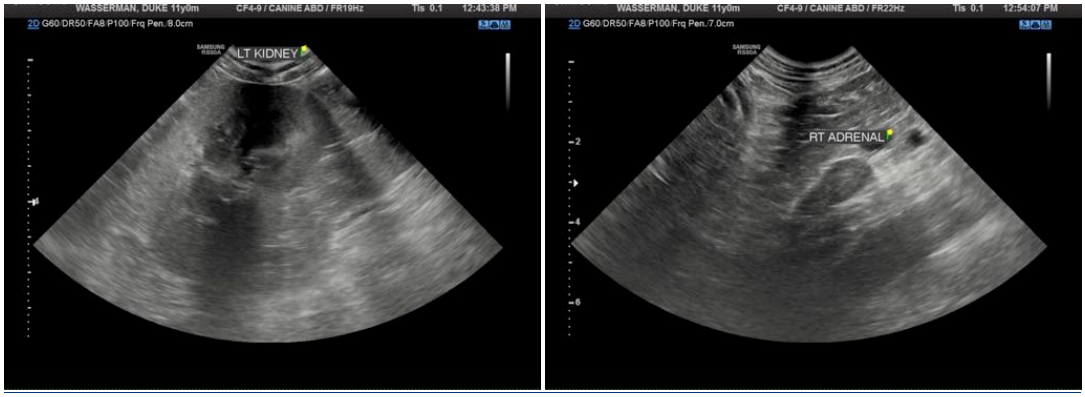
ULTRASONOGRAPHIC FINDINGS

Left caudal liver mass, appears resectable.

Bilateral adrenal hypertrophy, may be idiopathic or emerging Cushing's/PDH.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be ideal for surgical planning. However, left lateral caudal lobectomy would be appropriate. The pedunculated aspect of the mass leaves it at risk for torsion. Hepatoma versus carcinoma. Regardless, of the underlying pathology this is a precarious presentation given the pedunculated form and position. It is at risk for torsion and inflammation.



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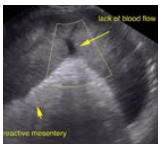
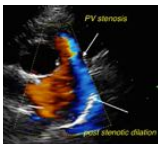
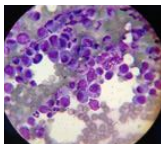
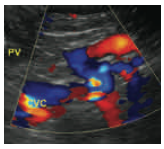

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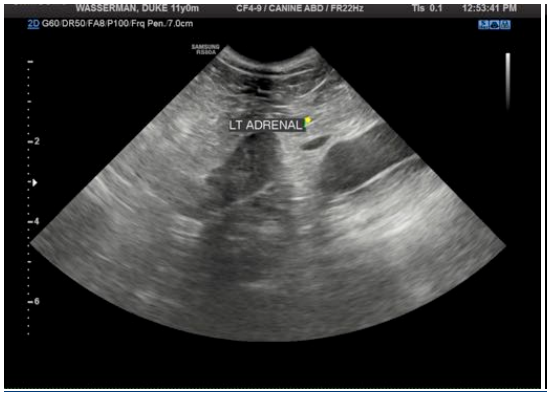

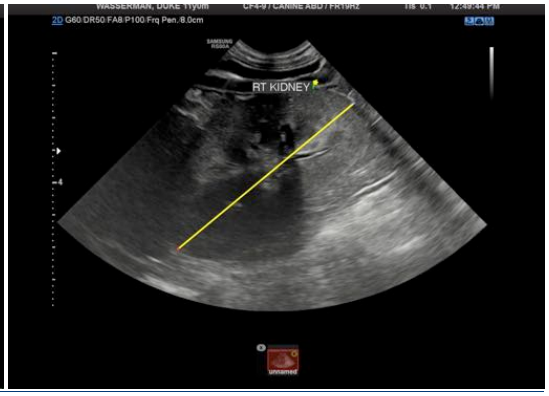

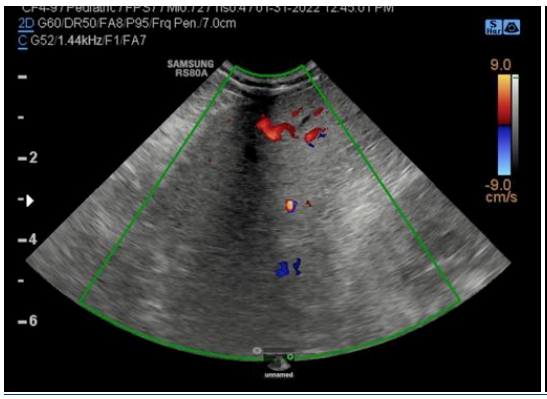

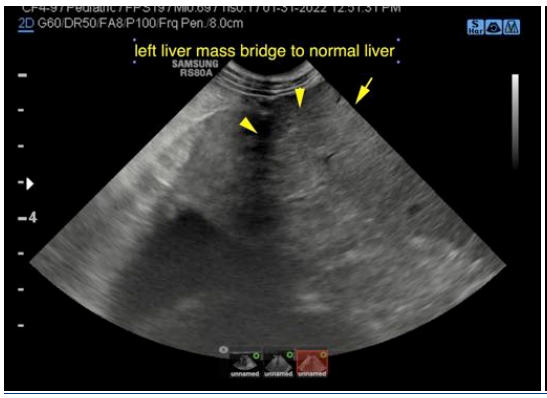

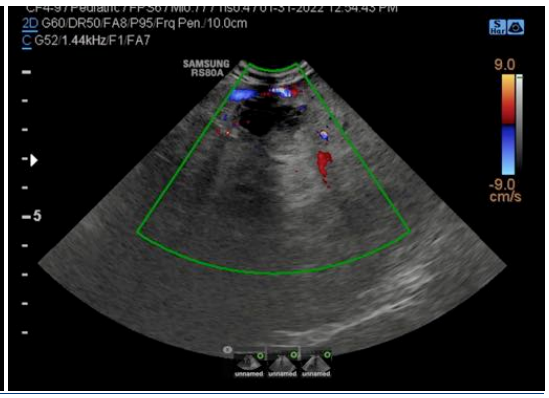

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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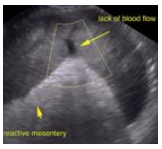

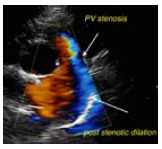

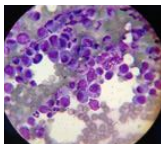
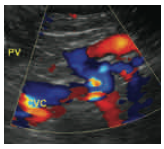

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