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Clinical Sonography & Telecytology
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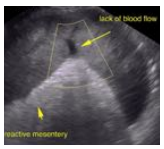
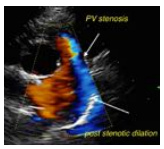
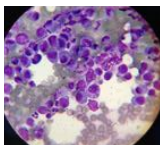
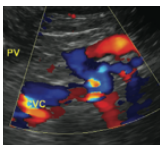





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
BooBoo Riegert

SPECIES
Canine

BREED
American Bull Terrier

SEX
Spayed female

AGE
11 years

WEIGHT
22.04 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Massa

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Massa

INVOICE
42445

DATE
11/11/22

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea past three days, has now progressed to bloody diarrhea. No eating or drinking for a couple days. Previously dx with splenomegaly and possible mass, no further diagnostics were performed. PE very dehydrated, muscle wasting, mildly distended abdomen with mass effect cranial-mid abdomen
Abnormal PE/Chem/CBC/UA Results: ALP 272 range 0-140 Globulins slightly elevated mild dehydration Radiology report - mild hepatomegaly and splenomegaly non specific finding. Potential peritoneal effusion. Small amount of gastric mineral foreign material, no signs of an obstruction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 6.0 cm each.

Adrenal Glands

The **adrenal glands** are not visualized.

Spleen

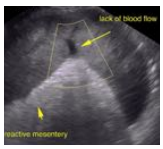
The **spleen** was enlarged, irregular and heterogenous.

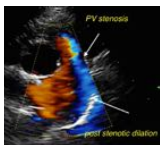
Liver

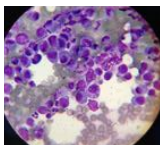
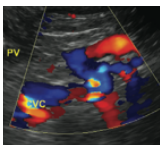
The **liver** was swollen and irregular in contour with coarse architecture and increased portal markings. Hyperechoic mass was noted in the right cranial liver with disruption of architecture. The mass measured 3.0 cm with deviation of the gallbladder. A nodular, necrotic, mixed, hypoechoic mass was noted in the right cranial liver measuring 5.8 cm. This does not appear resectable in its current position. The gallbladder had a mildly echogenic wall with a minor amount of debris.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low





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grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD. Reactive mesentery was noted around the small intestine.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Areas of free fluid were noted associated with reactive mesentery and variable intestinal thickening.

ULTRASONOGRAPHIC FINDINGS

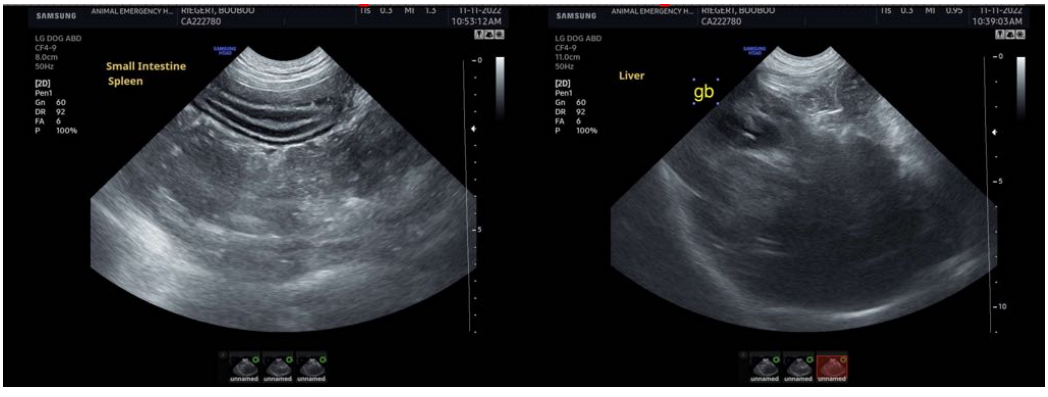
Right cranial liver mass with swollen, irregular hepatic pattern. Consistent with inflammatory hepatopathy with concurrent neoplasia.

Diffuse intestinal thickening with reactive mesentery. Acute on chronic inflammatory bowel, potential emerging neoplasia such as round cell neoplasia.

Splenomegaly, uniform.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver, liver mass and spleen are all indicated to assess for neoplasia. Otherwise, CT evaluation can be considered regarding the liver mass. However, the position will likely be non-resectable. The prognosis is guarded to poor.



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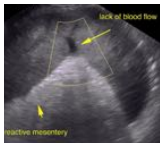

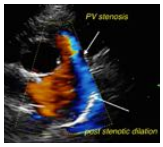

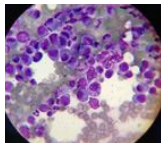
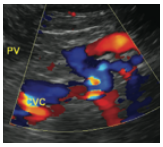

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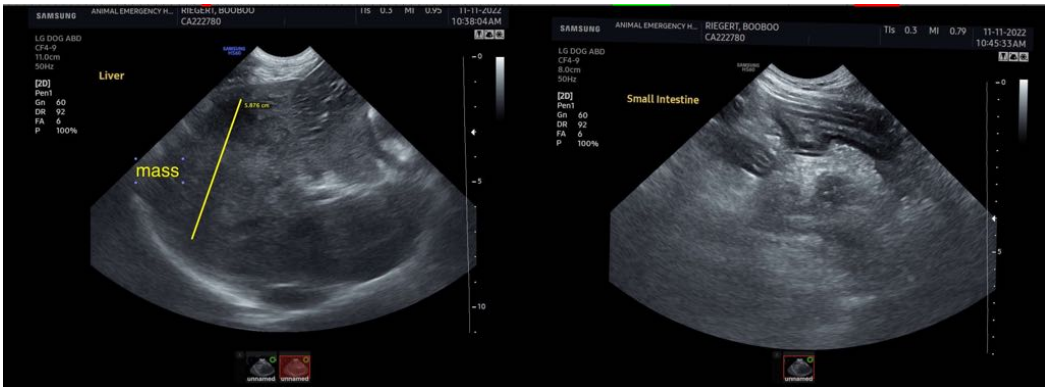

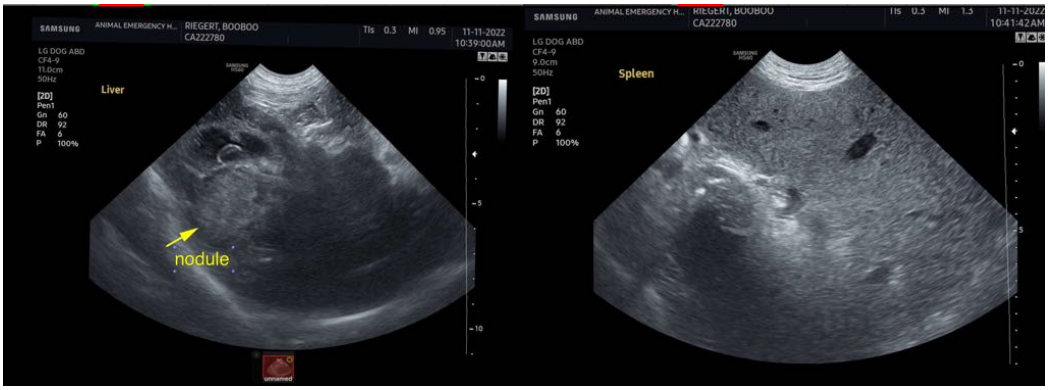

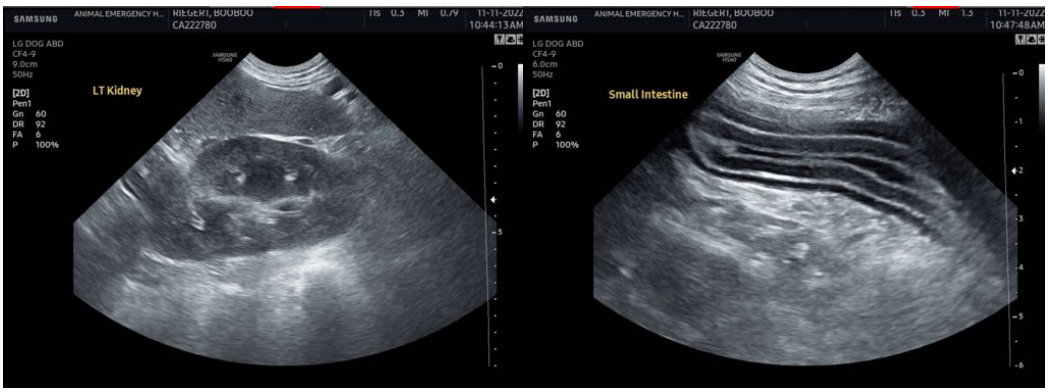

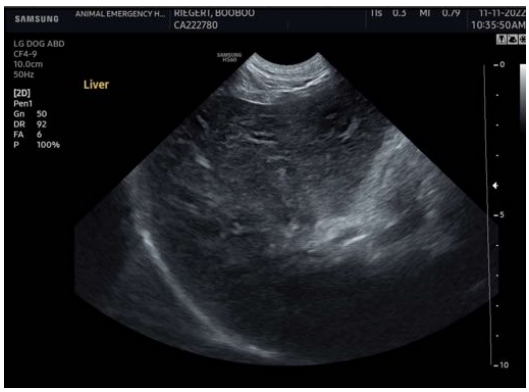

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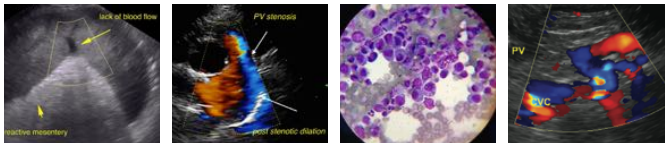

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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