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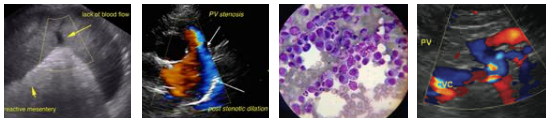


imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Lacey Overfelt

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

2009

WEIGHT

18.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

94231

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Seizures

Labs: ^ALT 225, ^ALP 1496, ^ Lipase 2498

Possible mass effect - abdomen

Labs + Radiographs attached

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. Minor mineralization was noted in the kidneys. The right kidney measured 4.72 cm. The left kidney measured 4.61 cm.

Adrenal Glands

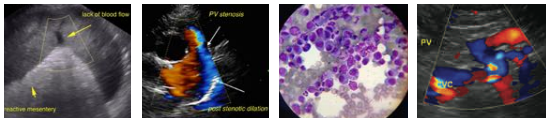
The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.27 x 1.0 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland measured 1.9 x 0.6 cm at the caudal pole and 0.55 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed generalized enlargement with coalescing nodular changes. An overt left-sided liver mass was noted with mixed, hypoechoic nodules are areas of cavitation. The left sided liver mass



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measured 6.0 cm. Lobar biliary mineralization was also noted throughout the liver. The gallbladder was over distended with excessive debris and mineralization.

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

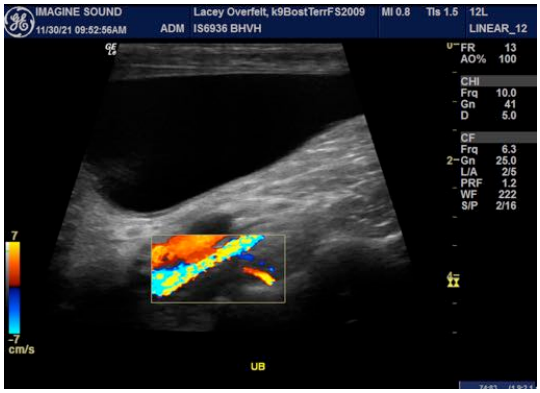
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

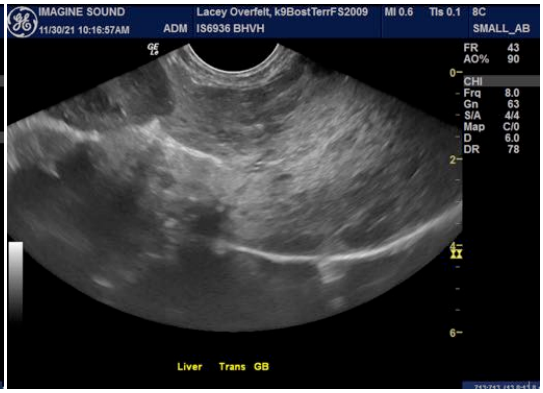
ULTRASONOGRAPHIC FINDINGS

Diffuse nodular hepatic changes with emerging gallbladder mucocele and calculi with left-sided liver mass. The left-sided liver mass appeared inflamed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided liver mass may be different histopathologically than the diffuse hepatic nodular changes. FNA of the liver mass as well as general parenchyma and nodular changes are recommended for staging. The left liver mass appears inflamed. Surgical intervention with left liver lobectomy and cholecystectomy can be considered. However, there is a possibility that the pathological process is diffuse with a focal manifestation of the liver mass itself. Given the seizure activity CT with contrast would be warranted to assess for significant lesions. The prognosis is very guarded.





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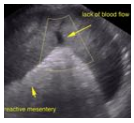
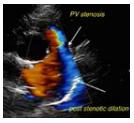
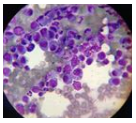
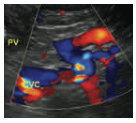

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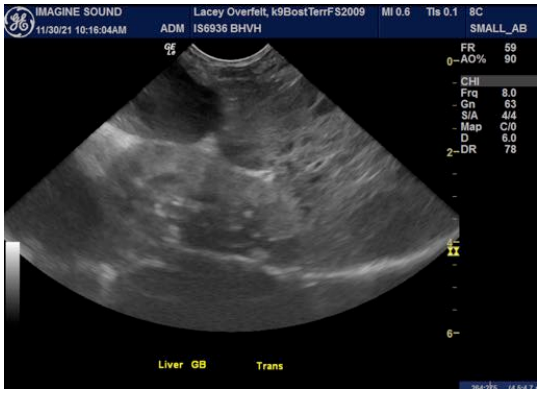

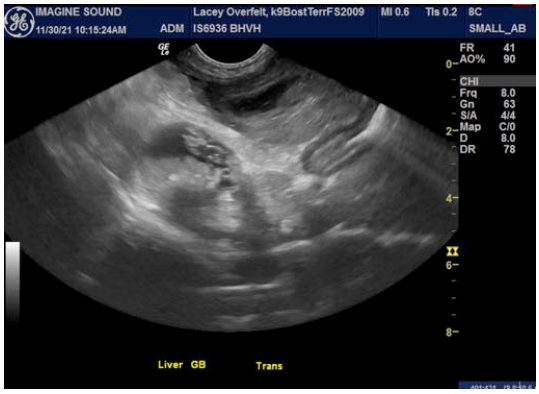

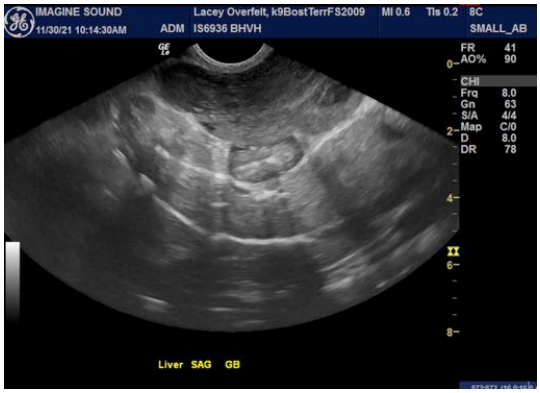

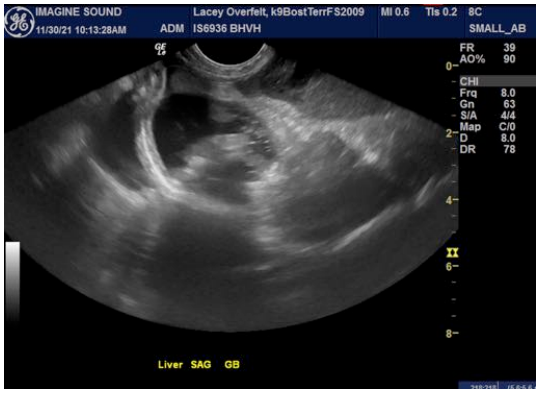

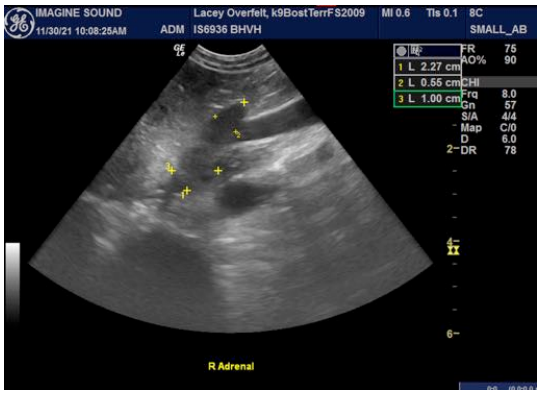

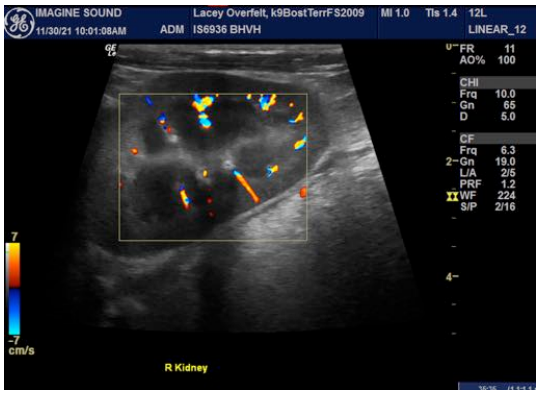

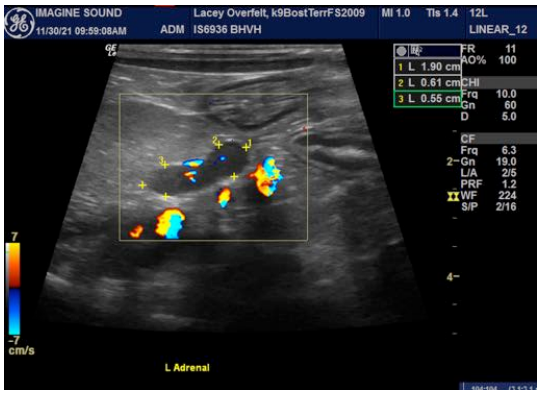

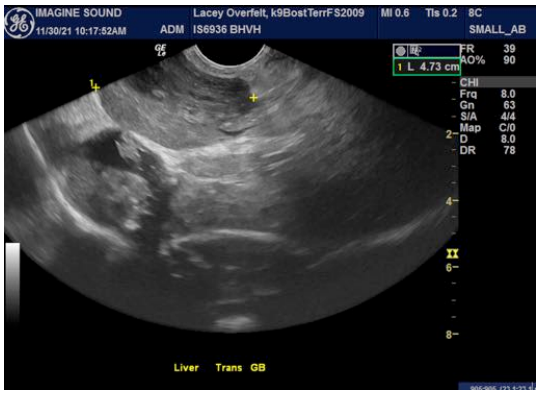

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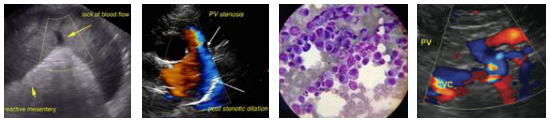

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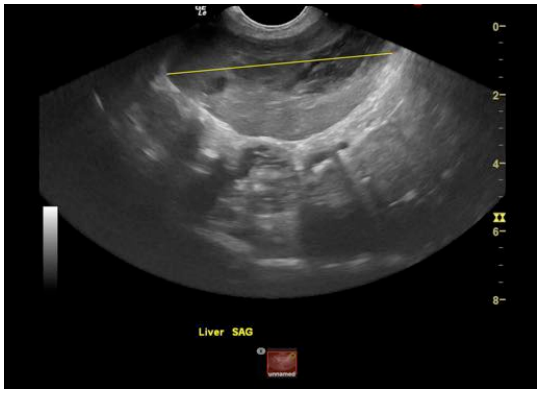

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com