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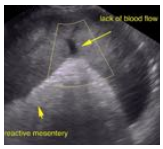
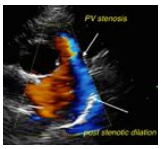
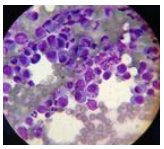
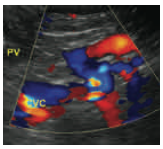

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1-800-838-4268 info@sonopath.com

PATIENT
Lily Rwapp

SPECIES
Canine

BREED
Hound Mix

SEX
Spayed Female

AGE
13 ½ years

WEIGHT
41.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Miller, RDMS

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. McConnell

INVOICE
94848

DATE
12/22/21

PRESENTING CLINICAL SIGNS

. Hit by car (side swiped) on 12/22 AM on walk with owner. R/o heptosplenic neoplasia / mass, preexisting. Current meds: Beprenex, Gabapentin to go home; currently on proin and probiotics BID. Abnormal PE/Chem/CBC/UA Results: HCT 36.5, ALT 215, ALP 578, GGT 16, Amy >2500, Lip >6000

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 iliac trifurcation was unremarkable.

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 5.8 cm. The left kidney measured 5.96 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.8 x 0.87 cm at the caudal pole and 0.81 cm at the cranial pole. The right adrenal gland measured 2.96 x 1.71 cm at the cranial pole and 0.9 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. A minor amount of gallbladder sand and debris was present.

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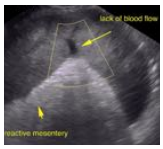
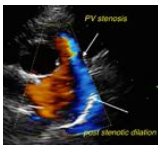
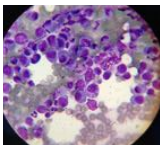
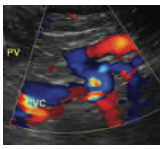

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Gastrointestinal

The **stomach** revealed a minor amount of luminal fluid. The small intestines and colon were unremarkable.

Pancreas

The visible **pancreas** was unremarkable other than a minor amount of remodeling.

Free Abdomen

The caudal abdomen in this patient revealed a large, heterogenous lipoma with a focal cyst or nodule that measured 2.0 cm. Regional inflammatory pattern was noted around the nodule. The lipoma measured 10+ cm. This deviated the gastrointestinal tract and has a space occupying presence.

ULTRASONOGRAPHIC FINDINGS

Nodular adrenal glands.

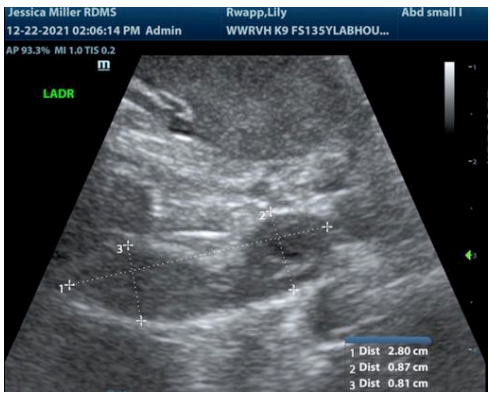
Caudal abdominal lipoma, subjectively benign with a focal cyst or nodule. Possible abscessation or underlying sarcoma.

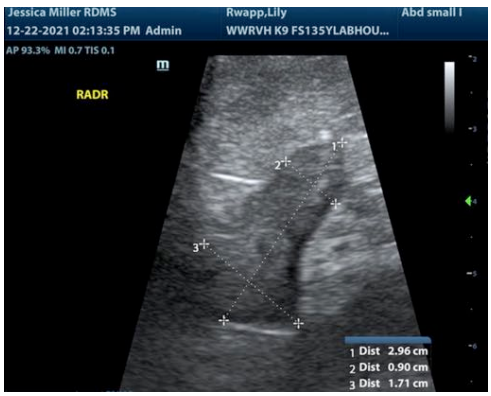
Concurrent chronic inflammatory hepatopathy.

Geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal abdominal lipoma is a preexisting issue and no free fluid was noted. Ultrasound-guided FNA of the centralized portion of the lipoma is recommended or direct surgical exploratory with removal or debulking of the lipoma and removal of the cystic structure. Emerging abscessing lipoma is possible. There is a mild potential for liposarcoma. The inflammatory change in the lipoma may be driving amylase and lipase elevations.





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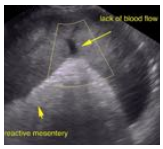
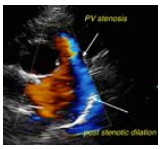
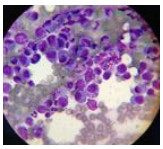
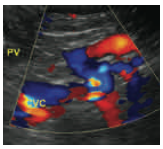

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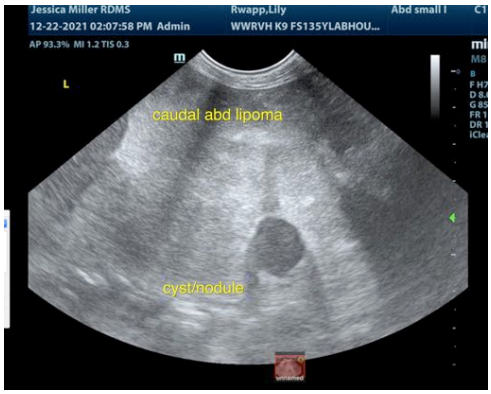

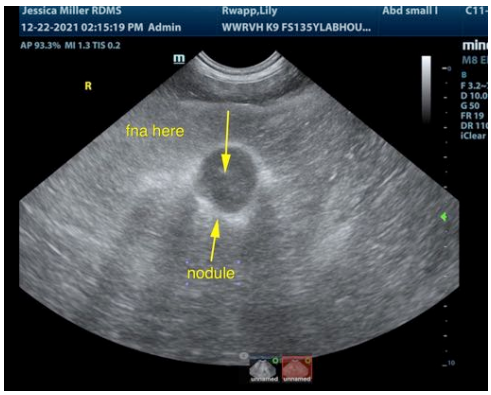

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com