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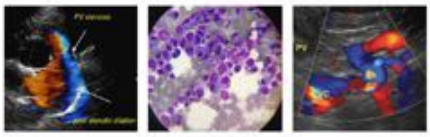
SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lexi Bonogofsky

SPECIES

Canine

BREED

Wire Hair Terrier

SEX

Spayed Female

AGE

11 years

WEIGHT

48 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Bianco

INVOICE

42321

DATE

12/22/22

PRESENTING CLINICAL SIGNS

History: Vomiting up socks. got into socks and underwire.
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone 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 **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsule was acceptably uniform without significant irregularities. The left kidney measured 6.0 cm. The right kidney was not evaluated due to pain when imaging.

Adrenal Glands

The right **adrenal gland** was not evaluated due to pain when imaging. The left adrenal gland was normal and measured 0.66 cm at the caudal pole and 0.67 cm at the cranial pole.

Spleen

The **spleen** was folded revealed a hypoechoic nodule in the mid body with disrupted architecture. The splenic nodule measured 0.64 cm.

Liver

A hepatoma type or carcinoma type liver mass was noted in the mid liver. The mass measured 6.77 cm. This is not likely resectable. The gallbladder and common bile duct were normal.

Gastrointestinal

The **gastrointestinal** tract revealed stasis in the stomach and mid to upper small intestine with plicated bowel. This was followed by empty small bowel. This created an obstructive pattern. The upper gastrointestinal tract was hyperperistaltic and spastic. One view revealed luminal linear structures suspected to be fabric foreign body.

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.

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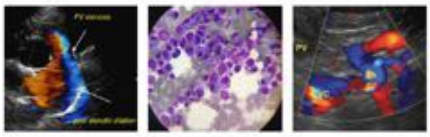

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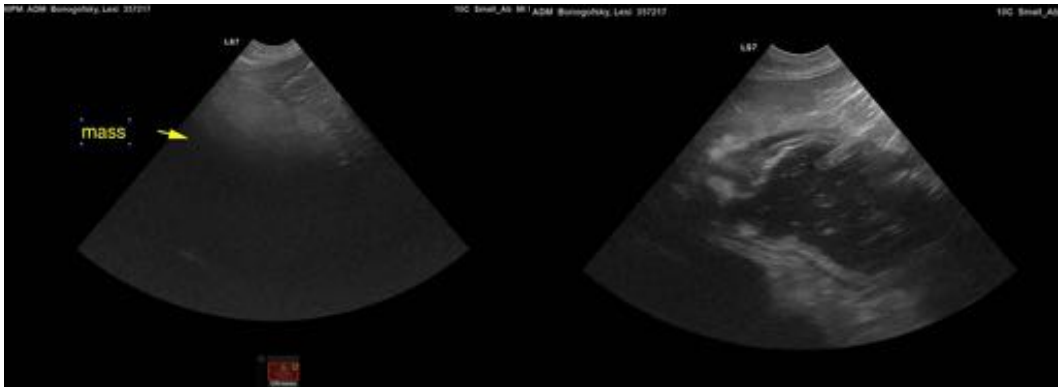
ULTRASONOGRAPHIC FINDINGS

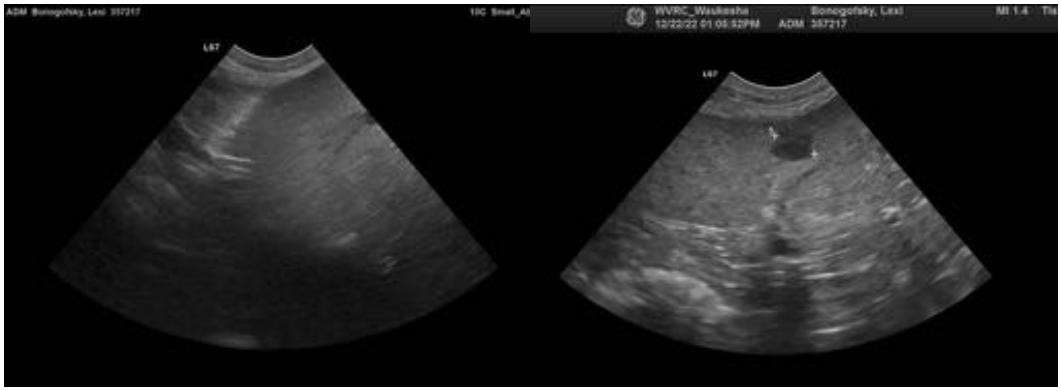
Splenic nodule. Round cell neoplasia, emerging hemangiosarcoma and nodular hyperplasia are all possible.

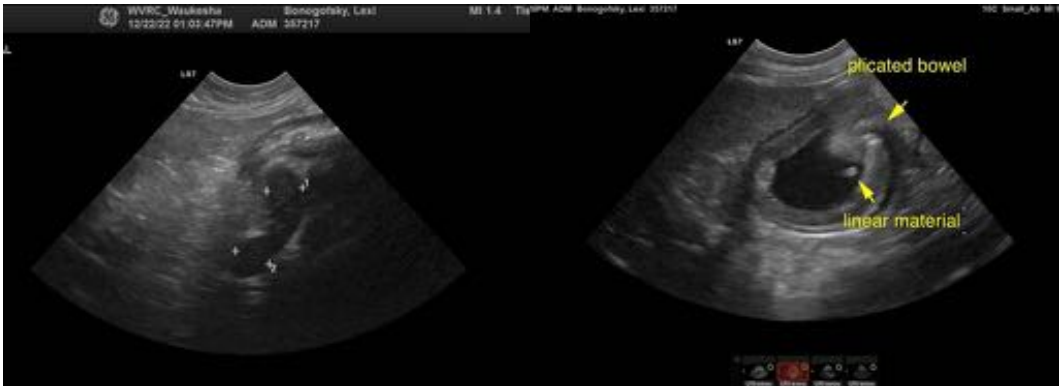
Liver mass carcinoma versus hepatoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An exploratory surgery is necessary in this patient regarding the GI Presentation, however, inspection for possible splenectomy should be considered. CT evaluation for possible surgical planning of the liver mass is recommended as it is debatable whether it can be resected.







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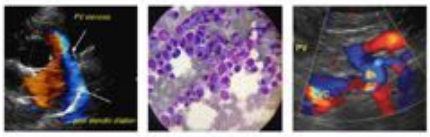

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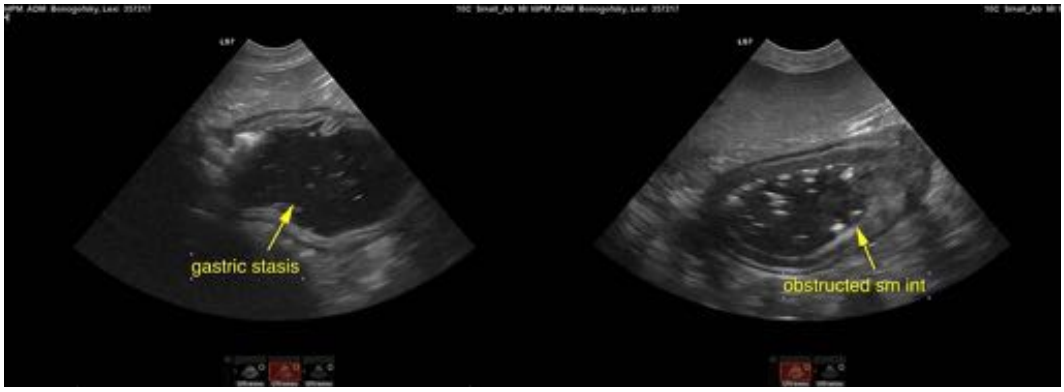

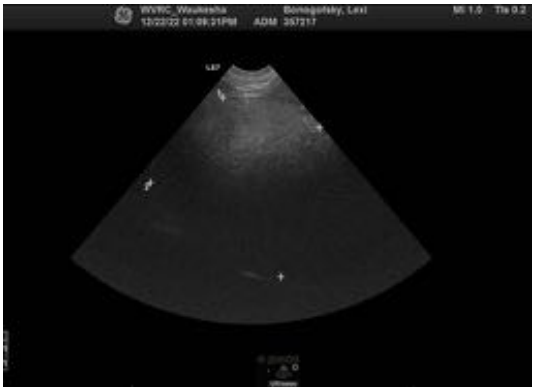

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com