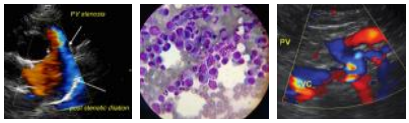
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/19/23

PATIENT

Charley Schrenker

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

2010

WEIGHT

36.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

21190

PRESENTING CLINICAL SIGNS

Vomiting. Lethargic. In Pain/Discomfort.
History: Date: 02-18-2023 Notes: Owner thought he started vomiting yesterday, but actually vomited a few days ago per owner's dad. He hasn't really been eating- last full meal was Thursday night- usually a picky eater/ grazer. Threw up a lot yesterday. If he has GI trouble, it is usually diarrhea, not vomit. Not eating or drinking, went 12-14 hours without peeing. Drank water this morning but he kept getting progressively more lethargic. Would only walk a few steps before he would sit down. Won't eat anything tonight. Also gassy per owner's parents and stomach/ abdomen seemed to be convulsing. Also usually hates when paws are touched and right now he doesn't care.
Assessment: Concern for abdominal tumor.
Current Medications: Buprenorphine 0.6mg/mL, and Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL).
Lab Results: Anemia, increased WBC's, increased BUN, increased Phos, increased ALT, Increased Alkp, Increased lipase.

Radiographs: Abdomen 2 View: Lat and V/D abdomen- large space occupying mass in right cranial abdomen, pushing organs caudally and to left side; bladder stones.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.

Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple calculi, a grouping of which measured approximately 3.0 cm. The largest calculus measured 0.6 cm.

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. Mineralization was present in the kidneys. The left kidney measured 6.4 cm. The right kidney measured 6.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.3 cm x 0.6 cm at the caudal pole and 0.71 cm at the cranial pole. The right adrenal gland measured 2.55 cm x 0.8 cm at the caudal pole and 0.76 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 were noted.

Liver

The **liver** revealed two separate masses. The masses appear to be deriving from the right medial and/or left medial liver and do appear resectable. The remainder of the liver revealed slightly coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

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.

Free Abdomen

Free fluid was noted adjacent to the spleen.

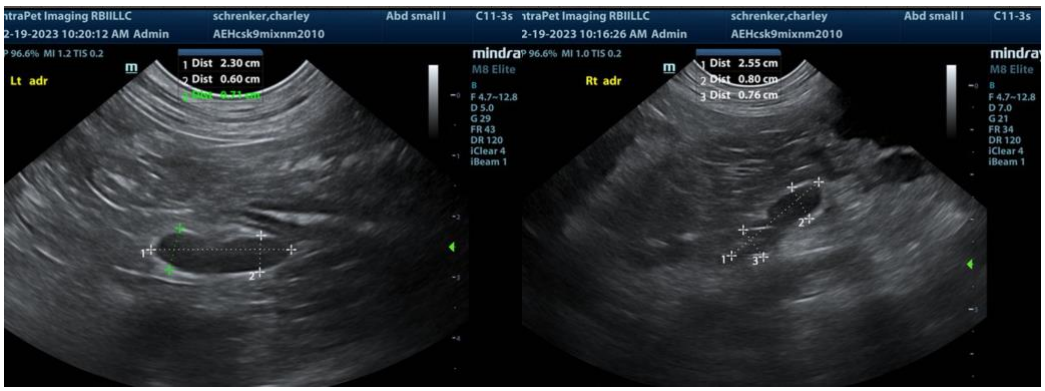
ULTRASONOGRAPHIC FINDINGS

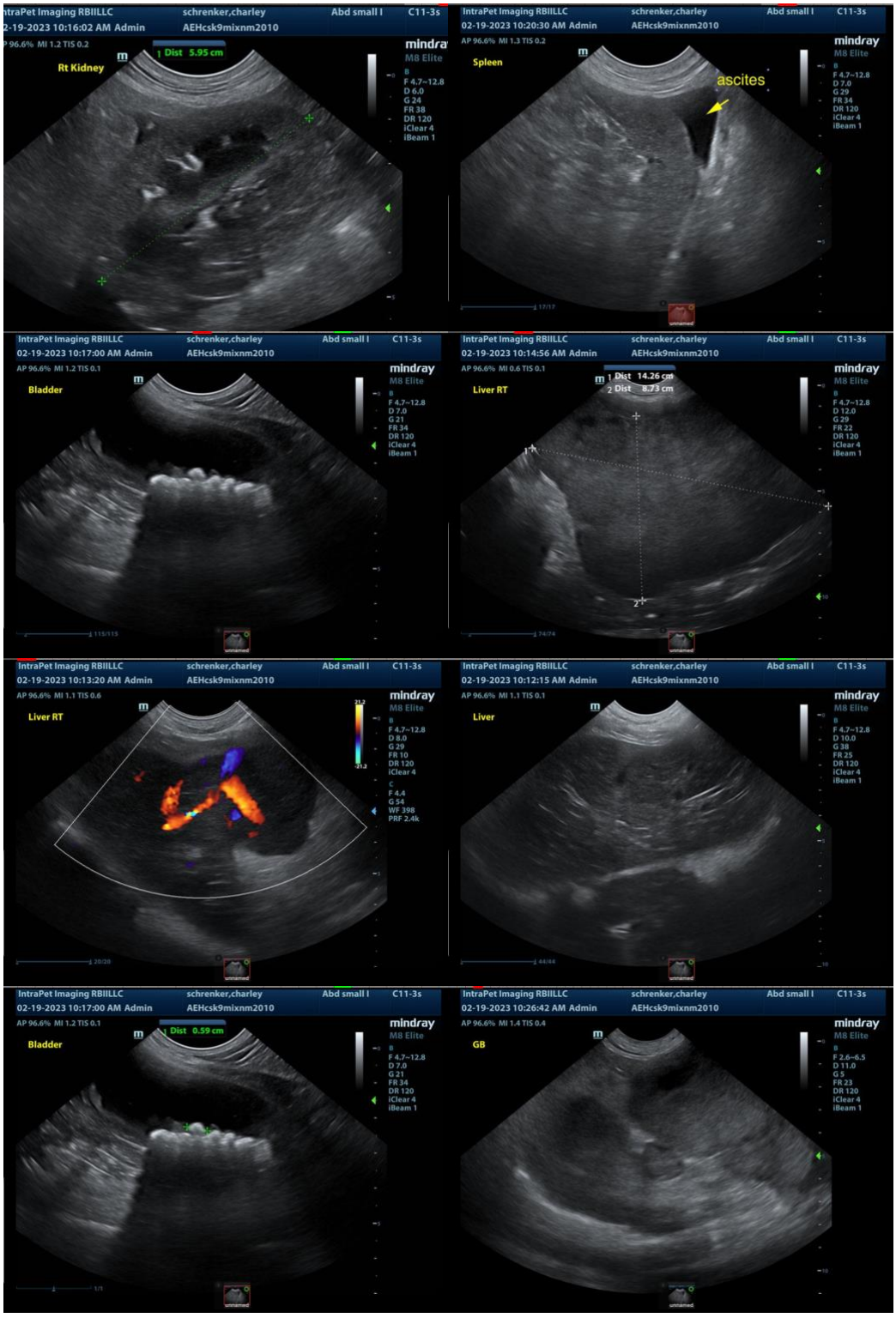
- Two separate pedunculated liver masses
- Urinary bladder calculi
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass/masses may be rupturing given the free fluid and inflammation. Lobe torsion cannot be completely ruled out, though vascularity appeared to be somewhat intact. Direct surgical intervention is warranted or CT evaluation for surgical planning. These may be benign tumors, such as large hepatomas, as opposed to round cell neoplasia or carcinoma.

Regarding the urinary bladder calculi, I recommend cystotomy, stone analysis and culture.





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
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