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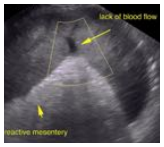
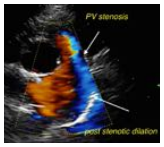
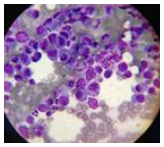
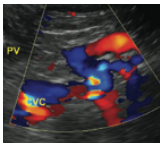

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1-800-838-4268 info@sonopath.com

PATIENT
Scout Harris

SPECIES
Canine

BREED
Australian Shepherd

SEX
Spayed female

AGE
8 years

WEIGHT
52 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Byrnes

HOSPITAL NAME
Byrnes Veterinary Relief Services

REFERRING VET
Dr. Stewart

INVOICE
42987

DATE
2/27/23

PRESENTING CLINICAL SIGNS

History: 2/21/23- ADR vomiting, suspected pancreatitis, ALT 328 (15-130), Lipase. 2301 , treated supportively history of chronic pancreatitis 2/23/23-P had urinary accident in house urinalysis usg 1.009, Pro 30 mg/dL, Bld 10 ery/ul, urine clear UPC 0.7-protein significant Ultrasound- lesion on liver, adrenals appears normal, pancreas enlarged, irregular suspect due to recent pancreatitis

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 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 capsules were acceptably uniform without significant irregularities. The right kidney measured 6.67 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 right adrenal gland measured 0.56 cm at the caudal pole and 0.53 cm at the cranial pole. The left adrenal gland measured 0.6 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

The **spleen** is largely normal with slight, hyperechoic inclusions. This is consistent with hemosiderin, very early mineralization. This may be owing to underlying emerging endocrinopathy. This is not pathological.

Liver

The **liver** was uniform with slight enlargement. Hypoechoic, mildly disruptive nodule was noted and measured 1.97 x 1.32 cm in the medial liver adjacent to the gallbladder. The hepatic lesion appears potentially resectable. The remainder of the liver appeared uniform. Vascularity and portal markings appear normal. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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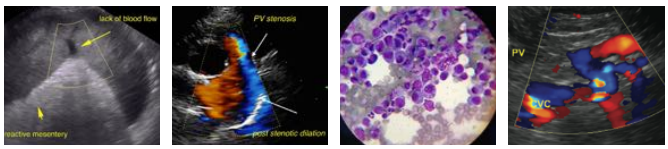

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

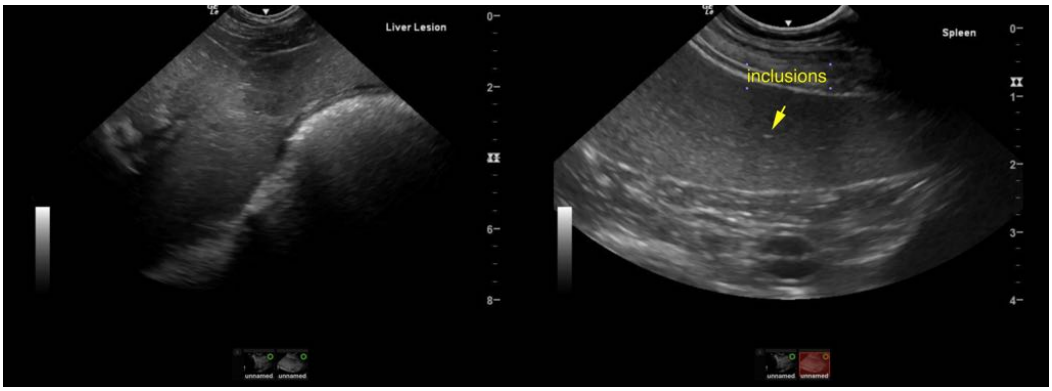
Unremarkable abdomen with left medial liver nodule. Hyperplasia, abscessation, emerging carcinoma or round cell neoplasia are all possible.

Full stomach. Cannot rule out soft foreign matter in the stomach depending on when the patient ate.

Very early mineralization in the spleen, not pathological.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodule is recommended. Ventral SDEP 9 approach is likely best approach for this particular lesion. This should be provided at empty stomach. A spinal needle may be necessary. Cytology versus culture is indicated. Structurally the pancreas appeared unremarkable, yet I cannot completely rule out low-grade inflammation.



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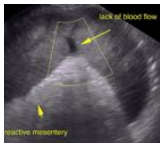
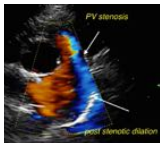
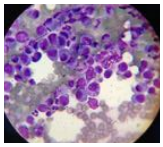
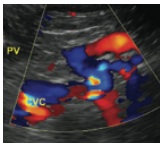

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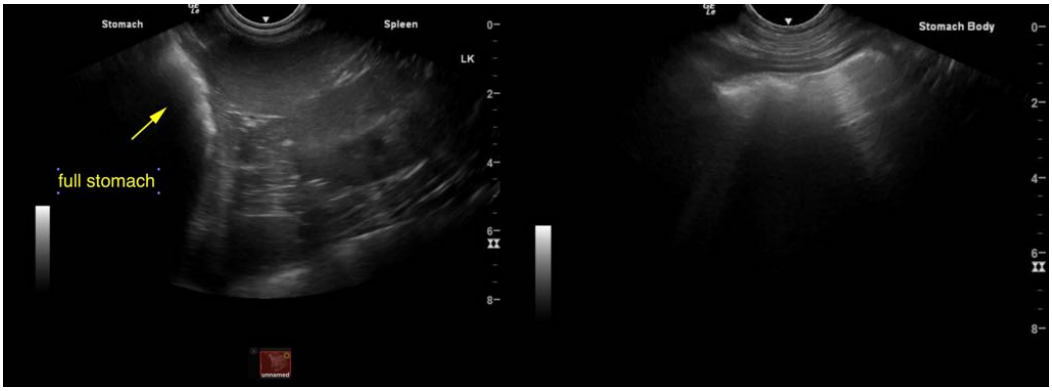

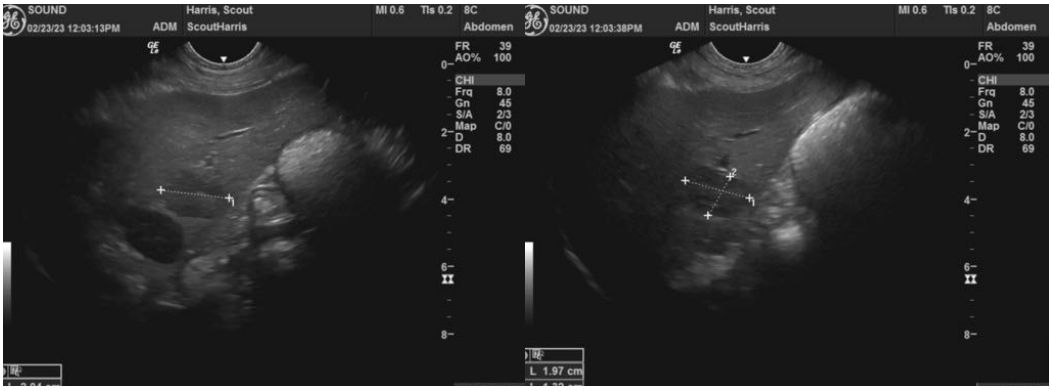

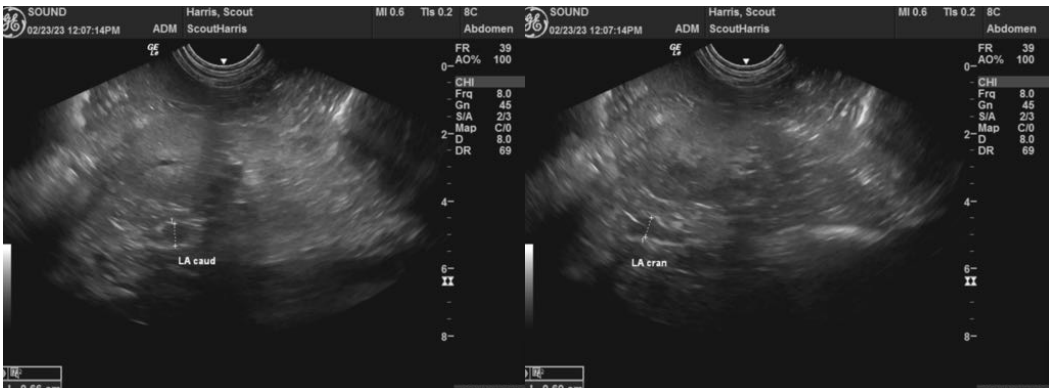

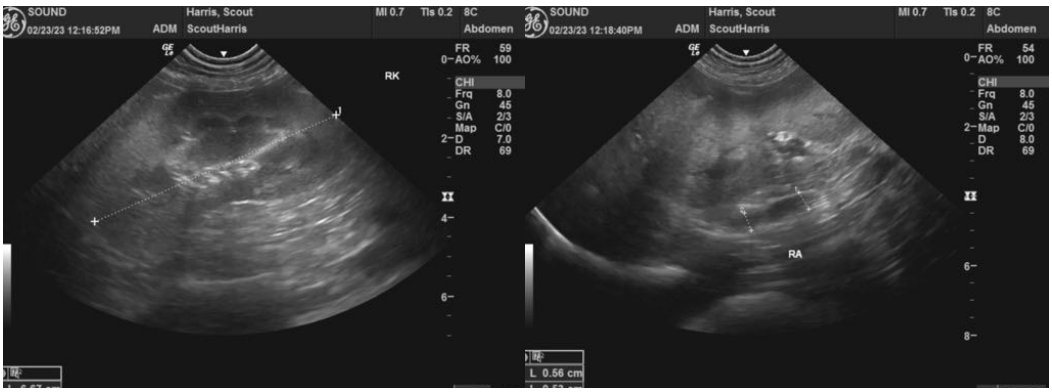

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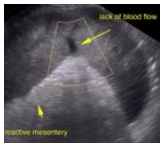

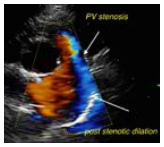

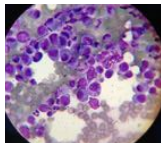
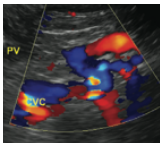

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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