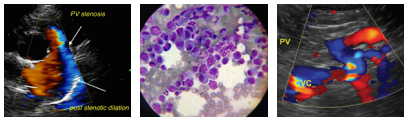
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

3/18/22

PATIENT

Chewy Hufham

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

12/1/07

WEIGHT

47 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Plesantville AH

REFERRING VET

Dr. Gounaris

INVOICE

36319

PRESENTING CLINICAL SIGNS

Chronic hepatic enzyme elevation – patient is reportedly asymptomatic.

Current Medications: Carprofen 100mg SID (this medication was started in Feb 2021), Started Denamarin Feb 2022.
Lab Results: Feb 2021- ALP 498, ALT 198. Feb 2022- ALP 434, ALT 226.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.78 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 1.89 cm x 0.73 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 1.84 cm x 0.69 cm at the caudal pole and 0.93 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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

The **stomach** revealed a focal hypoechoic 2.25 cm x 2.1 cm mural nodule in the area of the gastroesophageal inlet. The remainder of the gastrointestinal tract was unremarkable.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on

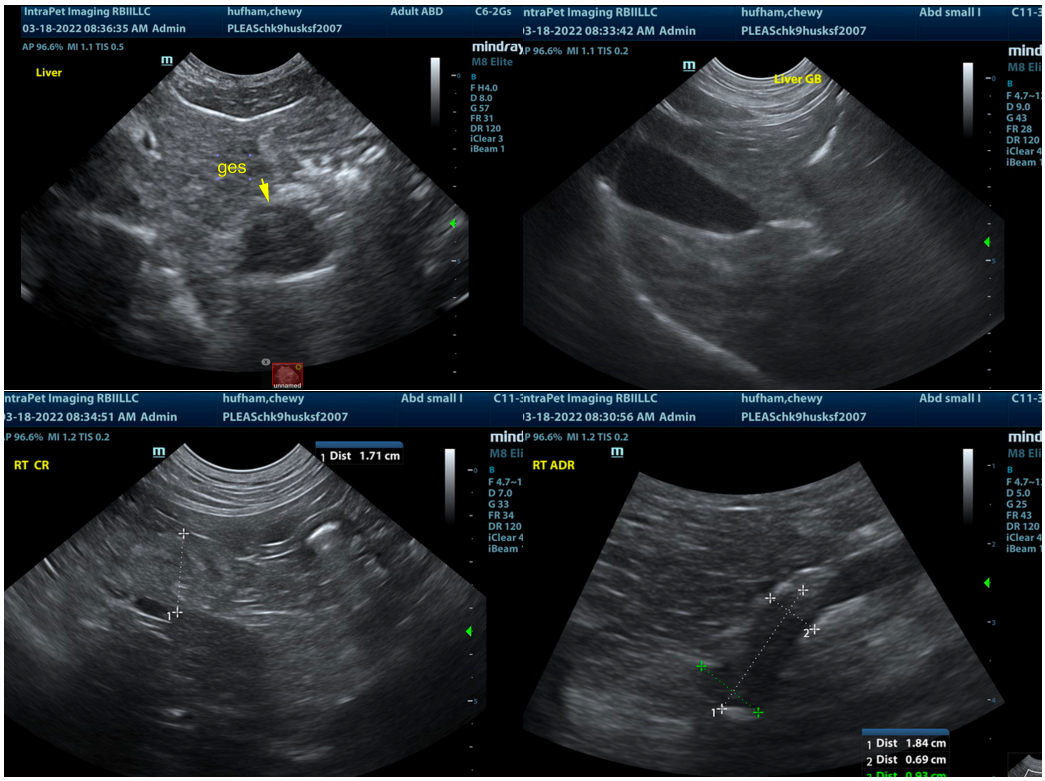
imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

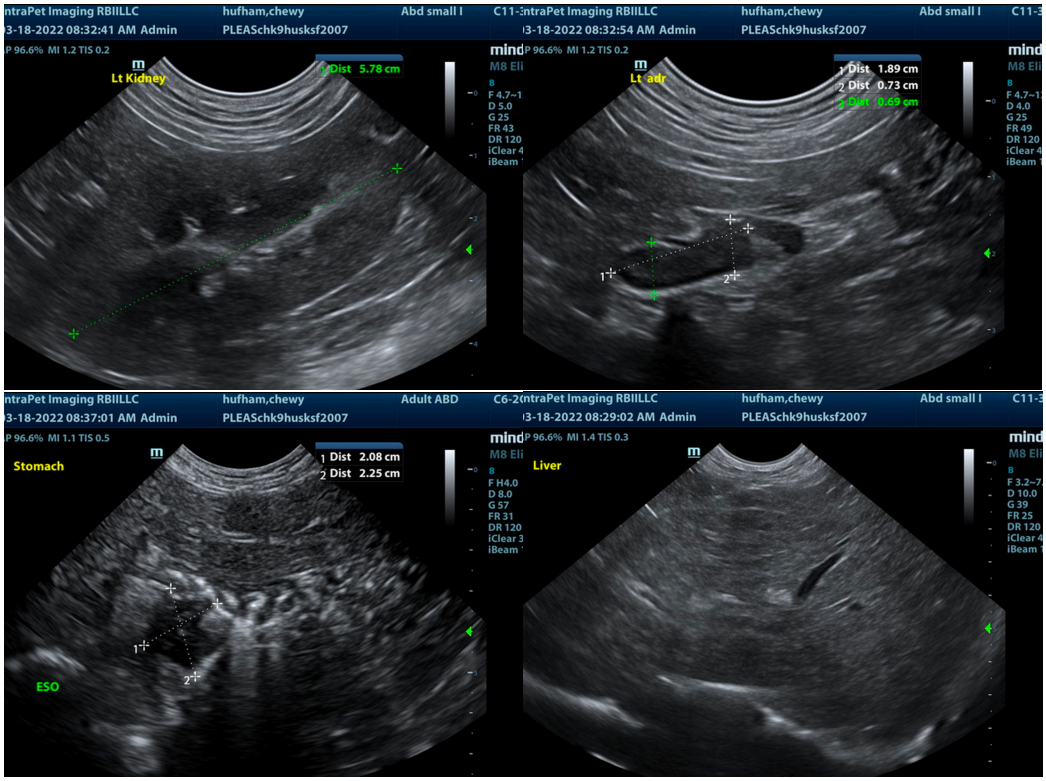
ULTRASONOGRAPHIC FINDINGS

- Non-specific vacuolar hepatopathy/inflammatory hepatopathy liver pattern, no evidence of neoplasia
- Gastric nodule – gastrinoma possible, given the position.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver indicated for further definition. Ultrasound guided FNA of the gastric nodule could be attempted. However, it is in a difficult region to access. Endoscopy could be considered. However, minimal mucosal involvement appears to be present. Gastrin levels indicated to assess for possibility of gastrinoma. Appears potentially resectable. However, the surgeon would be working in the region of the gastroesophageal inlet. Guarded prognosis. No evidence of metastatic disease.





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.

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