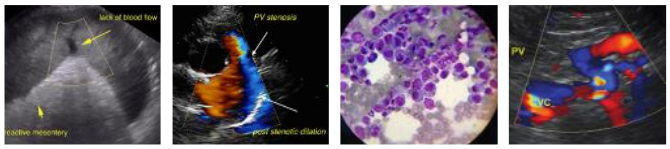
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Brody Asadurian

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

13

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Cathleen Whitcraft, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Kimberly Lutz, DVM

INVOICE

21470

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: Presented for vomiting today and hyporexia this AM. Liver values on CBC/Chem have risen significantly from first elevations in 2022. Recommended ultrasound due to this.

Abnormal PE/Chem/CBC/UA Results: ALT 2477 ALP 642 GGT 27 Tbili 1 Globulins 3.7

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Occasional cortical cysts were noted. The right kidney measured 4.68 cm. The left kidney measured 4.46 cm. Pinpoint mineralizations were noted.

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 0.47 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 0.36 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

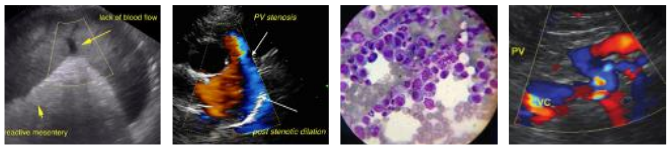
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed increased portal markings with hypoechoic nodular changes and swollen irregular hepatic contour. Intrahepatic biliary calculi were present with regional inflammation. The gallbladder revealed echogenic polypoid changes and thickened wall with only minor overdistention. Cystic hepatic lymph nodes were present. A large amount of inflammation was noted in the portal hilus. The common bile duct was not overtly visible.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

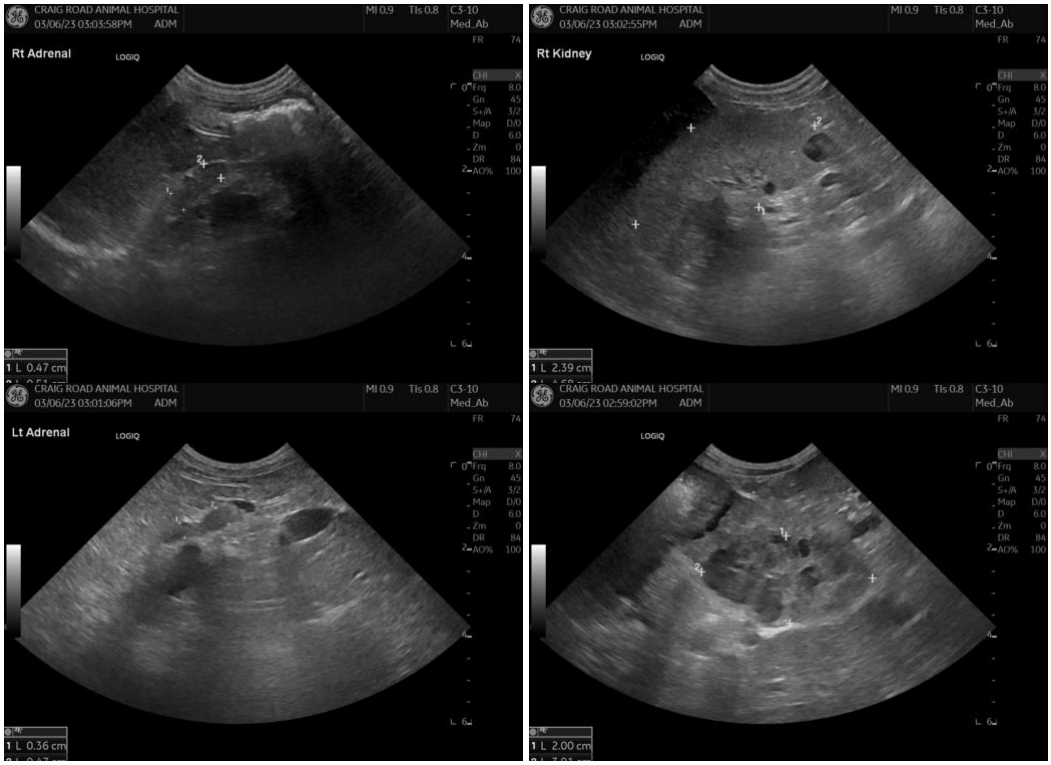
The **pancreas** revealed mixed hypoechoic irregular nodular mass, measuring 4.0 cm x 2.0 cm with pericapsular inflammatory pattern. Ultrasound guided FNA is indicated. This may not be neoplastic; however, carcinoma is a strong potential.

ULTRASONOGRAPHIC FINDINGS

- A mass or abscess/necrosis in the right pancreatic base
- Cholangitis liver pattern with biliary calculi- some level of posthepatic obstruction may be playing a role in this patient, as lobar biliary duct dilation is also noted
- Age-related renal changes with cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass in the right pancreatic base, as well as liver is indicated for further definition. There is a possibility that the mass is either necrotic or abscessed, deriving from the right pancreatic base or overlying lymph node. Sample is essential or direct surgical intervention for biopsies and potential liberation of the common bile duct (even though it is not overtly visible). Lobar biliary duct dilation is present, which would suggest a level of posthepatic obstruction. Leptospirosis titers is warranted. Nodular liver changes may represent metastatic disease, sampling is essential. Prognosis is extremely guarded. Chronic cholangitis pattern otherwise. If empirical therapy is to be utilized only, then recheck sonogram in 48 hours regarding the pancreatic biliary presentation.



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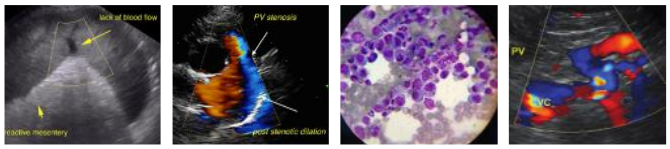

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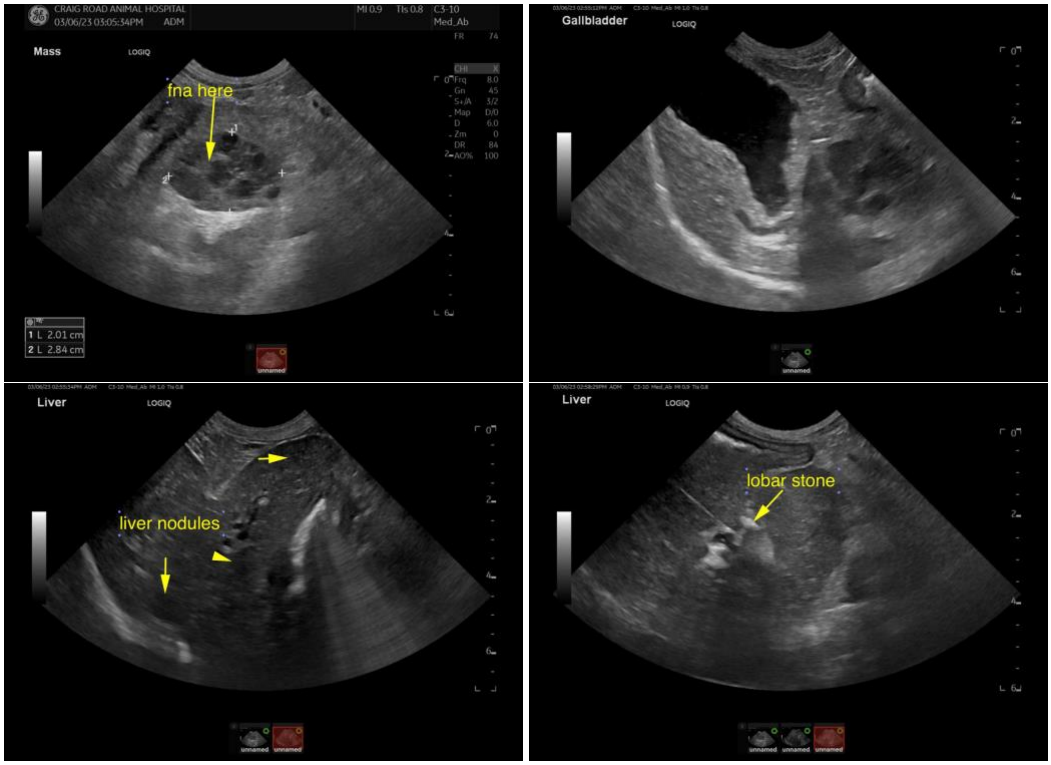

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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