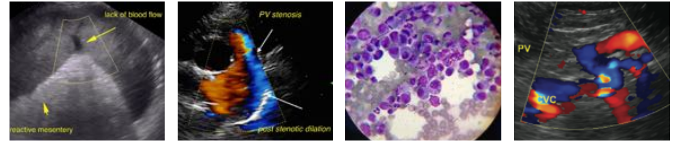
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Roxy Hardcastle

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed female

AGE

11 years

WEIGHT

20.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

43944

DATE

4/24/23

PRESENTING CLINICAL SIGNS

History: Elevated liver and kidney values.
Abnormal PE/Chem/CBC/UA Results: ALT 279, ALK PHOS 1141, BUN 49, PHOS 6.2, LDDS pending

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 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. Mild pyelectasia was noted in the kidneys. Multi-focal cortical cysts are noted and measured up to 5.0 cm. Swelling was noted in the left liver with a hepatoma type mass with nodular changes measuring approximately 6.0 cm. This appears potentially resectable. The left kidney measured 5.67 cm with minor pyelectasia. The right kidney measured 5.6 cm. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

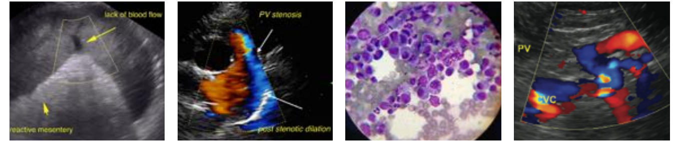
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.92 x 0.68 cm. The right adrenal gland measured

Spleen

The **spleen** revealed an expansive, mixed, echogenic to isoechoic mass that measured 4.0 cm with multi-focal, hyperechoic, myelolipomas.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional parenchymal cyst was noted. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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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.

ULTRASONOGRAPHIC FINDINGS

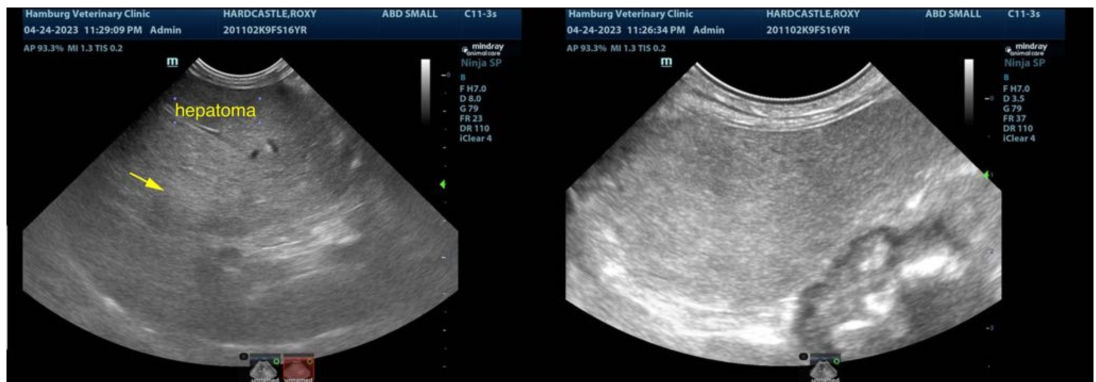
Splenic mass.

Hepatoma type hepatic mass.

Moderate degenerative renal changes, yet do not appear end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A splenectomy is necessary +/- left liver lobectomy. FNA of both lesions can be considered for screening purposes. CT examination would be ideal for surgical planning. Structurally the adrenal glands are normal to upper limits of normal.



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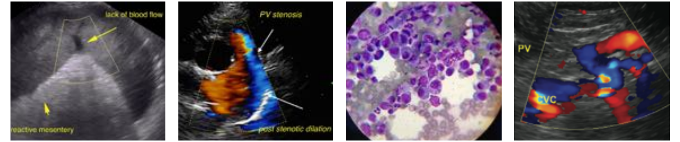

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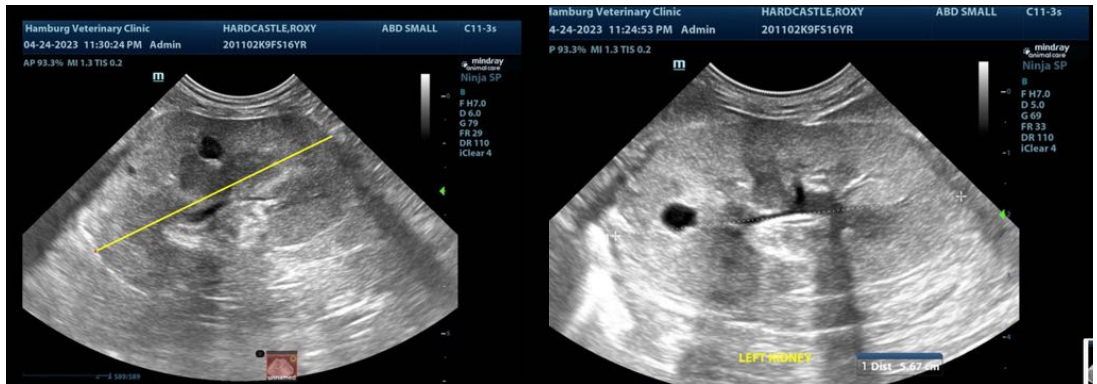

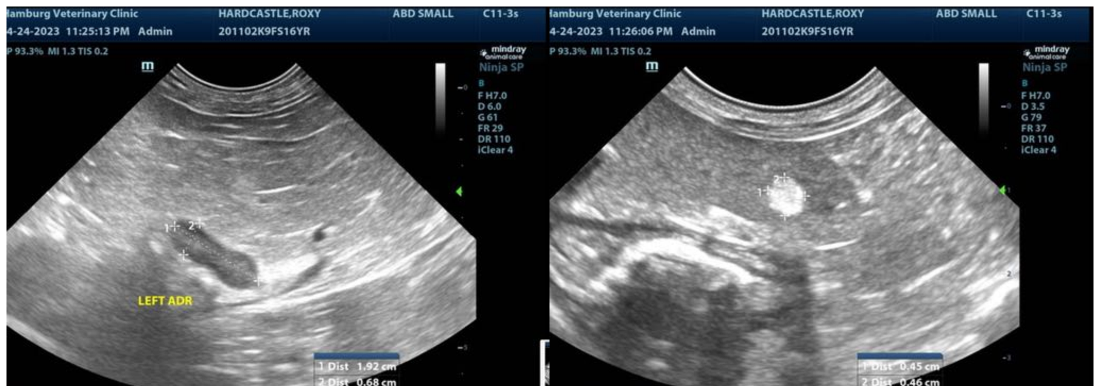

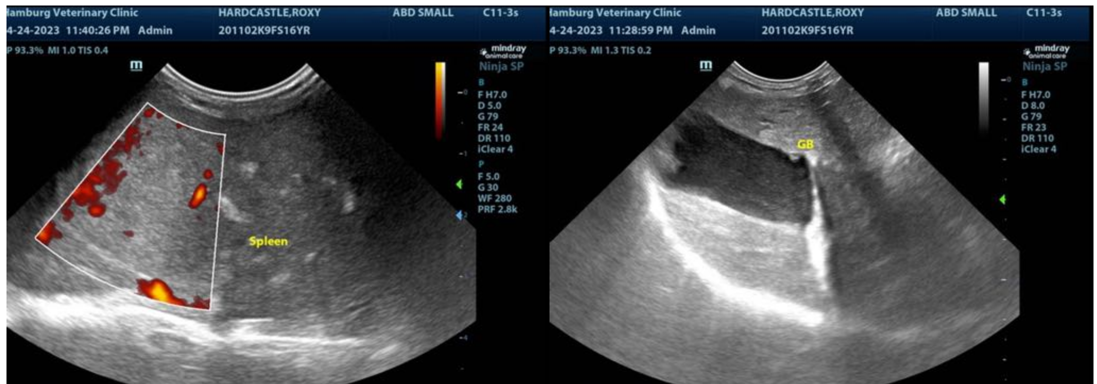

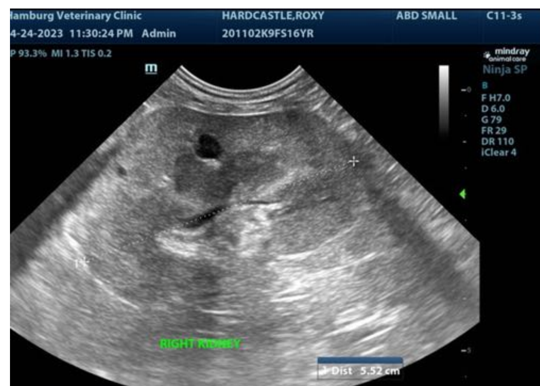

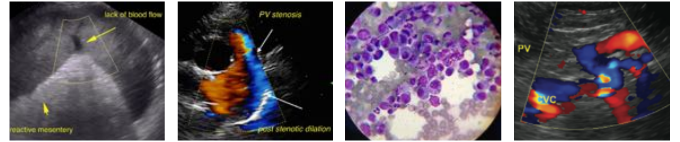

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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