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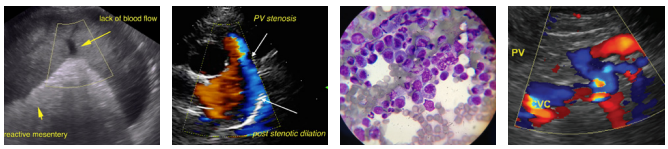
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Oliver Tirri

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
12 Years

WEIGHT
96 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Legacy AH

REFERRING VET
Dr. Kristin Potenzone

INVOICE
36724

DATE
4/5/22

PRESENTING CLINICAL SIGNS

Concern for possible abdominal mass. History of hepatopathy. Current meds: Benazapril 5 mgs SID, Galliprant, Cerenia (recently), CBD, Natural liver suppport, and CoQ10.
Abnormal PE/Chem/CBC/UA Results: SDMA 21, BUN 32, ALT 196, ALP 1,154.

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 residual prostate measured 1.0 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. The left kidney measured 7.37 cm. The right kidney measured 7.02 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 2.99 cm x 0.71 cm at the caudal pole and 0.84 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself cranially, not forming a mass. This is a positional variant. Fairly uniform parenchyma with a large amount of falciform fat noted.

Liver

The **liver** was iso- to slightly hyperechoic. Generalized irregular hepatomegaly noted. An expansive mass was present, measuring 4.45 cm in the left cranial liver impinging upon the gallbladder. Multifocal nodular changes noted throughout the liver with moderate disruptive architecture. The left caudal liver revealed irregular swelling creating a hepatoma type appearance with concurrent nodular changes. The caudate process also presented similar swollen irregular contour.

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.

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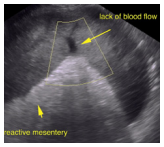

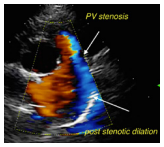

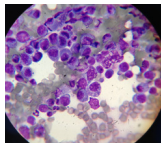
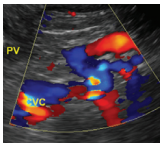

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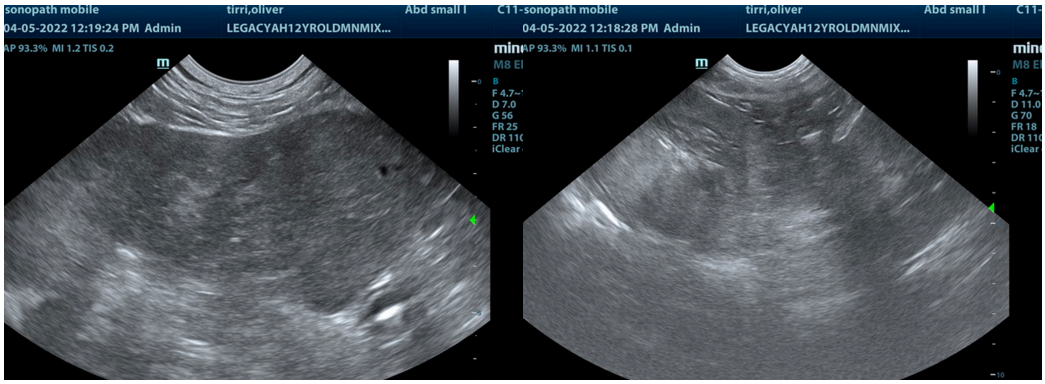
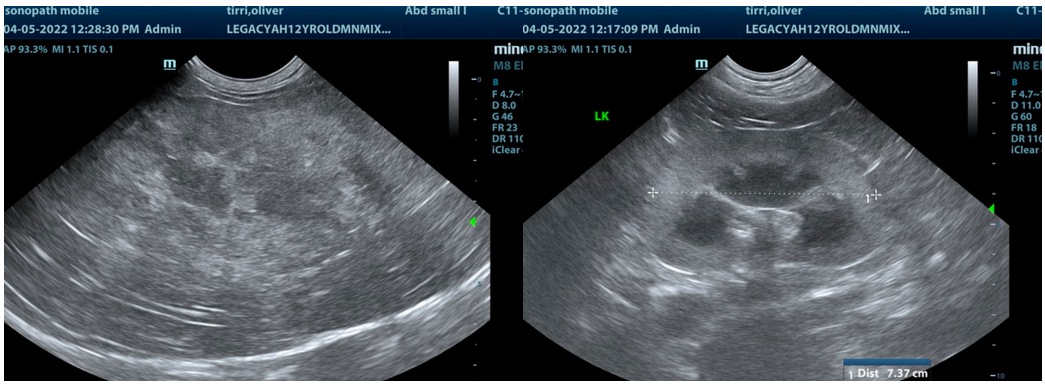
ULTRASONOGRAPHIC FINDINGS

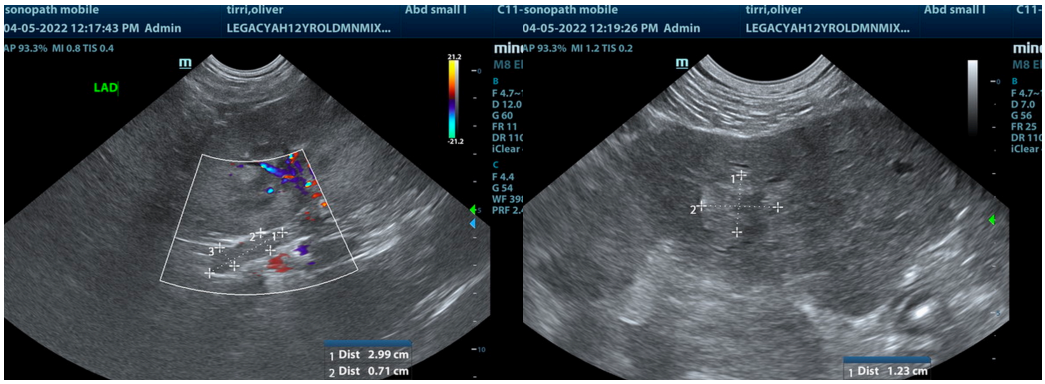
- Swollen, irregular liver with hepatoma type presentation and pronounced nodular changes – nodular hyperplasia versus carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the general hepatic nodular changes recommended for further definition. The margins of the hepatoma type mass on the left liver and swelling on the caudate process are ill-defined, and not overtly pathological at this point, depending upon cytology results.







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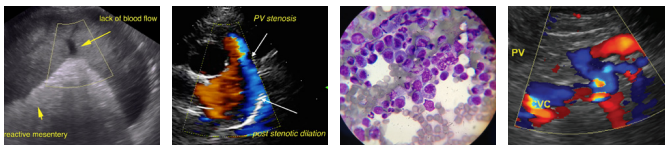

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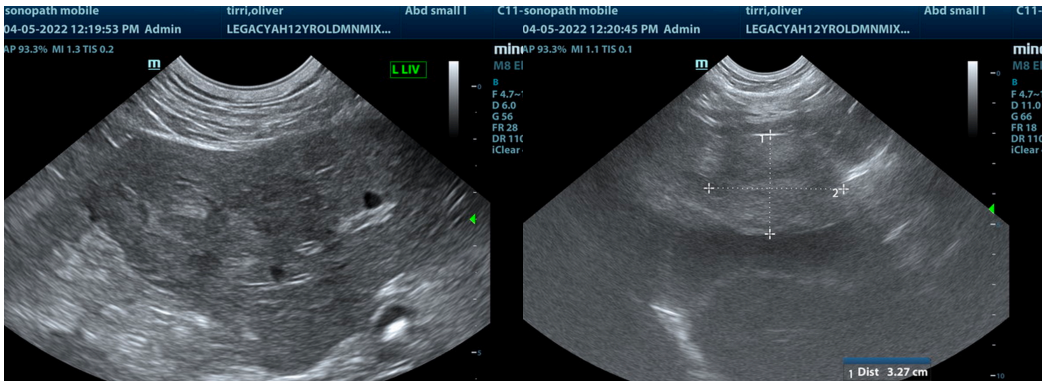

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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