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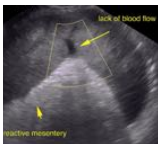
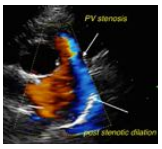
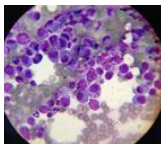
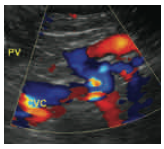

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1-800-838-4268 info@sonopath.com

PATIENT
Dobby Fiorenza

SPECIES
Canine

BREED
Terrier Mix

SEX
Neutered male

AGE
8 years

WEIGHT
7.5 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Michael Roppolo

HOSPITAL NAME
Pennsauken AH and Urgent Care

REFERRING VET
Dr. Roppolo

INVOICE
30763

DATE
5/27/22

PRESENTING CLINICAL SIGNS

History: Patient presents for recurrent liver enzyme elevations that were initially seen incidentally on pre-operative dental bloodwork. Enzyme elevations completely resolved on Denamarin therapy. After cessation of therapy, enzymes began to rise again after ~2 months. No reported clinical GI signs at home.
Abnormal PE/Chem/CBC/UA Results: 12/27/21: ALT 596 (initial, Denamarin started) 1/18/22: ALT 91 (Followup, Denamarin discontinued) 5/18/22: ALT 169 (Recheck) Remainder of BW WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 residual prostate measured 0.8 cm.

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 left kidney measured 4.57 cm. The right kidney measured 4.5 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 1.55 x 0.5 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland was visualized obliquely and was unremarkable measuring approximately 0.8 cm.

Spleen

The **spleen** revealed a mixed, hypoechoic nodule at the caudal body measuring 2.2 x 1.16 cm. Disrupted architecture was noted with minor capsular expansion. A separate nodule was noted in the spleen in the mid body and measured 1.1 cm. Slight, heterogenous parenchymal changes were noted elsewhere.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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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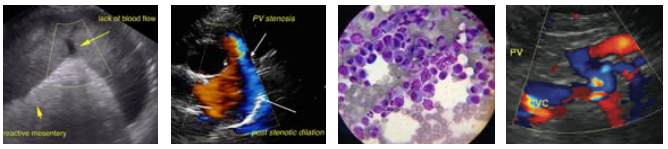

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Gastrointestinal

The **stomach** revealed a gastric mural hypertrophy that measured up to 1.2 cm in wall thickness. Echogenic remodeling of the mucosa and submucosal layers.

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.

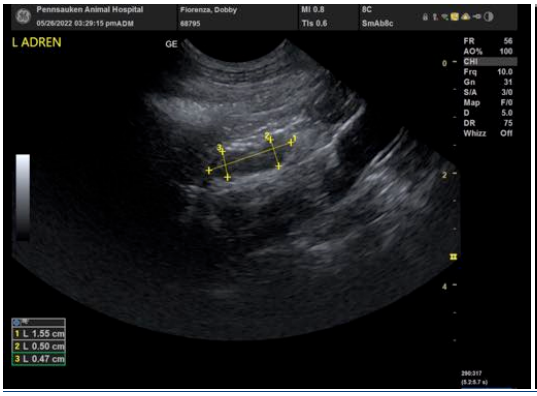
ULTRASONOGRAPHIC FINDINGS

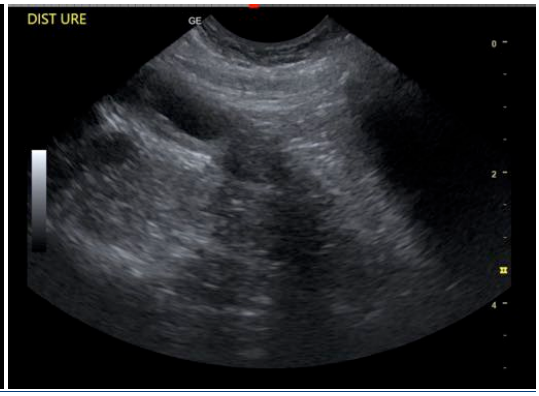
Structurally normal liver.

Concerning splenic nodule, round cell neoplasia versus hemangiosarcoma and pronounced nodular hyperplasia. Abscessation is less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable liver. Likely reactive hepatopathy or non-specific inflammatory hepatopathy. Gastric wall thickening may be the primary source of antigen surveillance phenomenon through the portal system. FNA of the general liver is recommended to assess inflammatory cell type and FNA of the splenic nodule is recommended for further definition. Justification to splenectomy with gastric and hepatic biopsies can be considered. If gastric biopsies are to be performed the biopsy of the gastric fundus would be appropriate. My personal preference in this patient would be chest radiographs and echocardiogram to assess for metastatic disease with splenectomy, gastric fundic biopsy and liver biopsy. There was no evidence of metastatic disease from the spleen. However, the dual nodular change with disrupted architecture is concerning for potential emerging neoplastic event.





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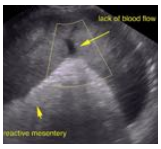
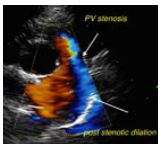
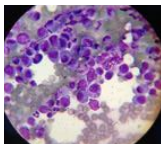
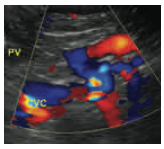

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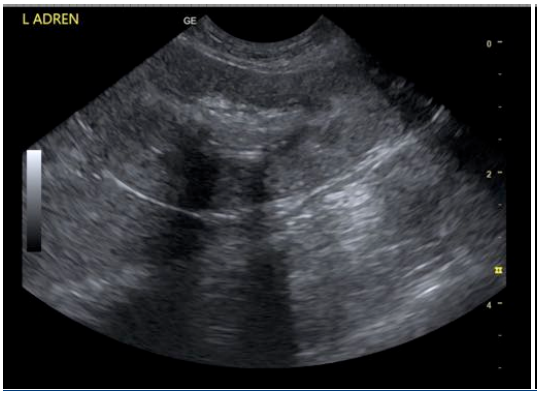

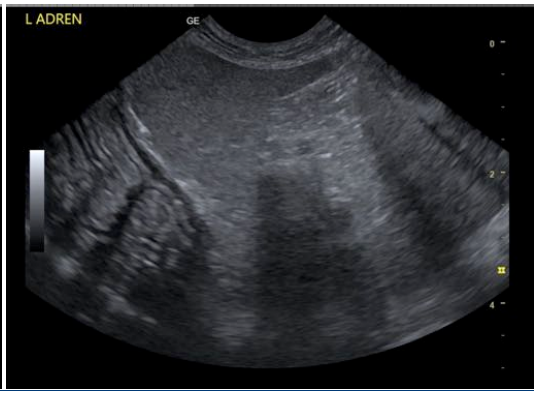

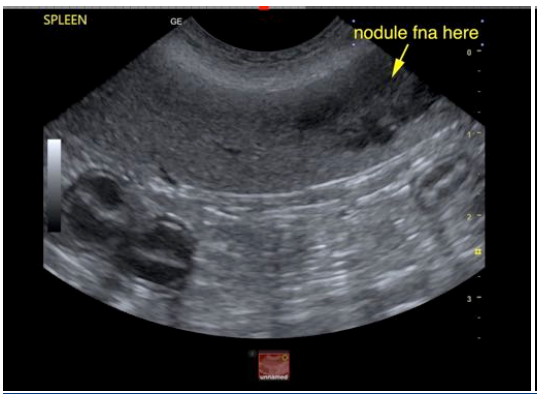

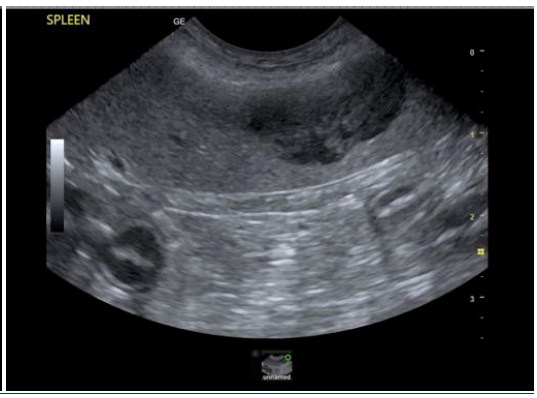

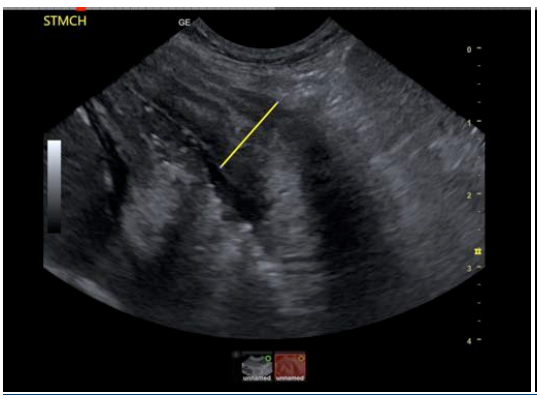

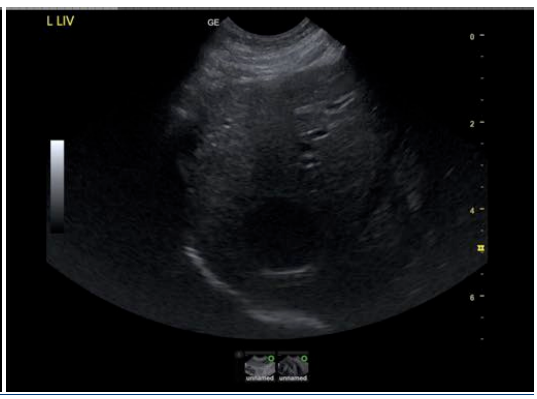

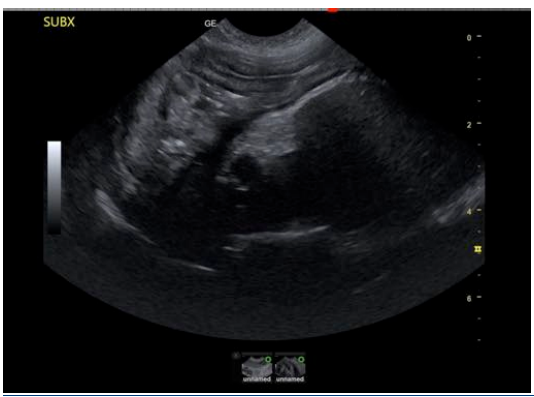

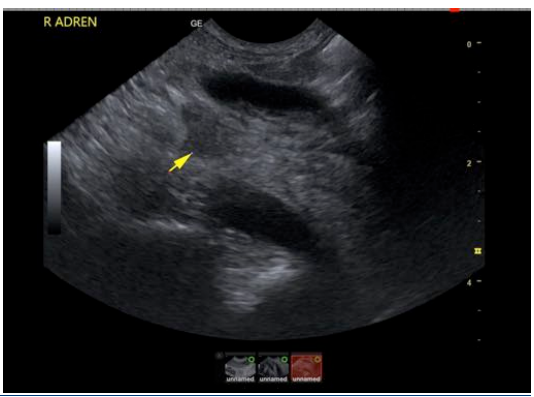

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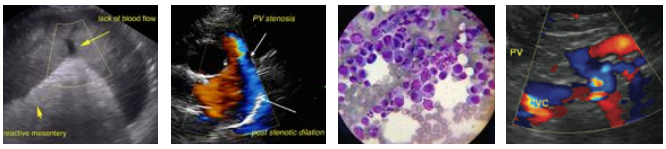

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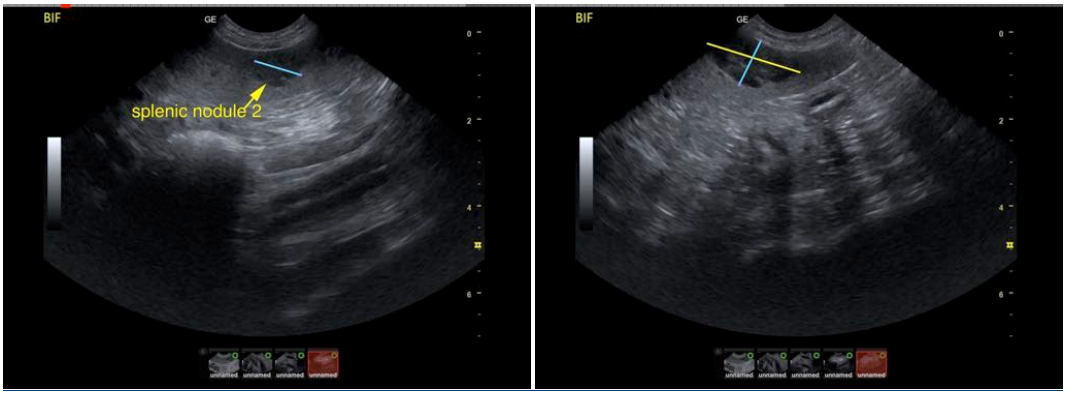

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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