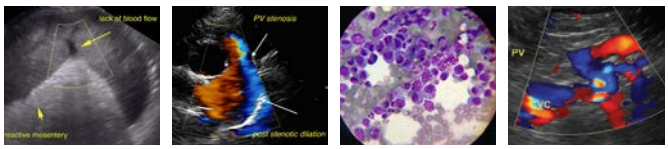
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tikaani Davenport

SPECIES
Canine

BREED
Husky

SEX
Neutered Male

AGE
12 Years

WEIGHT
70 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
JK

HOSPITAL NAME
Hamburg Vet

REFERRING VET
Dr. DenHeyer

INVOICE
38023

DATE
5/26/22

PRESENTING CLINICAL SIGNS

Elevated liver and kidney values, high fever. Lethargic, poor appetite
Abnormal PE/Chem/CBC/UA Results: Temp 103.5, Blood ALT 5777, ALK PHOS 2634, AST 96, BUN 39, CREAT 2.6. PSL 806,

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. Slight hyperechoic medullary rim sign noted. The right kidney measured 6.82 cm. The left kidney measured 7.16 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed multifocal hypoechoic target nodules, coalescing to create a mass effect that occupied the majority of the left liver. Significant disruption of architecture and pericapsular inflammatory pattern noted around the liver. Deviation of the diaphragm also noted. The pathology occupies both the left and right liver with multifocal to diffuse patterns. The gallbladder was deviated caudally owing to an overt medial mass.

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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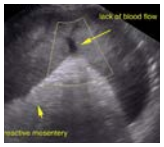
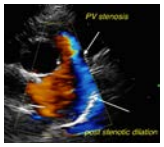
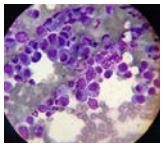
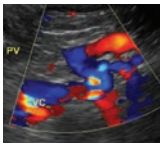

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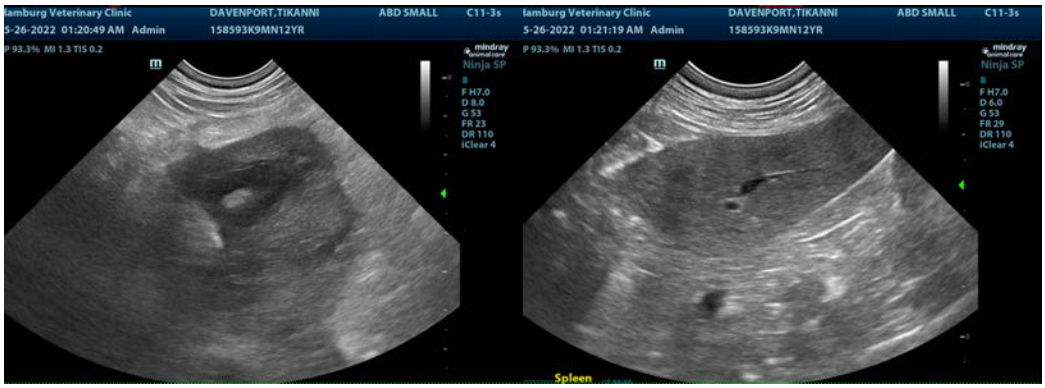
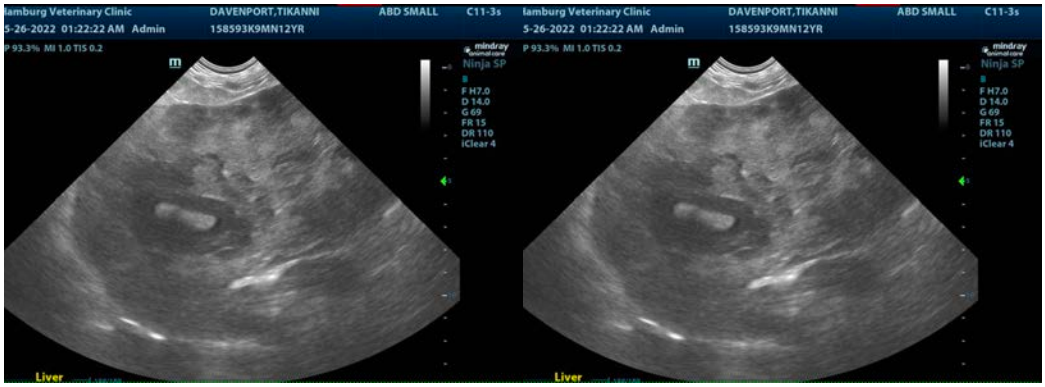
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia – round cell neoplasia pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA warranted for further definition. Prognosis is poor.





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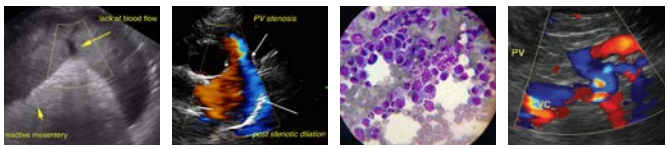

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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