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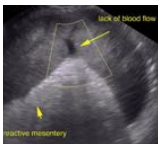
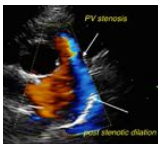
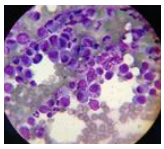
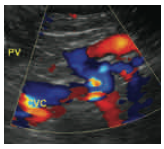

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1-800-838-4268 info@sonopath.com

PATIENT

Mylo Monahan

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

11 years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Landry

INVOICE

31068

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Preanesthetic blood work for a dental showed elevated ALP. Brief US showed a possible liver mass. Canceled dental and scheduled full AUS.
Abnormal PE/Chem/CBC/UA Results: PE: Periodontal disease 3/4, thin haircoat on trunk. BW: ALP 612, Leukocytosis with Neutrophilia 18k, Thrombocytosis 776k, Na 137, Cl 92.

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 residual prostate measured 0.68 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 right kidney measured 3.7 cm. The left kidney measured 3.4 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 right adrenal gland measured 1.68 x 0.9 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland measured 0.47 cm at the caudal pole and 0.39 cm at the cranial 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 was noted.

Liver

The **liver** was uniform with mild coarse architecture. Mildly increased portal markings were noted. The left cranial liver, left to the gallbladder and adjacent to the diaphragm revealed a heterogenous to hyperechoic lobar swelling with minor deviation of architecture. This does not comprise an overt mass, but it does differentiate itself from the surrounding parenchyma. . The gallbladder was mildly over distended with a minor amount of dependent and suspended debris. The gallbladder measured 3.0 x 2.0 cm in long axis.

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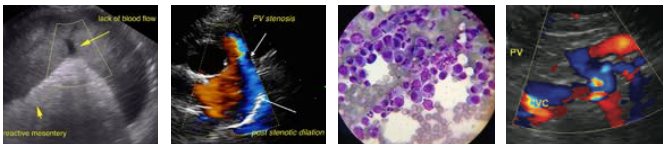

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Gastrointestinal

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.

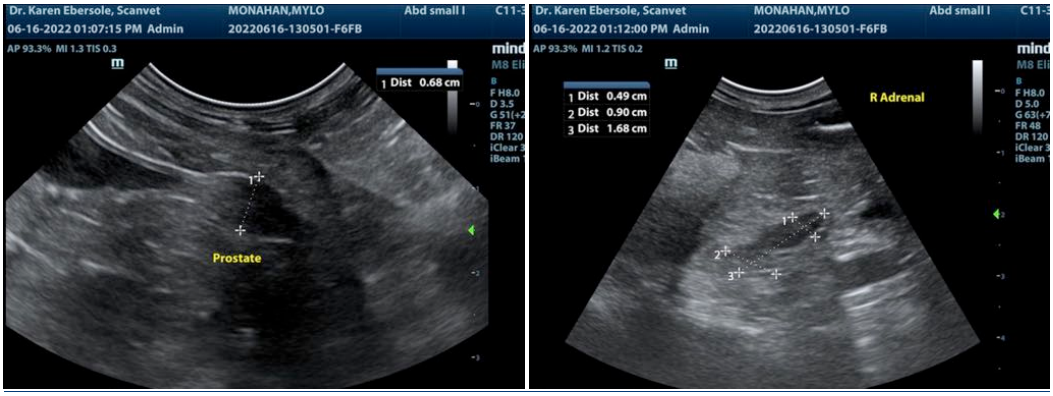
ULTRASONOGRAPHIC FINDINGS

Coalescing nodular changes in the left cranial liver.

Age related hepatic changes otherwise with minor gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the left cranial liver is recommended in this patient for further definition. There is a minor potential for neoplasia. Ursodiol therapy would likely be appropriate from a preventative standpoint. Bile acid profile would be ideal prior to anesthesia. However, the changes are likely benign and unlikely to be affecting the hepatic function.



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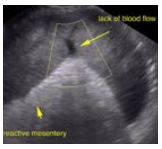
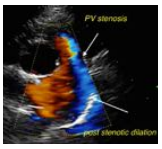
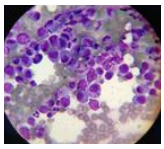
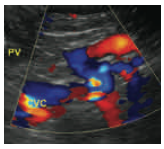

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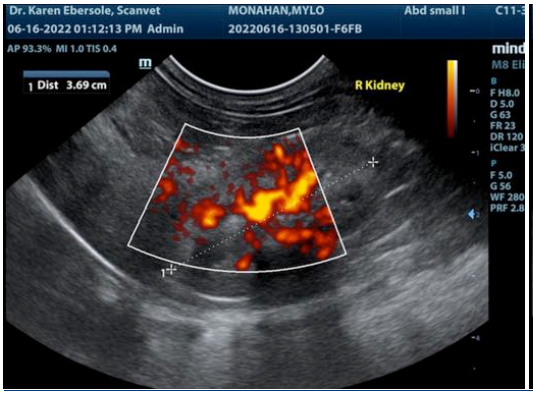

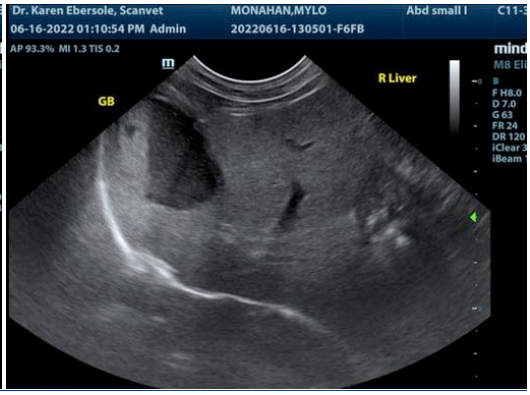

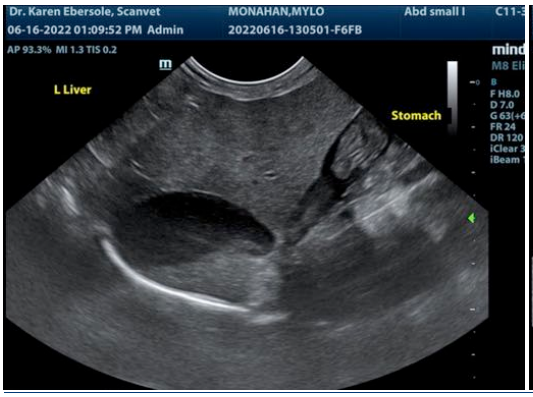

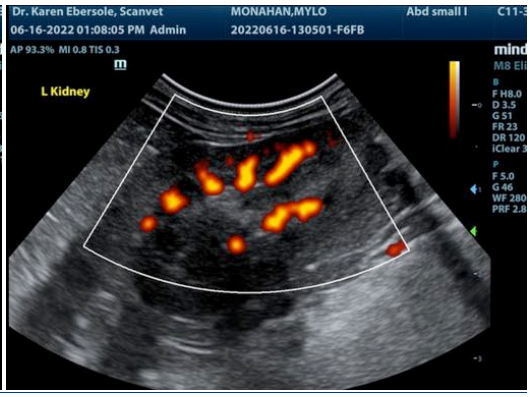

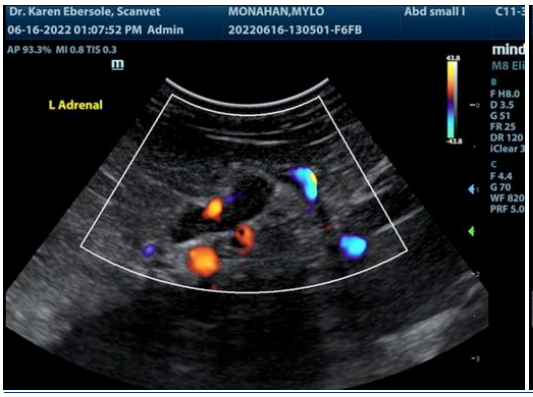

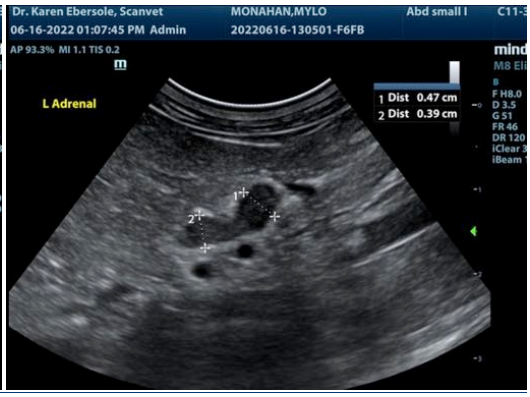

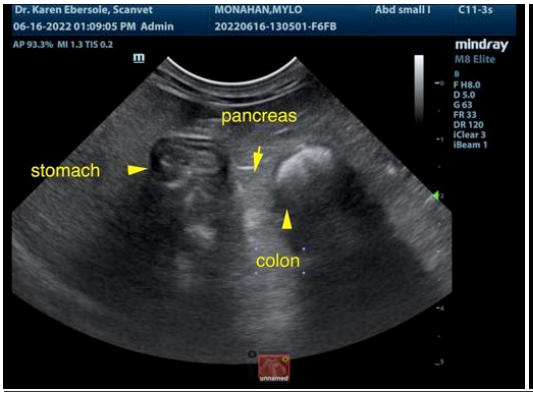

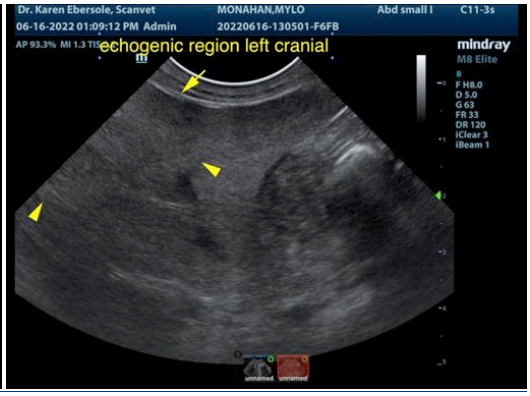

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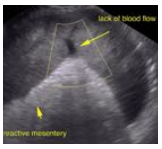
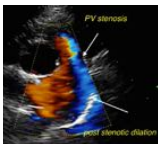
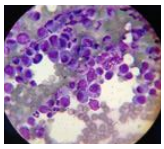
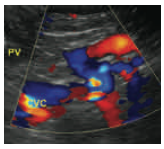

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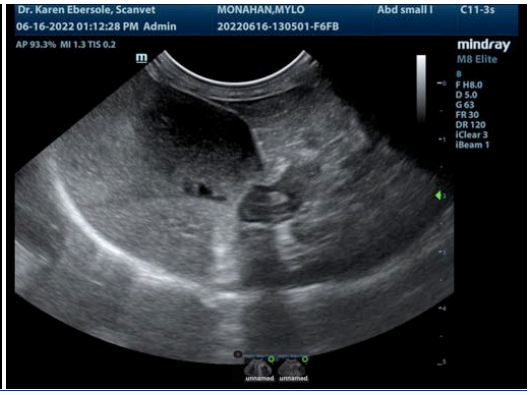

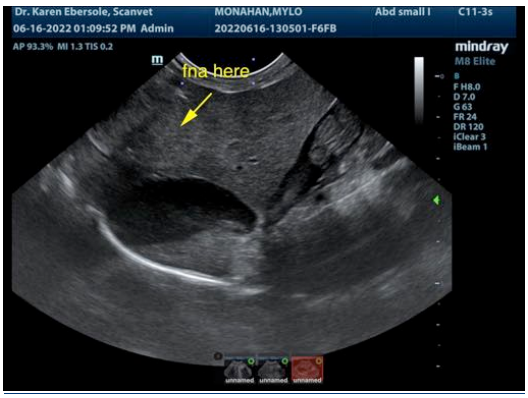

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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