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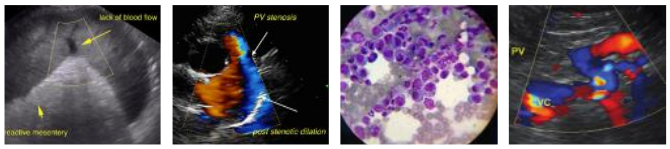
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Daisy Romano

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

62.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denises Bruno, LVT, RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

15853

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: Elevated liver values. Liver abnormal size + shape on radiographs. Denamarin Advanced large 1 Sid. Metronidazole 250mg 1 tab Bid - no meds given this morning. Labs + Radiographs attached.

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 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 6.42 cm. The left kidney measured 6.55 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 3.0 cm x 0.7 cm at the caudal pole and 0.61 cm at the caudal pole. The left adrenal gland measured 2.3 cm x 0.52 cm at the caudal pole and 0.62 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 were noted.

Liver

The **liver** in this patient presented increased portal markings, coarse architecture, isoechoic nodular changes and excessive gallbladder overdistention. This change is most consistent with pronounced nodular hyperplasia or hepatic cirrhosis with chronic inflammatory hepatopathy.

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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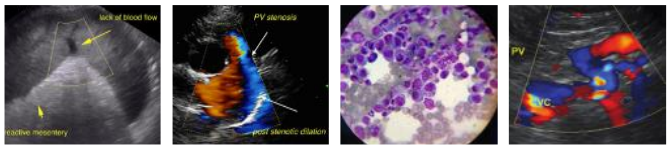

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Other

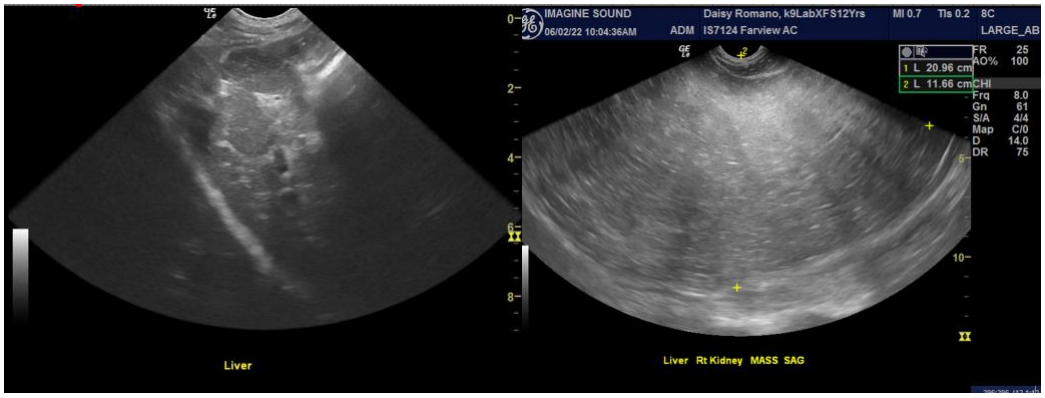
A **body wall mass** in this patient was most consistent with lipoma, measuring approximately 21.0 cm x 11.6 cm. The mass appears to be separate from the peritoneum.

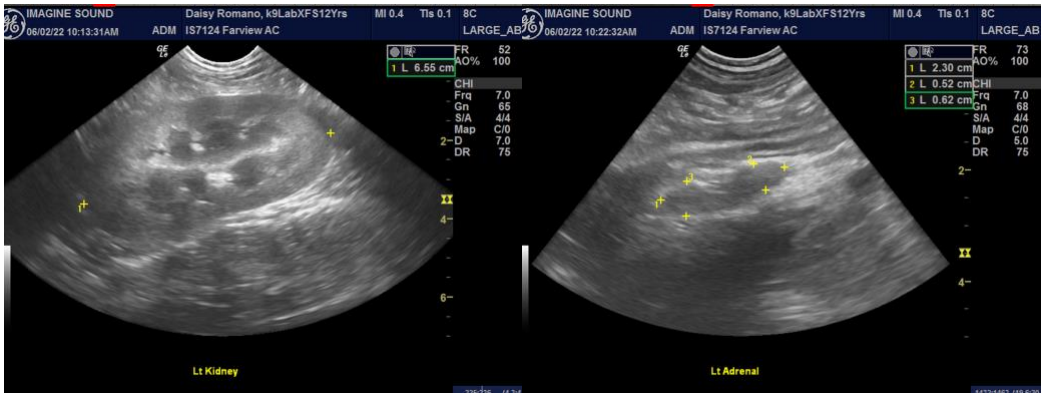
ULTRASONOGRAPHIC FINDINGS

- Large body wall lipoma, impinges upon the right retroperitoneal space, however, appears external to the abdomen.
- Chronic inflammatory hepatopathy/cirrhosis pattern with gallbladder overdistention

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid warranted prior to any anesthesia. Core liver biopsy would be ideal. Guarded long-term prognosis. The body wall mass appears subjectively benign, other than being space occupying and is most consistent with lipoma and is uniform. I'm more concerned about the long-term viability of the liver in this patient.





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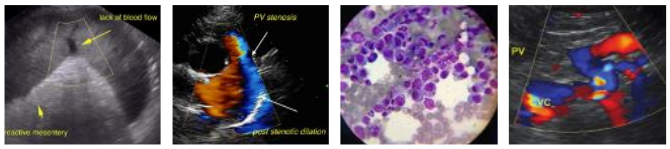

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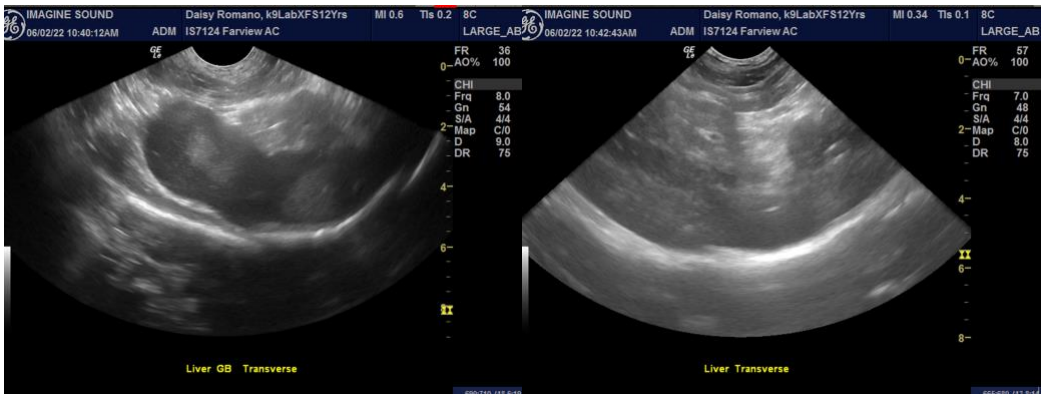

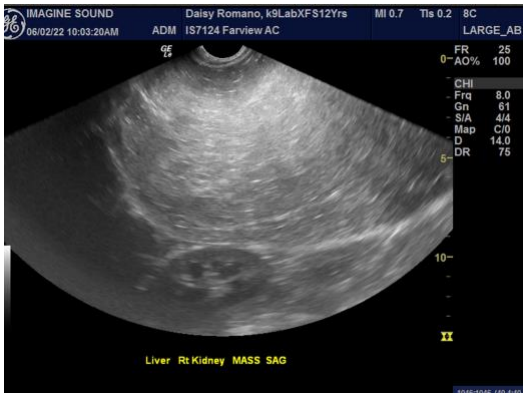

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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