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Clinical Sonography & Telecytology

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DATE

6/2/22

PATIENT

Dillon Kasperowicz

SPECIES

Canine

BREED

Beagle X

SEX

Neutered Male

AGE

9/24/10

WEIGHT

21.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. DeLozier

INVOICE

38330

PRESENTING CLINICAL SIGNS

Increasing Liver enzymes, started ~1mo ago with off and on urinary accidents, now in last ~3-4 days, appetite declining with 1 vomit episode.

Current Medications: Denamarin Advanced, Amoxicillin, Metronidazole.

Lab Results: ALP 261, ALT 567, GGT 16

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 mineralization noted. The right kidney measured 5.09 cm. The left kidney measured 4.89 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 1.86 cm x 0.50 cm at the caudal pole and 0.59 cm at the cranial pole. The left adrenal gland measured 1.76 cm x 0.56 cm at the caudal pole and 0.58 cm at the cranial pole.

Spleen

The **spleen** revealed an isoechoic nodule measuring 1.33 cm in the mid body with slight disruption of architecture. This should be monitored.

Liver

The **left liver** revealed an isoechoic 2.0 cm x 1.5 cm nodule without disruption of architecture. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

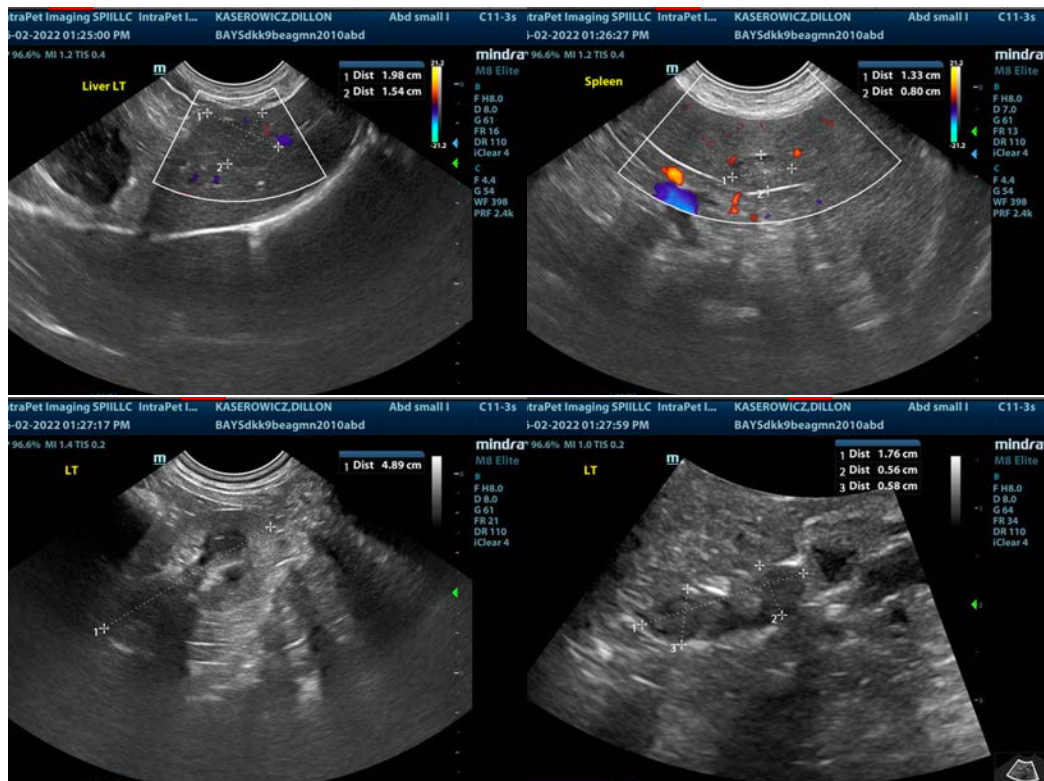
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

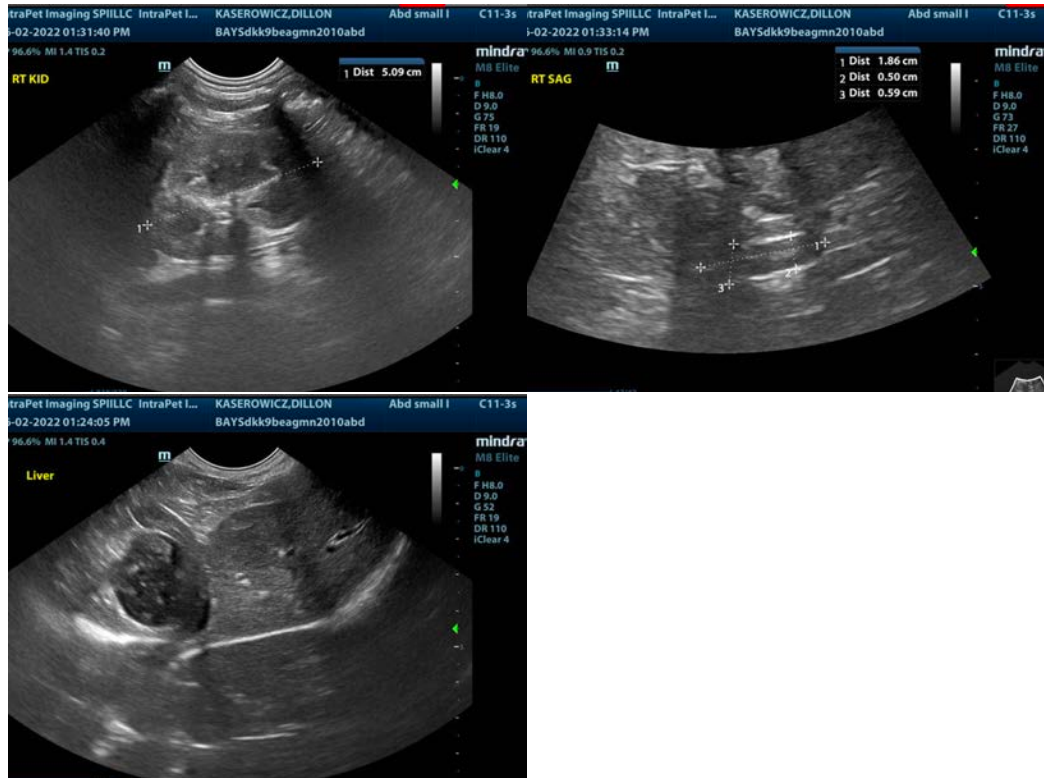
ULTRASONOGRAPHIC FINDINGS

- Splenic nodule and liver nodule, likely unrelated – hyperplasia on either lesion versus round cell neoplasia or hemangiosarcoma (minor potential)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic and hepatic nodules should be monitored carefully. Recheck sonogram in 10-14 days of the spleen and liver. If either lesion is increasing in size, then surgical intervention or FNA would be indicated. Non-specific mild chronic inflammatory hepatopathy otherwise.





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.

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