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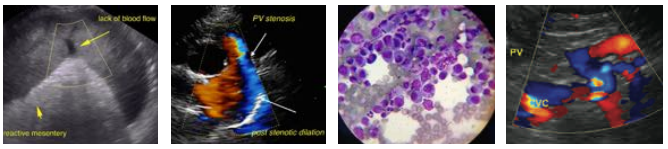

PATIENT
Jaz Kinkade

SPECIES
Canine

BREED
Pit Bull Mix

SEX
Spayed Female

AGE
13 years

WEIGHT
70 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Brady

HOSPITAL NAME
Shiloh VH

REFERRING VET
Dr. Herr

INVOICE
31216

DATE
6/23/22

PRESENTING CLINICAL SIGNS

History: Chronic history of GI issues (intermittent diarrhea, flatulence, inconsistent appetite). Had a corn cob removed from intestines several years ago. Symptoms fairly well-controlled on GI Biome until recently where owner noted black stools and fecal incontinence for the past few weeks. Also concerned about chronic elevation of ALP/adrenal dz. Radiographs showed mineral opacity material in stomach. U/S recommended to evaluate for mass vs FB. I do not see a FB today but there does appear to be some mineral material in the stomach.
Abnormal PE/Chem/CBC/UA Results: ALP 1389 PSL 193 Remainder of CBC/Chem/T4/UA unremarkable

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 **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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 6.2 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 0.5 cm. The right adrenal gland measured 0.6 cm.

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** in this patient was partially visualized. The cranial liver and gallbladder were not visualized. However, the left medial liver revealed a 3.5 x 2.5 cm hypoechoic mass. This is possibly necrosis or abscessation versus neoplasia. Ultrasound-guided FNA is indicated. Further imaging from SDEP 12 and 13 is recommended.

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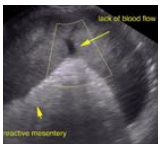
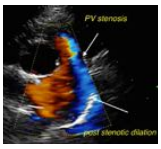
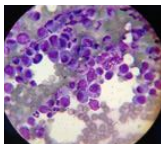
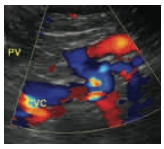

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Gastrointestinal

Structurally the **gastric** wall appeared unremarkable; however, some minor luminal material appeared to be present. If the GI signs persist then endoscopy is indicated. Some of the material appeared linear up to 1-1.5 cm.

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.

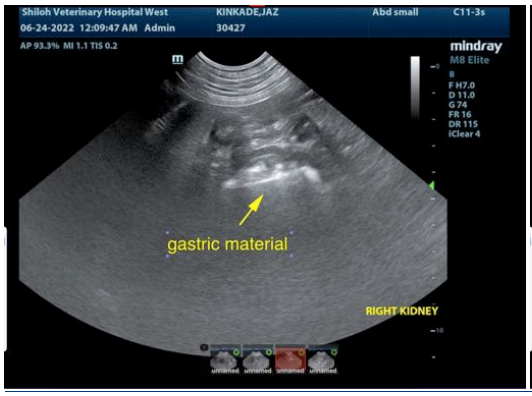
ULTRASONOGRAPHIC FINDINGS

Left medial hepatic mass with necrosis, abscessation, carcinoma or other neoplasia.

Minor, non-obstructive gastric material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the GI signs persist then endoscopy is indicated. Some of the material appeared linear and measured up to 1-1.5 cm. However, I am more concerned about the hepatic mass. Ultrasound-guided FNA is warranted.



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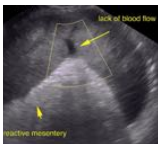
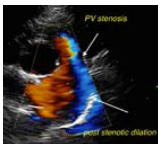
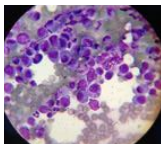
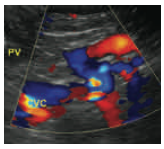

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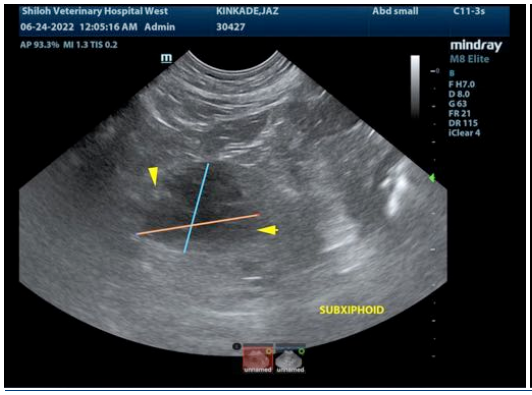

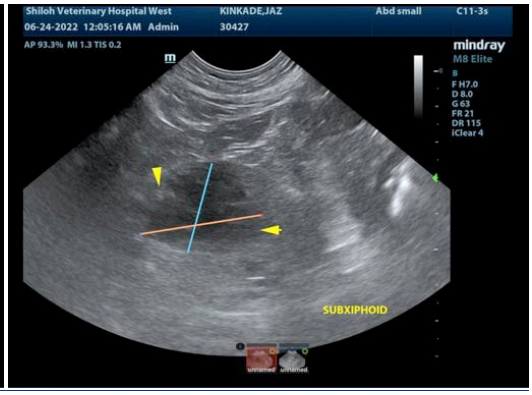

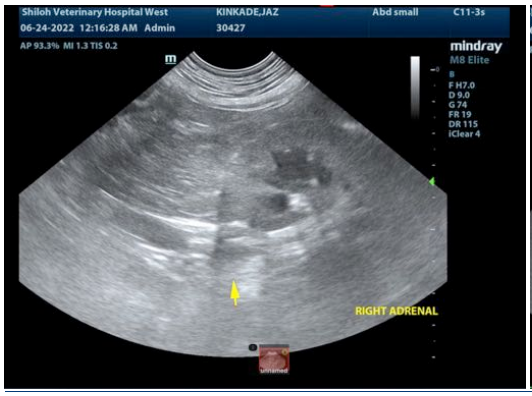

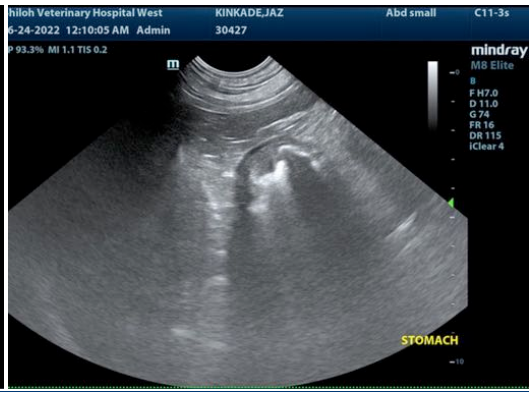

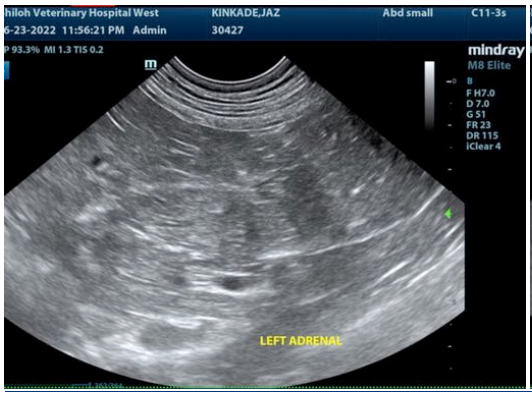

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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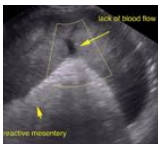

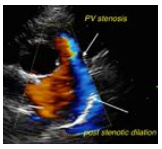

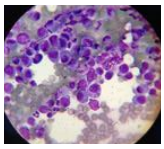
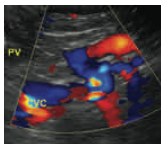

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