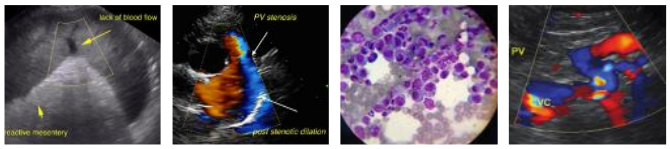
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Obi Wan Rodriguez

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

9

WEIGHT

81.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Kierra Hanrahan

INVOICE

23055

DATE

6/24/23

PRESENTING CLINICAL SIGNS

History for stat ultrasound: on annual exam on 6/11 and found to have a recent 8lb weight loss, elevated ALT (526) + ALP (1258), elevated cholesterol (680) and mild hypoglycemia (55). Owner reported no symptoms at home at that time. In last 3 days- o reports occ bilious vomiting, soft stools-liquid diarrhea, lethargy, increased pacing and restlessness, and hyporexia-anorexia. p has lost another 4.2 lbs since prev exam. p was painful on cranial abdominal palpation and 5% dehydrated with slightly tacky and pink MM. chest rads wnl. abdominal rads showed mass like object within cranial abdomen with multifocal mineral opacities and linear cartilage like opacity within mass. p has known history of foreign object ingestion. PCV/TS today 6/24 showed 50%/8.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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 6.3 cm. The right kidney measured 7.3 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

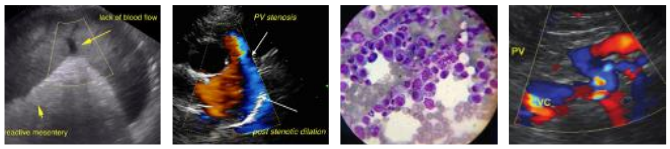
The **spleen** was mildly enlarged and slightly heterogenous.

Liver

The left **liver** revealed an expansive mixed echogenic 3.5 cm nodule with mild disruption of architecture. Other nodular changes were noted in the liver. Increased portal markings were noted in the liver. Gallbladder polyps were noted with excessive debris.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this



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patient at 24-hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

Pancreas

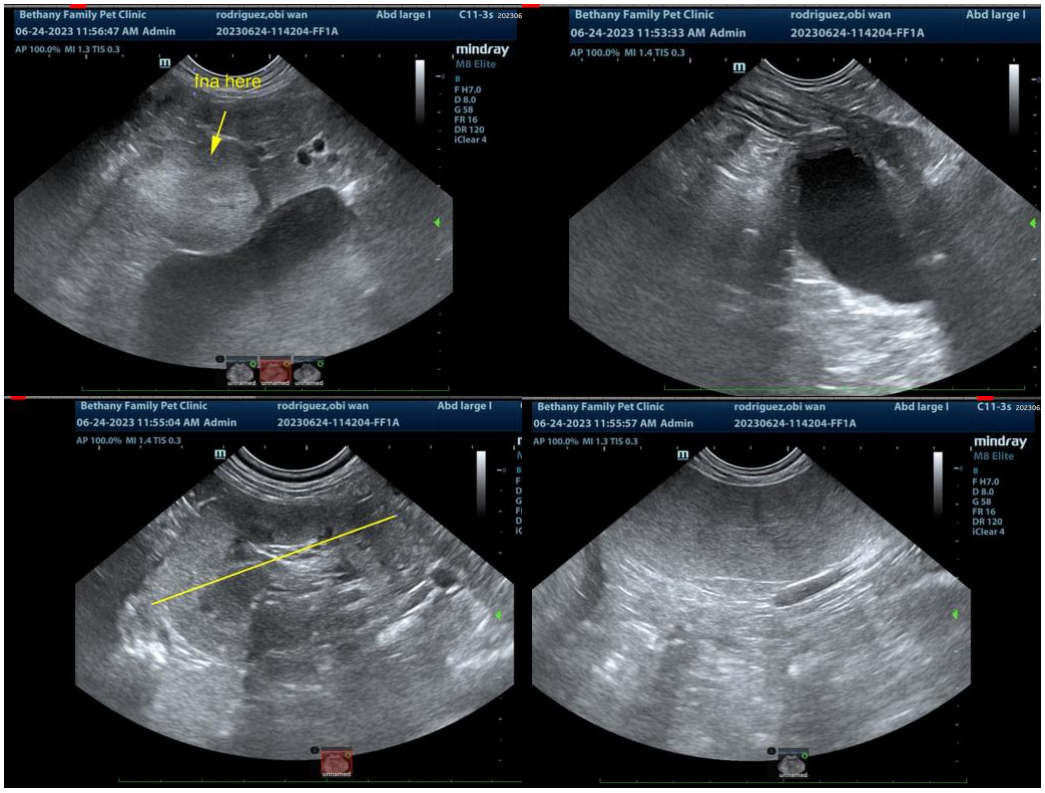
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement
- Hepatic enlargement with nodular changes
- Full stomach
- Age-related urinary bladder and renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general hepatic parenchyma and larger nodule is recommended, as well as FNA of the spleen. Hepatic nodule differentials include carcinoma and pronounced nodular hyperplasia. Further imaging of the adrenals would be ideal, likely under sedation (necessary).



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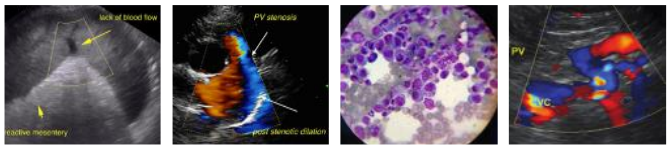

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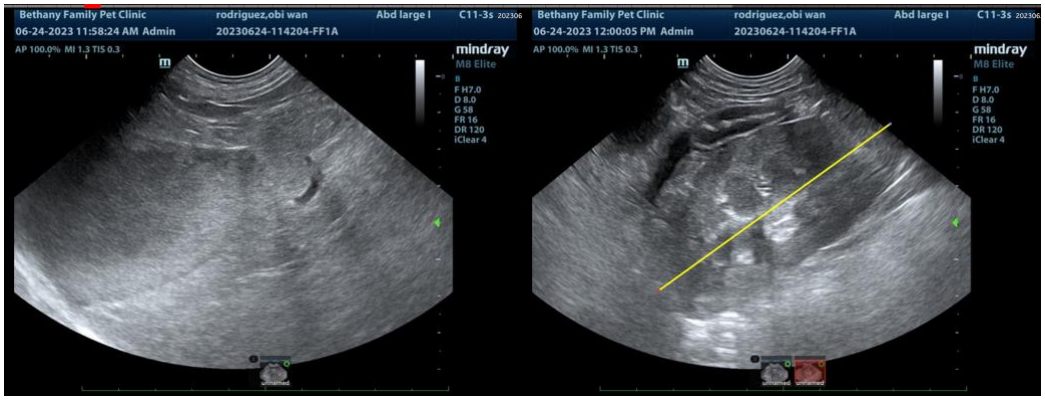

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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