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Clinical Sonography & Telecytology
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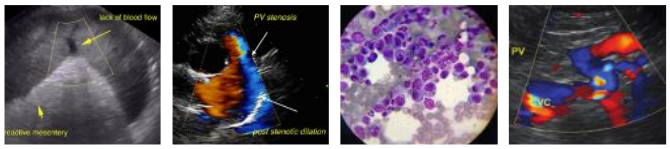

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Beanie Carney

SPECIES

Canine

BREED

Barbet

SEX

Spayed Female

AGE

N/A

WEIGHT

17 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

23064

DATE

6/25/23

PRESENTING CLINICAL SIGNS

History: Has had declining health last month or so. Presented in lateral recumbency, History of intermittent vomiting, diarrhea. Geriatric

Abnormal PE/Chem/CBC/UA Results: Decreased Mentation, Schiff Sherington syndrome, painfull abdomen. Decreased pain reaction and withdrawal with toe pinch CBC: WBC 25.08 (N 5.05-16.76), increased neuts, bands, monos, Chem: Glu 3.58 (N 3.89-7.95), SDMA 27 (N 0-14), Urea 21.7 (N 2.5-9.6) Phos 3.74 (N 0.81-2.20), ALT 437 (N 10-125), T.Bil 19 (N 0-15) AMY 2058 (N 500-1500), Lip 4075 (N 200-1800), K 7.4 (N 3.5-5.8) TT4 (N 13-51) U/A: USG 1.040, Ph 6.5, Pro 500, Leu,glu,ket, bili Negative, Blood 250 , WBC 3/HPF, RBC 4/HPF, Bacteria cocci suspected, Non-sec 1-2/HPF , Non hyline cast >1/LPF crystals negative

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 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. The left kidney measured 5.3 cm. Cortical infarcts were noted in the right kidney. The right kidney measured 5.5 cm. Slight pyelectasia was present.

Adrenal Glands

A **right adrenal gland** mass was noted in this patient, measuring 3.4 cm x 2.9 cm. The right adrenal gland appeared to have phrenic vein invasion and early CVC invasion with surrounding ascites.

The **left adrenal gland** was also enlarged, uniform, measuring 3.12 cm x 1.09 cm at the caudal pole and 1.0 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a mild change.

Liver

The **liver** revealed swollen irregular contour and increased portal markings. The gallbladder was edematous and thickened. This change is consistent with fibrosing cholangitis/cholangiohepatitis. The caudate process was mildly enlarged in the liver, deviating the stomach. Nodular changes with target type appearance were noted in the liver- this may represent metastatic disease.

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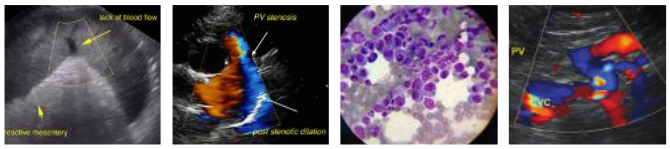

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Gastrointestinal

The **gastric** wall was mildly thickened with empty lumen. The small intestine was unremarkable. The colon was mildly thickened.

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.

Free Abdomen

Ascites was noted in the abdomen.

A hypoechoic rounded structure adjacent to the diaphragm appeared to be likely lymph node involvement.

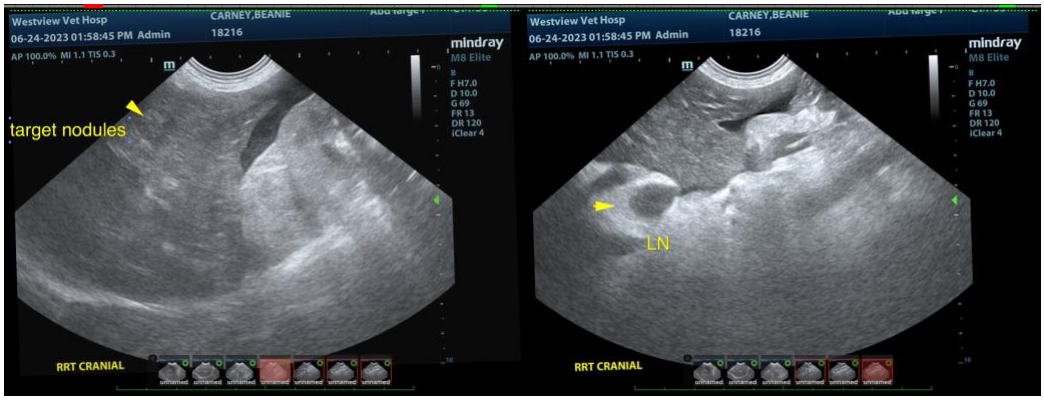
Reactive mesentery was noted throughout the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Invasive right adrenal gland
- Target nodules throughout the liver and chronic cholangitis pattern.
- Concurrent gastric thickening and thickened colon.
- Ascites and reactive mesentery
- Hypoechoic rounded structure adjacent to the diaphragm, appeared to be likely lymph node involvement.
- Age-related splenic changes
- Age-related renal changes with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ascites could be justified, either from hemorrhage, paraneoplastic effusion or secondary ascites from portal hypertension; this would be decided based on fluid analysis and eventual cytospin of the free fluid. Prognosis is very poor long term with some potential for supportive care, depending upon further findings.



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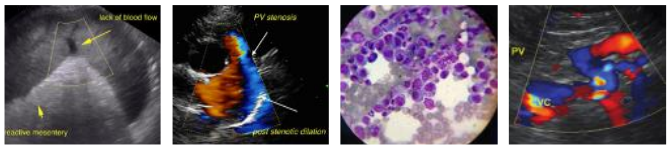

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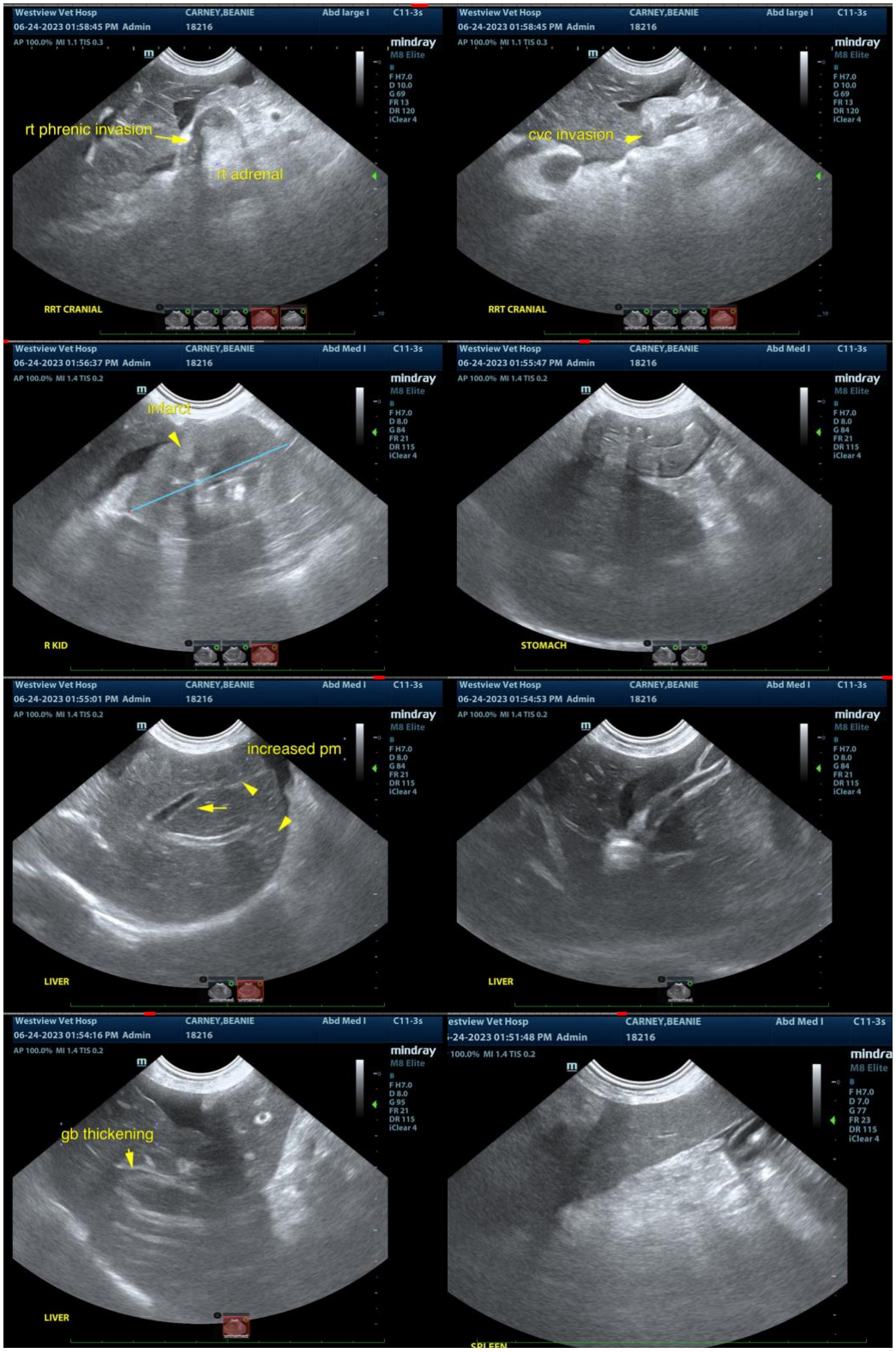

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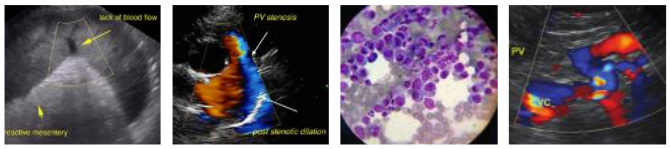

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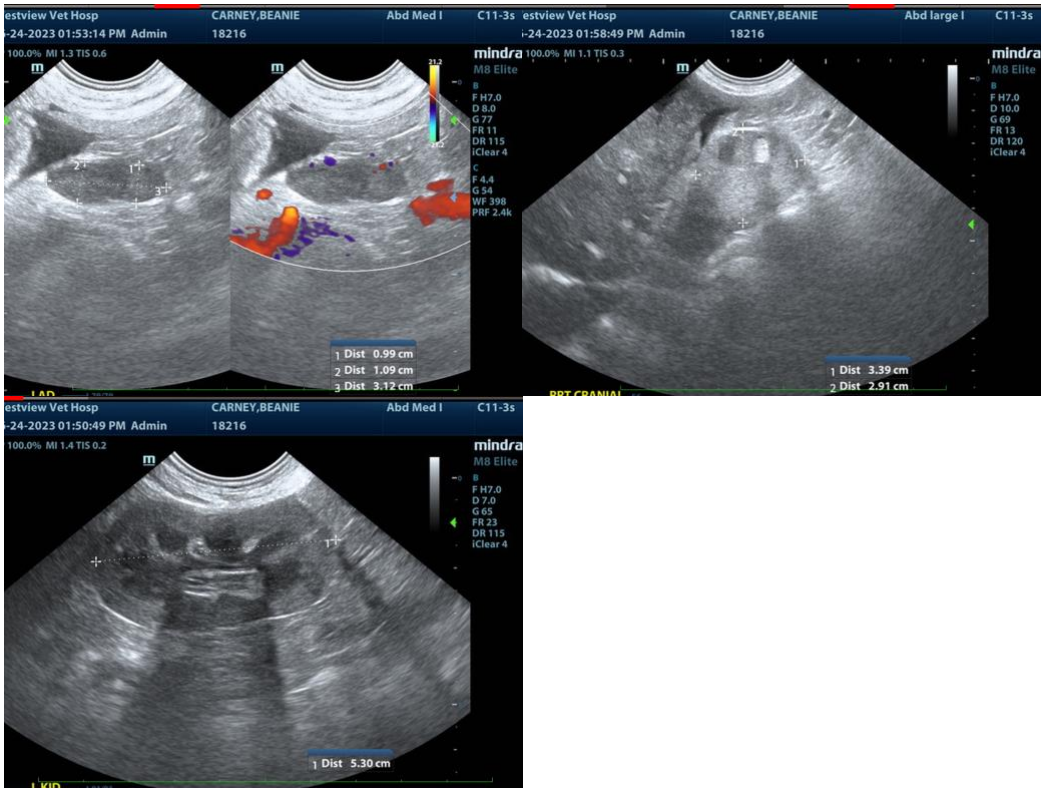

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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