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Clinical Sonography & Telecytology
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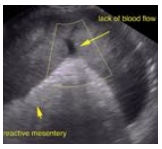
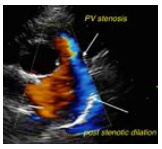
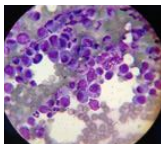
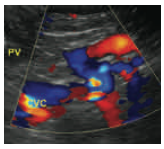

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1-800-838-4268 info@sonopath.com

PATIENT

Hank Greenan

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

88 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Gramazio

INVOICE

31273

DATE

6/27/22

PRESENTING CLINICAL SIGNS

History: Change of behavior at home such as barking at random things at home and chewing up toys. Early signs of Cognitive dysfunction
Abnormal PE/Chem/CBC/UA Results: ALP 369 (5-160 U/L) RETIC HGB 23.3 LOW 24.5-31.8 pg LYMPHOCYTE 826 LOW 1060-4950 /uL

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 1.0 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 6.9 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.6 cm. The right adrenal gland was not visualized.

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** revealed fairly uniform enlargement. Heterogenous nodular changes were noted. This created a hepatoma type mass that measured 5.0 cm. The remainder of the liver did not have optimal resolution. Approximately only 30% of the liver was visualized. The gallbladder visualized and the liver around the gallbladder appeared unremarkable.

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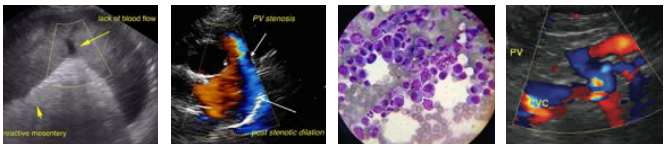

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Gastrointestinal

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

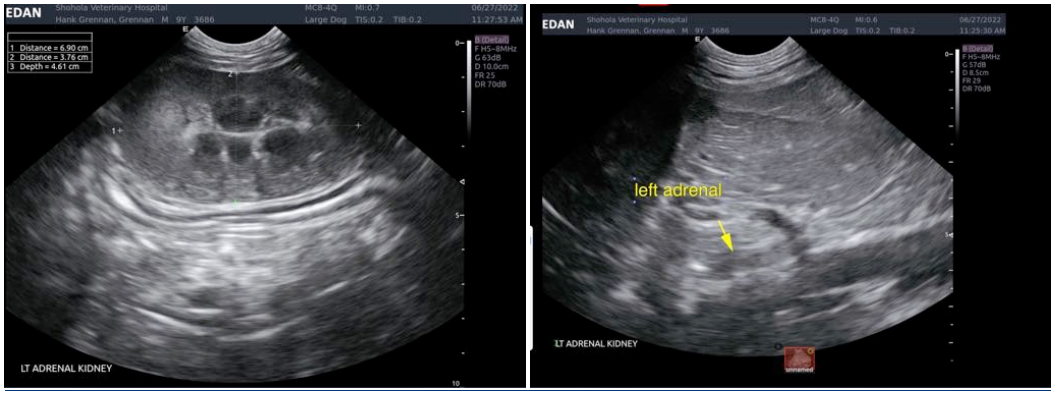
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Left sided liver mass, further extension of the pathology cannot be evaluated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the liver is recommended to assess the extent of the hepatic pathology. The lesion visualized appears to be subjectively low-grade or benign such as hepatoma or pronounced nodular hyperplasia. However, FNA is indicated for further definition. Given the behavioral change full CNS examination is warranted. If any abnormalities are present then brain CT is indicated. Bile acid profile would be appropriate.



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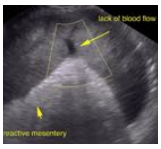
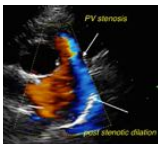
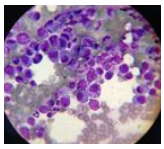
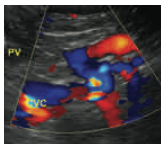

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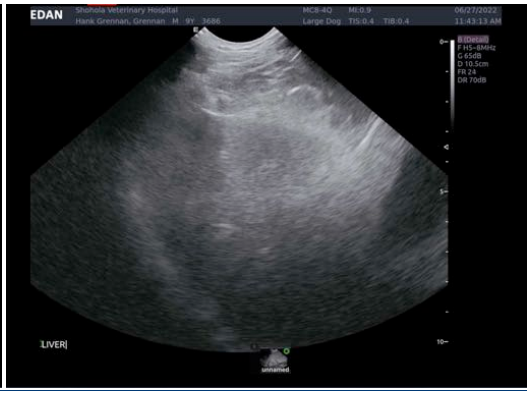

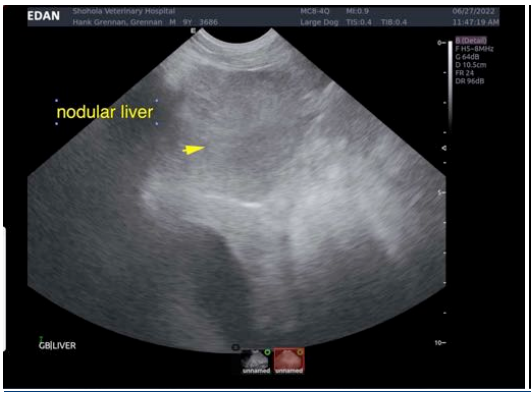

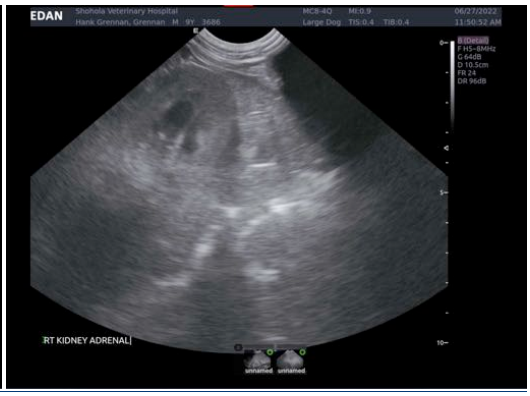

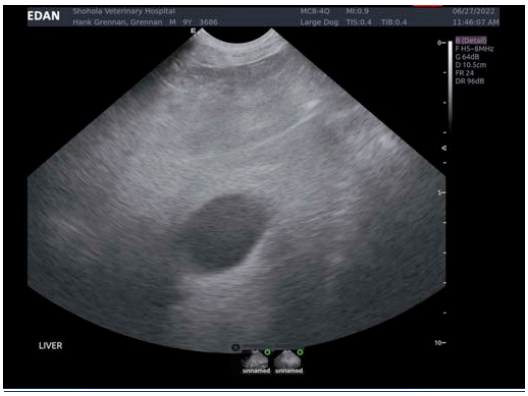

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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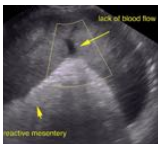

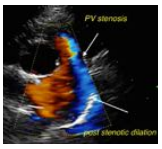

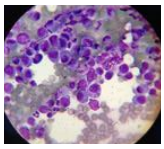
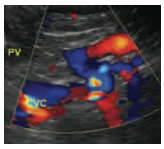

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