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Clinical Sonography & Telecytology

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DATE

6/7/22

PATIENT

Leo Jaffey

SPECIES

Canine

BREED

Jack Russell

SEX

Neutered Male

AGE

2/18/10

WEIGHT

17.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Silcox

INVOICE

38481

PRESENTING CLINICAL SIGNS

Recheck liver mass and adrenal nodule. Seen 6/6/22 for gastroenteritis going on 36 hours. QAR and mildly dehydrated. Abdomen soft and non-painful on palpation. Watery diarrhea. BUN elevated (55) and ALP elevated 381.

Current Medications: Amoxi 150mg BID, Metronidazole 125mg BID, Cerenia 24mg QD, Omeprazole 20mg QD, Sucralfate 500mg TID, Proviabale QD.

Lab Results: BUN 55, ALP 381, Neutrophil count 12.77 (mildly increased).

Date of Previous IntraPet Ultrasound: 1/7/22. See attached.

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 residual prostate was uniform at 0.97 cm.

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. Similar to prior sonogram. The right kidney measured 4.75 cm. The left kidney measured 4.36 cm.

Adrenal Glands

The right adrenal gland was persistently nodular in the mid body, similar to prior sonogram, measuring up to 0.83 cm. The right adrenal gland measured 1.76 cm x 0.55 cm at the caudal pole and 0.58 cm at the cranial pole. The left adrenal gland measured 1.97 cm x 0.62 cm at the caudal pole and 0.59 cm at the cranial pole.

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 were noted.

Liver

The **liver** revealed increased portal markings and coarse architecture. A hepatoma type mass was noted in the right cranial liver, measuring 4.4 cm x 2.37 cm. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was persistently thickened. A minor amount of fluid was present. Similar to prior sonogram. No neoplastic criteria or foreign body. The small intestine and colon were unremarkable.

Pancreas

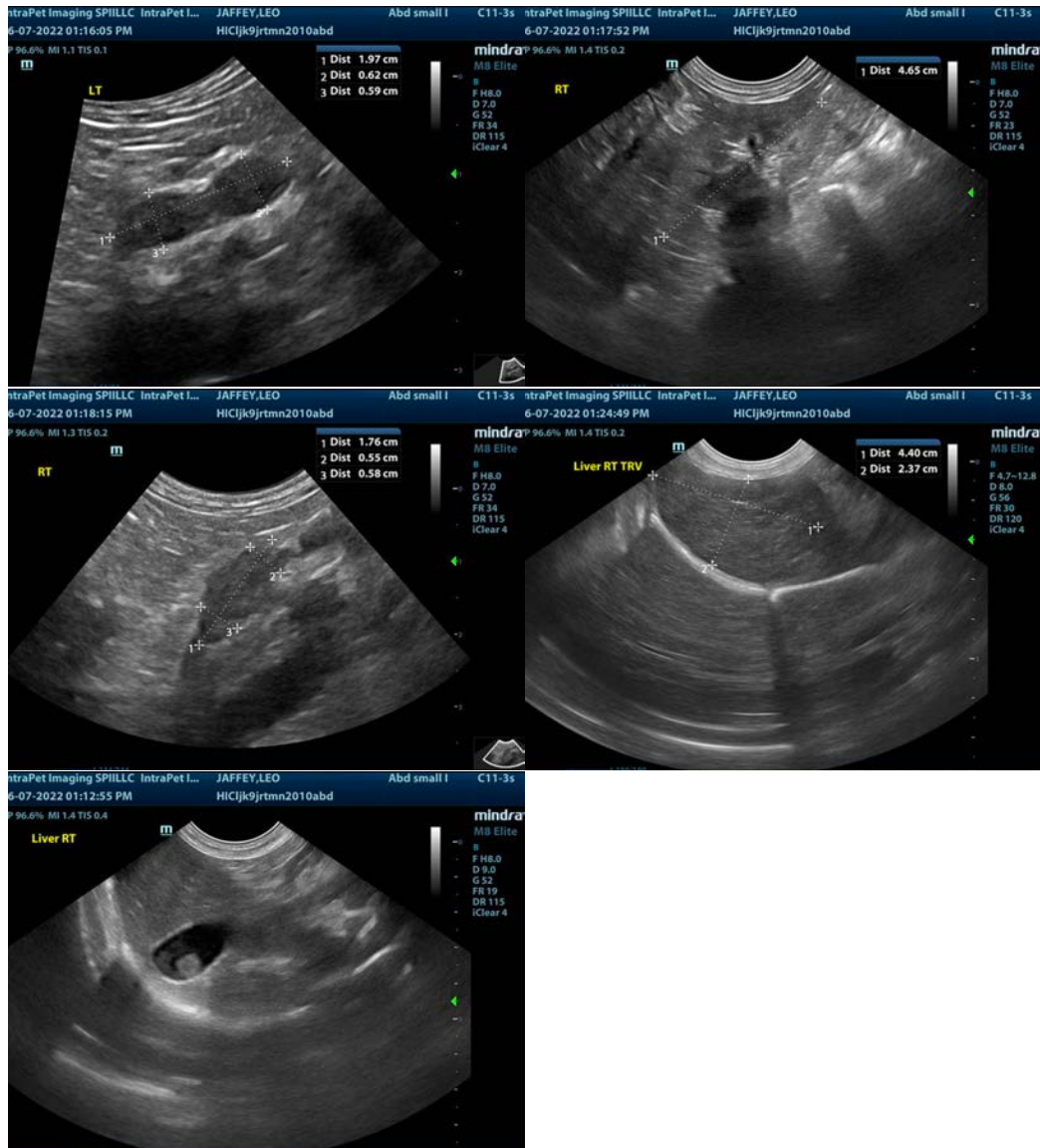
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Stable liver, adrenal and upper GI presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal, pyloric outflow, and remainder of the abdomen appeared to be stable, no progression. No evidence of vascular invasion by the right adrenal. The liver presentation was fairly similar to the prior sonogram with hepatoma type presentation. Carcinoma is unlikely at this point.



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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