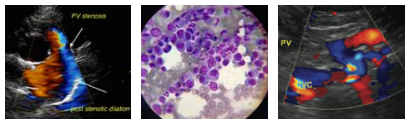
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
7/1/22

PATIENT
Holly Rock

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
12/25/11

WEIGHT
74 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Madonna Vet

REFERRING VET
Dr. Brockett

INVOICE
31430

PRESENTING CLINICAL SIGNS

Blood in urine/struvite crystals. X-ray-multiple bladder stones and possible mass in cranial abdomen.
Current Medications: None listed.
Radiographs: Multiple bladder stones and possible cranial abdominal mass.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multiple calculi. The largest of which measured 1.0 cm and was non-obstructive at the time of the sonogram.

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 right kidney measured 6.22 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. Nodules were noted at both poles of the left adrenal gland. The left adrenal gland measured 3.4 x 1.22 cm at the caudal pole and 1.11 cm at the cranial pole. The right adrenal gland revealed a hyperechoic nodule at the cranial pole measuring 1.57 x 1.19 cm. The right adrenal gland measured 3.53 x 1.04 cm at the cranial pole and 0.79 cm at the caudal 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 was noted.

Liver

The left **liver** revealed uniform 8.9 x 5.6 cm mass/swelling. The mass was pedunculated and vascularity was subnormal. However, there is blood flow therefore torsion is unlikely. The remainder of the liver revealed increased portal markings and remodeling. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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

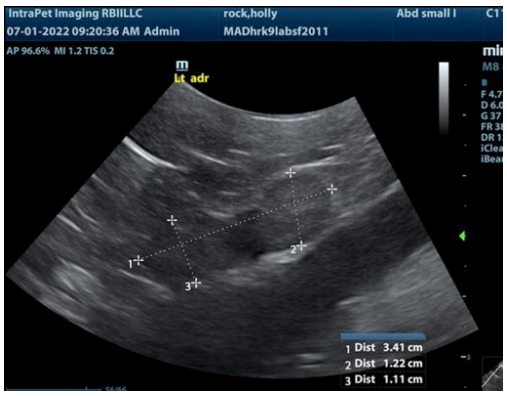
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

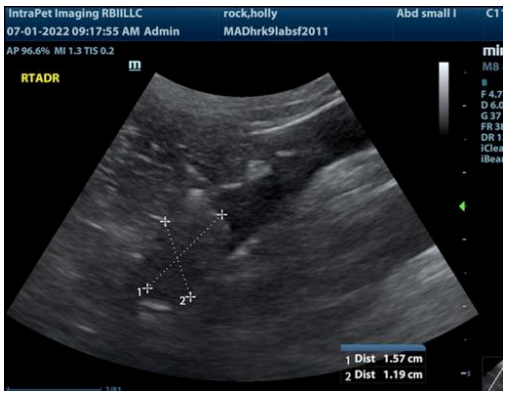
ULTRASONOGRAPHIC FINDINGS

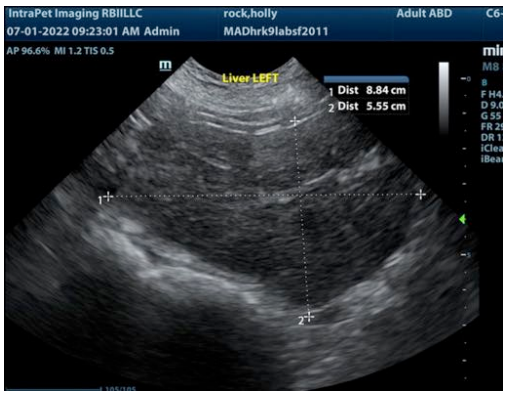
Multiple bladder calculi.
Hepatoma type mass at the caudal aspect of the left liver. This is likely benign.
Bilateral adrenal enlargement with nodules, likely adenomas.

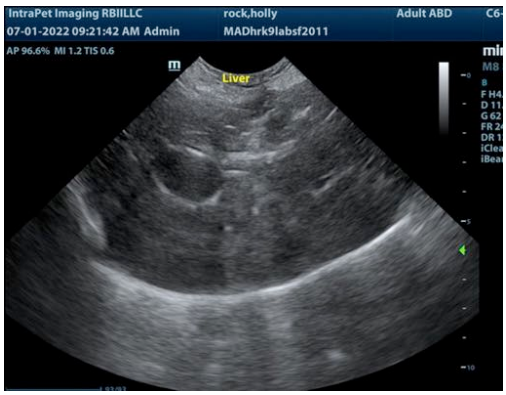
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

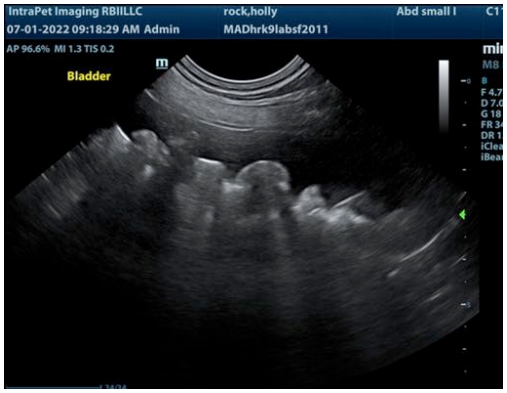
If the patient appears Cushingoid then PDH is a potential. Cystotomy, stone analysis, culture and left lateral lobectomy is recommended. The hepatic mass is pedunculated and at risk for torsion, yet hepatoma/nodular hyperplasia is likely with mass formation versus mild potential for carcinoma.

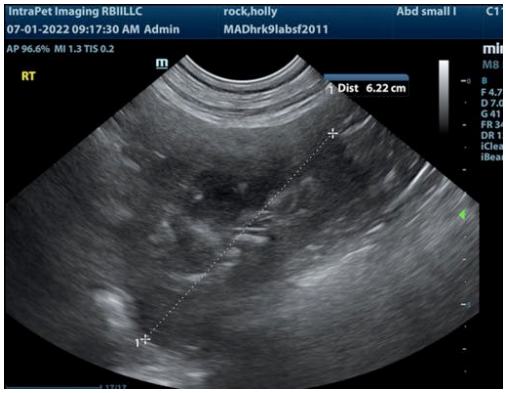


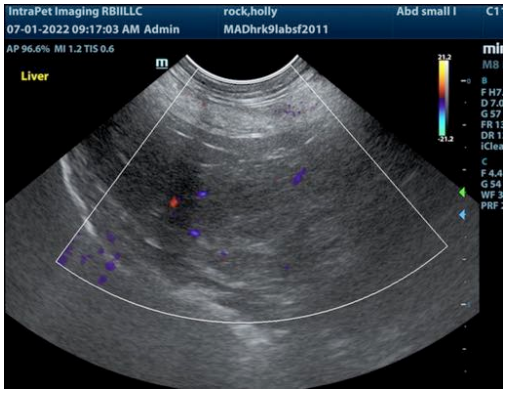


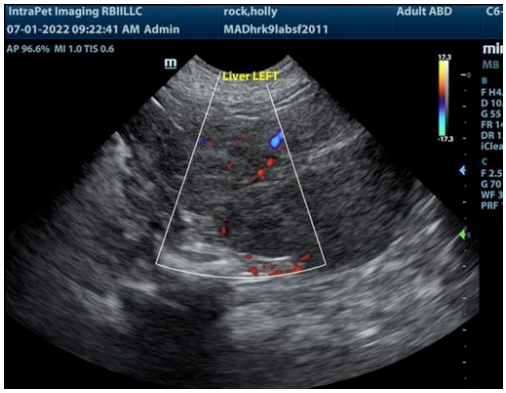


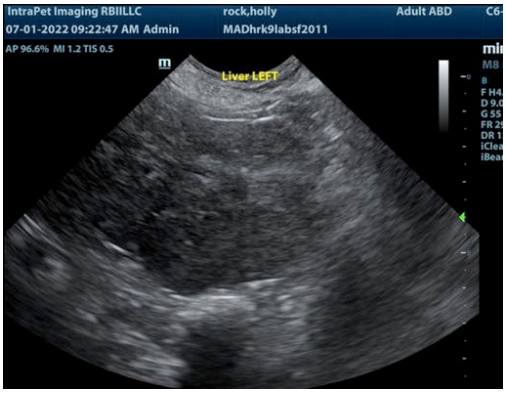












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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