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Clinical Sonography & Telecytology

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DATE

7/28/22

PATIENT

Yogi Boisselle

SPECIES

Canine

BREED

Cocker Spaniel X

SEX

Neutered Male

AGE

3/11/11

WEIGHT

40.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

HOSPITAL NAME

Lake Shore Pet
Hospital

REFERRING VET

Dr. Ashley

INVOICE

39882

PRESENTING CLINICAL SIGNS

Complications after mass removal surgery on 7/23. Presented to us on 7/25 for not wanting to eat, not wanting to lay down on his side, side of abdomen feels solid and whole abdomen is painful.

Current Medications: Atopica (Cyclosporine) Capsules for Dogs, 15 capsules, 25-mg, qty: 2 boxes (9.1-16 lbs) - Give 2 capsules by mouth AM and 1 capsule by mouth PM. Galliprant 60 mg Tablet - Give 1/2 tablet by mouth every 24 hours for 14 days. Clavamox 250mg Tablet Give 1 tablet, by mouth, every 12 hours. Lab Results: SDMA 18, ALT 219, ALP 2124, Chol 471, Pro BNP 1902, USG 1.022, minor proteinuria Radiographs: Mass noted in abdomen- either on liver or spleen Date of Previous IntraPet Ultrasound: No previous. 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 **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. The right kidney measured 6.53 cm. Cortical cystic changes noted in both kidneys, not clinically an issue. The left kidney measured 7.0 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were 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. The right adrenal gland measured 2.42 cm x 0.78 cm at the caudal pole and 0.87 cm at the cranial pole. The left adrenal gland measured 2.78 cm x 0.91 cm at the caudal pole and 0.78 cm at the cranial pole.

Spleen

The **spleen** presented multifocal isoechoic expansive nodules.

Liver

The **liver** presented multiple expansive disruptive parenchymal nodules, deviating the gallbladder. A larger mass in the liver measured 6.0 cm with cavitations. Masses were peripherally inflamed.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. The gastrointestinal tract was deviated caudally.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Some secondary inflammation from the hepatic pathology appears to be present.

Free Abdomen

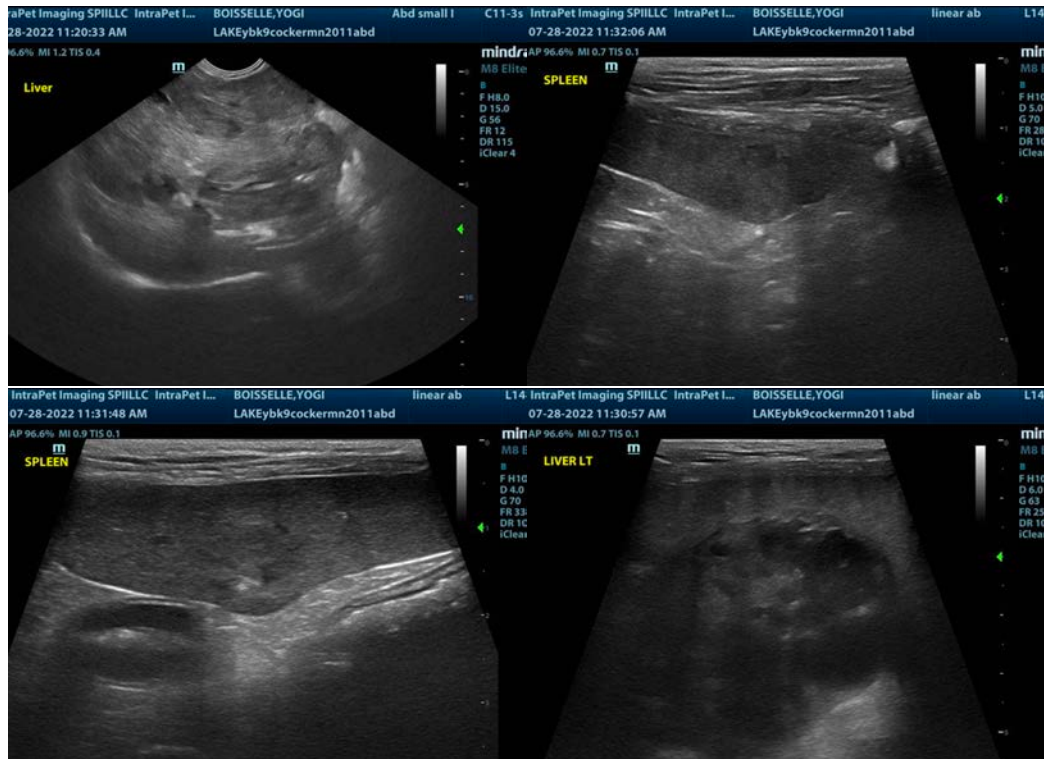
Trace amounts of free fluid noted.

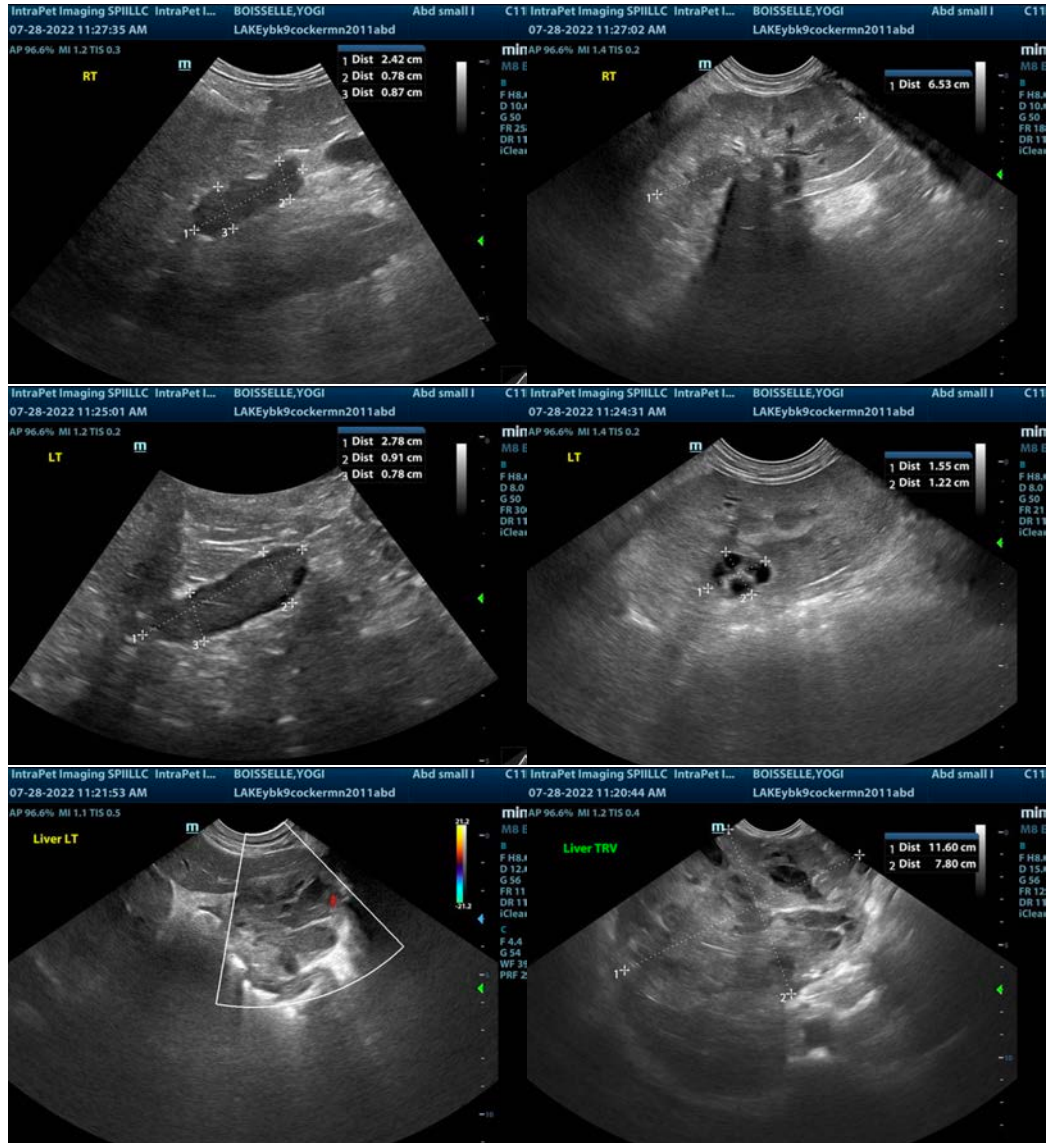
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia with concurrent splenic target nodules and significant regional inflammation
- Age related renal changes
- Pancreatic remodeling
- Bilateral adrenal hypertrophy
- Trace free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor in this patient. FNA of the splenic nodules and parenchymal portions of the liver masses could be considered for further definition. However, this is a particularly aggressive process. Likely carcinoma or sarcoma.





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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