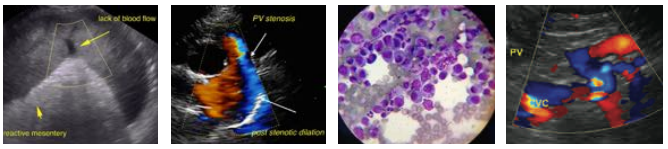
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Willis Watasabaugh

SPECIES

Canine

BREED

Corgi

SEX

Neutered male

AGE

10 years

WEIGHT

55 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Gotfredson CVT

HOSPITAL NAME

Red Hills VH

REFERRING VET

Dr. Sowerwine

INVOICE

91324

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Dental Cleaning 8/6/21
Abnormal PE/Chem/CBC/UA Results: Bright, Alert, Responsive, Hydrated Mucous Membranes pink Complete Blood Count - red blood cell, white blood cell, and platelet tests are within normal limits indicating normal bone marrow function Blood Chemistry - elevated ALT (mild) and elevated ALKP (moderate-severe), high cholesterol. Kidney function appears normal; blood proteins and electrolytes are within normal limits Pre-Anesthetic ECG - Heart Rate: 117 bpm Rhythm: Sinus ECG AND CLINICAL ASSESSMENT: Normal ECG. ECG waveform¶s amplitude and duration are within normal limits. DIAGNOSTIC RECOMMENDATIONS: No further cardiac diagnostics are indicated based on this ECG. OVERALL RECOMMENDATIONS: There is no contraindication to general anesthesia or any anesthetic agents based upon this ECG Elevated liver values ; concern for Cushing's (clinical signs of PU/PD, rough haircoat, mild potbellied), normal hepatic changes with age, neoplasia, vs other. Recommended abdominal ultrasound. AB: 08-12-21 at 5:49p:

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 2.0 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 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

Both **adrenal glands** were 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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed occasional, hyperechoic lipogranulomatous change. There was no evidence of pathology. The spleen was folded upon itself cranially and caudally.

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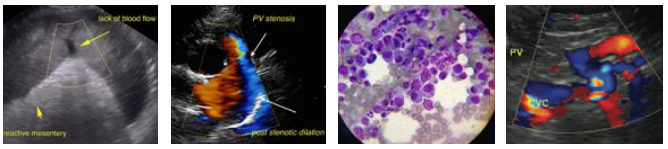

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Liver

Generalized **hepatomegaly** was noted. Isoechoic to slightly hypoechoic, non-disrupted nodular changes were noted. The liver revealed a regional, expansive, peripherally inflamed parenchymal mass and measured approximately 6.0 cm. This appears to occupy the left medial liver; however, exact position cannot be completely ascertained. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. The gallbladder and common bile duct were unremarkable.

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. There was minor retention of ingesta noted. 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 **pancreas** was largely unremarkable, yet some inflammation may be extending from the mass. The mass could not be completely separated from pancreatic tissue; however, it appears to be deriving from the liver and the architecture is suggestive of hepatic origin.

ULTRASONOGRAPHIC FINDINGS

Expansive liver mass with nodular hyperplasia pattern elsewhere.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic mass should prove definitive as origin. CT evaluation for surgical planning is warranted.

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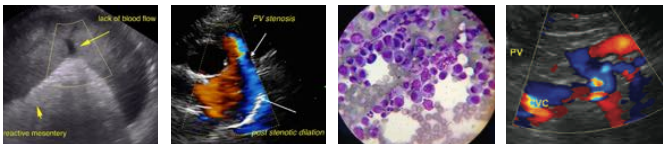

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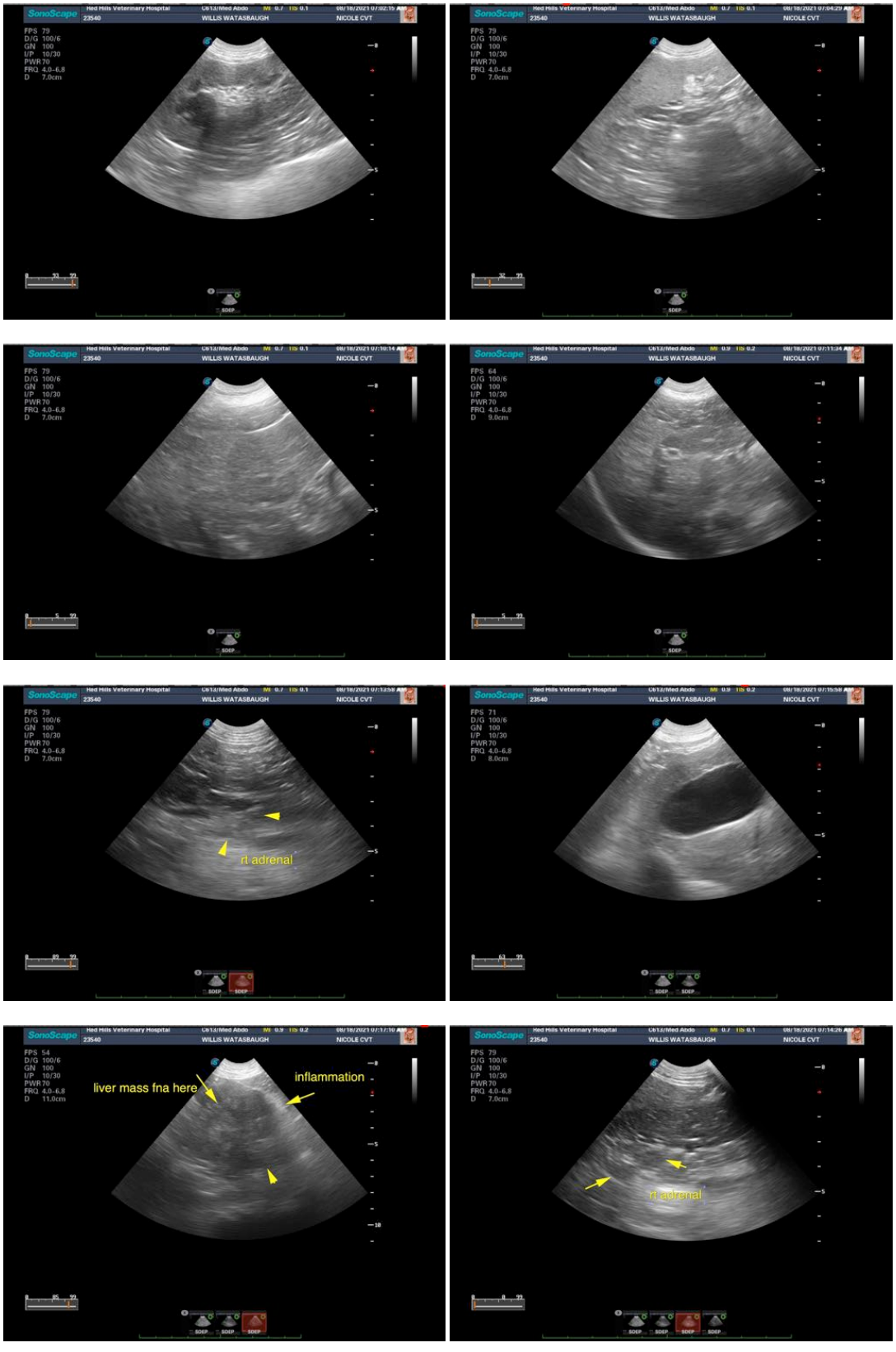

The information and recommendations provided are based on the images presented by the referring

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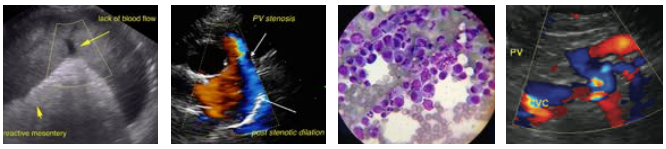

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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