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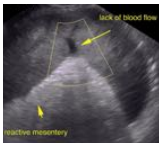
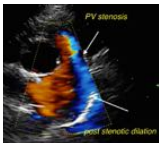
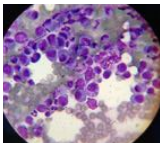
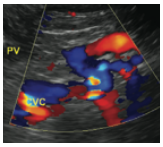

PATIENT
Maggie Horton

SPECIES
Canine

BREED
Cocker

SEX
Spayed female

AGE
13 years

WEIGHT
26.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Gramazio

HOSPITAL NAME
Shohola VH

REFERRING VET
Dr. Gramazio

INVOICE
76399

DATE
8/2/23

PRESENTING CLINICAL SIGNS

History: History of an ulcerated mass suspected to be mast cell tumor (O declines histo) and mass is growing back in the same spot. Thorax rads are clear of mets and ultrasound was performed before removing the mass for a second time. Heart murmur 4/6. History of PU/PD. on and off vomiting with bloody diarrhea noted recently responded to metronidazole.
Abnormal PE/Chem/CBC/UA Results: MCHC 31.4 (32.6 - 39.2 g/dL) Reticulocyte Hemoglobin 24.3 (24.5 - 31.8 pg) Platelets 575 (143 - 448 K/µL) AST 69 (16 - 55 U/L) ALP 713 (5 - 160 U/L)

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.4 cm. The right kidney measured 5.5 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 0.66 cm. The right adrenal gland measured 0.6 cm at the caudal pole and 1.3 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes that were non-disruptive with coarse architecture. More pronounced nodular changes were noted in the caudate process. Generalized hepatic enlargement was noted. The gallbladder was over distended with striating bile. The cystic duct was dilated. This is consistent with mucocele formation. There was no evident inflammation noted. However, this is a surgical mucocele.

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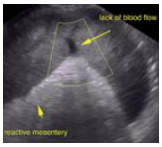
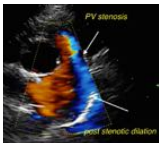
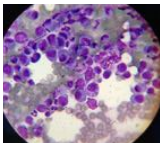
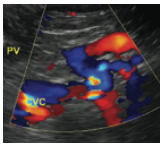

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Gastrointestinal

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.

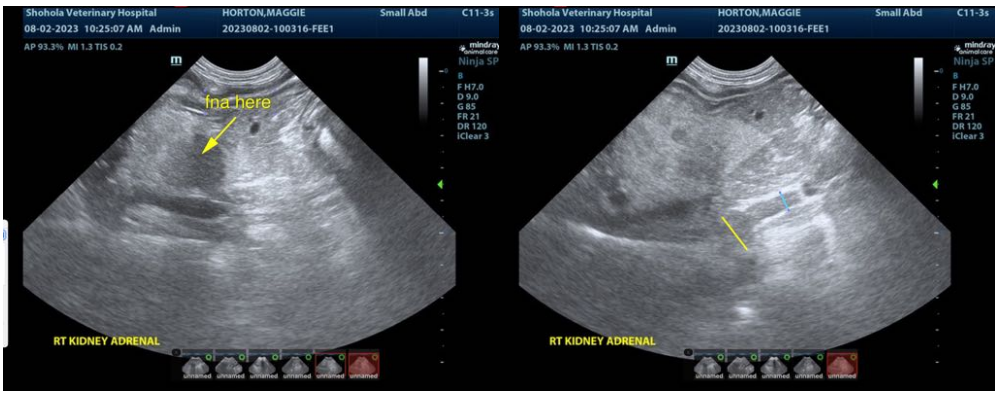
ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia, vacuolar hepatopathy liver pattern.

Gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management can be considered if the patient is stable, yet proactive cholecystectomy is in this patient's best interest. FNA of the hepatic nodules is recommended with ideally gallbladder motility study to assess an hepatic dysfunction. However, direct cholecystectomy and liver biopsy can also be considered. This is most consistent with nodular hyperplasia and vacuolar hepatopathy liver pattern. Bile acid profile would also be appropriate. There was no typical metastatic changes consistent with mast cell disease.



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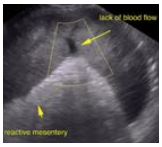
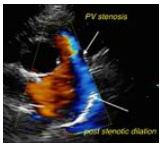
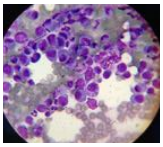
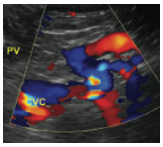

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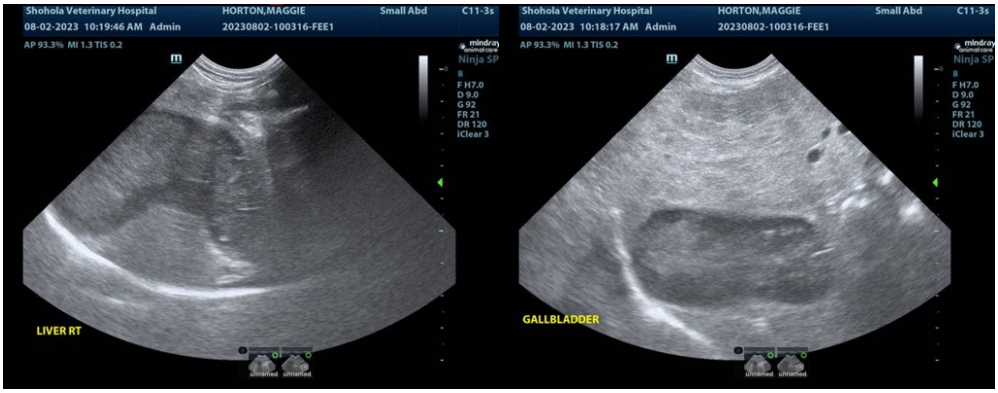

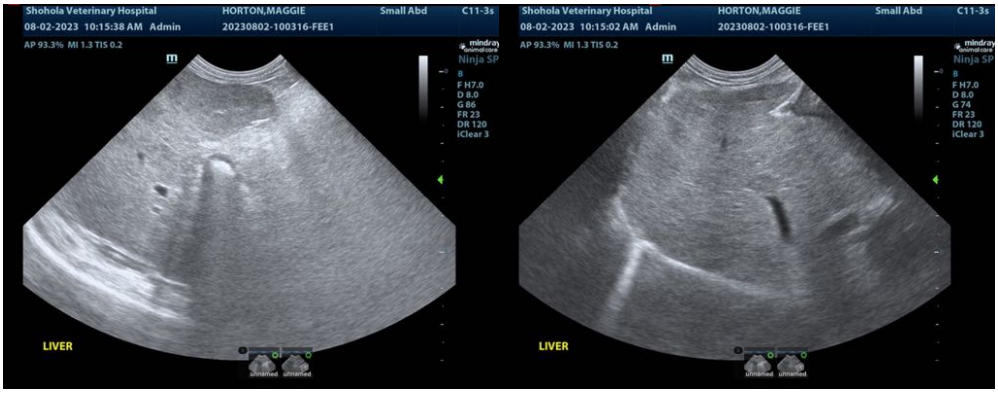

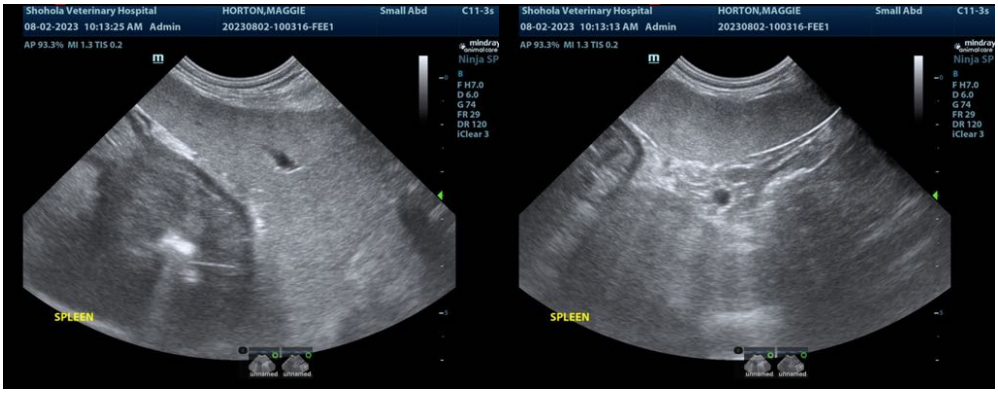

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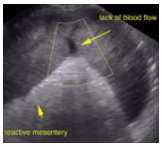
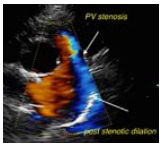
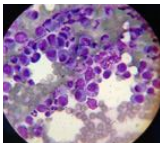
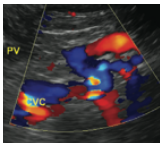

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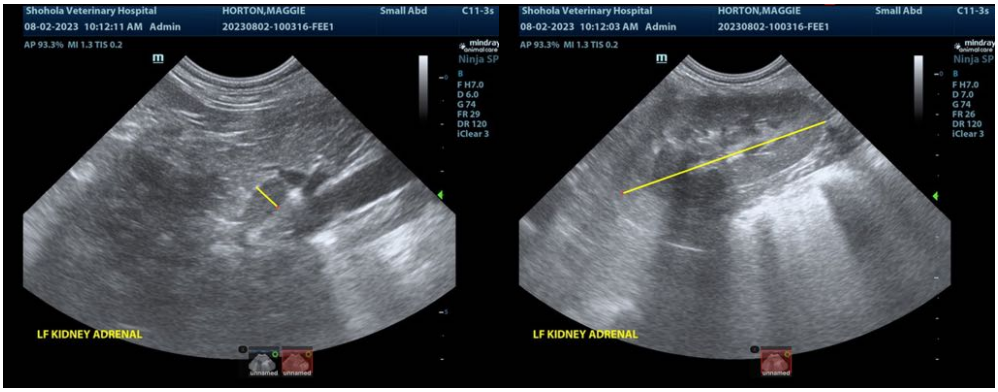

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com