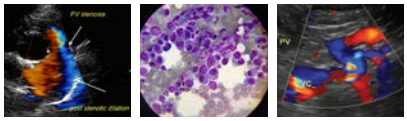
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/2/23

PATIENT

Maggie Parry

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

6/26/13

WEIGHT

86.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

44590

PRESENTING CLINICAL SIGNS

Recheck high cancer risk assessment on Nu-Q cancer screening.

Current Medications: Denamarin Advanced 1.5 SID.
Date of Previous IntraPet Ultrasound: 6/14/23. See attached.
Sedation: dex domitor/torb for full thorough ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 left kidney measured 7.3 cm. The right kidney measured 7.01 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 right adrenal gland measured 2.4 cm x 0.91 cm at the cranial pole and 0.82 cm at the caudal pole. The left adrenal gland measured 2.71 cm x 0.88 cm at the cranial pole and 0.83 cm at the caudal pole.

Spleen

Post-surgical **splenic fossa** was occupied by the enlarged left lateral liver with a hypoechoic hepatic nodule, owing to generalized hepatomegaly and somewhat of a mass effect deriving from the liver, and also because of the ability for the liver to expand into the splenic fossa.

Liver

The **liver** presented multifocal hypoechoic nodular changes up to 1.78 cm in the right cranial liver. The liver was diffusely hyperechoic to falciform fat. A 4.29 cm x 3.14 cm nodule was noted in the caudal aspect of the left lateral liver, which is occupying the region of the splenic fossa. The nodule on the prior sonogram measured 3.36 cm x 2.5 cm. Some growth has occurred.

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

- Metabolic hepatopathy with nodular hyperplasia pattern – I cannot rule out an emerging neoplastic or pre-neoplastic state of the left lateral liver nodule/mass, especially given the growth from the prior sonogram.
- No residual splenic tissues
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the hepatic mass was benign on FNA, recommend monitoring. However, if the left lateral liver lobe grows any further, I'd be concerned about the potential for eventual torsion. Core liver biopsy may be more definitive than FNA. Only mild disruption of architecture present. Surgical removal should be considered an option, should the mass grow or the left lateral liver lobe grow any further.

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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