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Clinical Sonography & Telecytology
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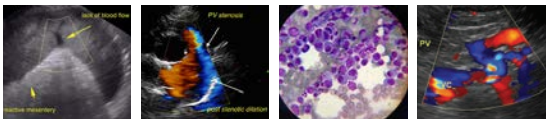

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT
Max Benacio

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
10 Years

WEIGHT
6.11 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY
Denise Bruno, LVT, RDMS

HOSPITAL NAME
Kenilworth AH

REFERRING VET
Dr. Mansour

INVOICE
24900

DATE
08/24/21

PRESENTING CLINICAL SIGNS

History: Hard stomach, chronic constipation

Evaluate for neoplasia

Slight azotemia, otherwise unremarkable blood work.

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 residual prostate was uniform at 1.27 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight hyperechoic medullary rim sign noted. The right kidney measured 3.4 cm. The left kidney measured 3.27 cm. Trace free fluid noted medial to the left kidney, source is not evident.

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 1.26 cm x 0.41 cm at the caudal pole and 0.48 cm at the cranial pole. The left adrenal gland measured 1.36 cm x 0.41 cm at the caudal pole and 0.47 cm at the cranial 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 were noted.

Liver

The **liver** presented coarse architecture with hypoechoic cyst measuring 1.13 cm x 0.92 cm in the cranial liver adjacent to the gallbladder. Minor heterogeneous changes noted elsewhere in the hepatic parenchyma. Hypoechoic parenchymal nodules also noted. The gallbladder itself was unremarkable. A second cyst was noted cranial to the gallbladder in the right medial liver measuring 1.14 cm x 0.91 cm, likely unrelated to the immediate clinical signs, however should be investigated.

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.

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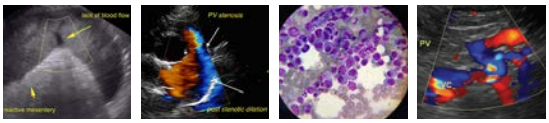

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Pancreas

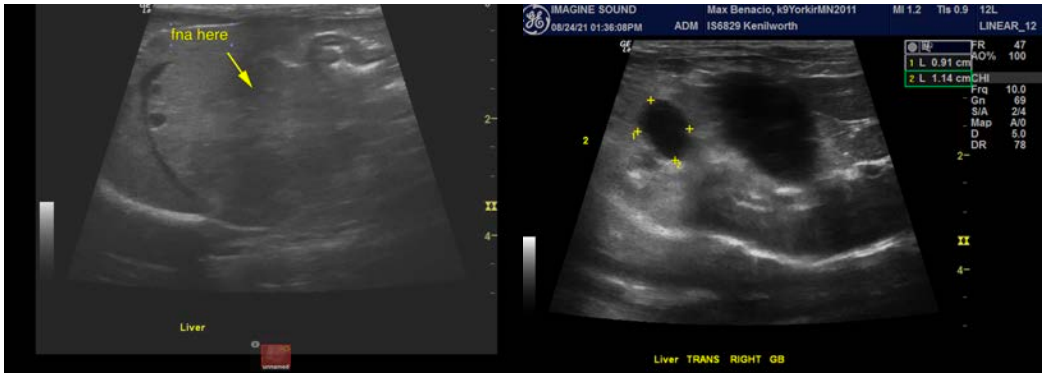
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling with non-disruptive nodular changes and cysts – likely nodular hyperplasia/vacuolar hepatopathy – possibility of emerging hepatic neoplasia or less likely microabscessation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic cysts are not likely pathological. However, the nodular changes in the liver should be investigated with ultrasound guided FNA. The remainder of the abdomen is unremarkable. There is no overt evidence of pathology to be responsible for the tense abdomen. Assessment for referred back pain would be warranted, given that the abdomen appeared largely benign. However, the hepatic changes should be investigated further with cytology.



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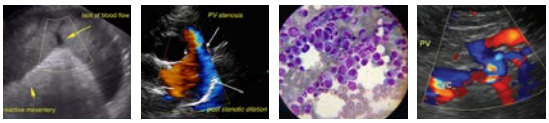

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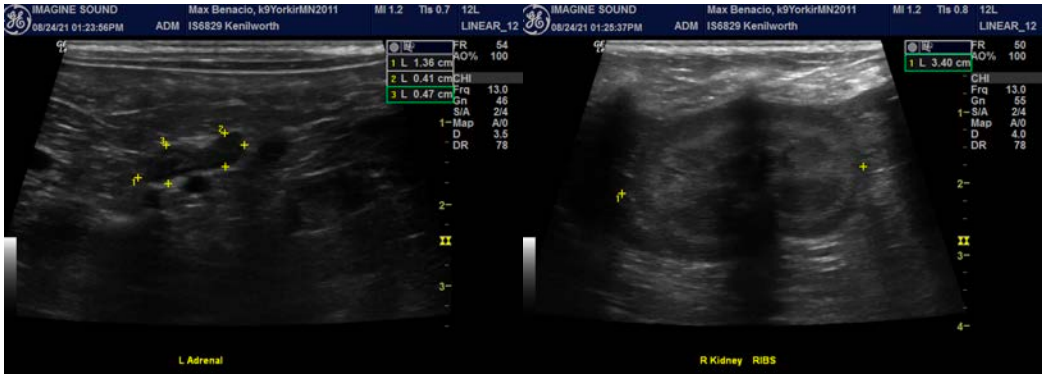
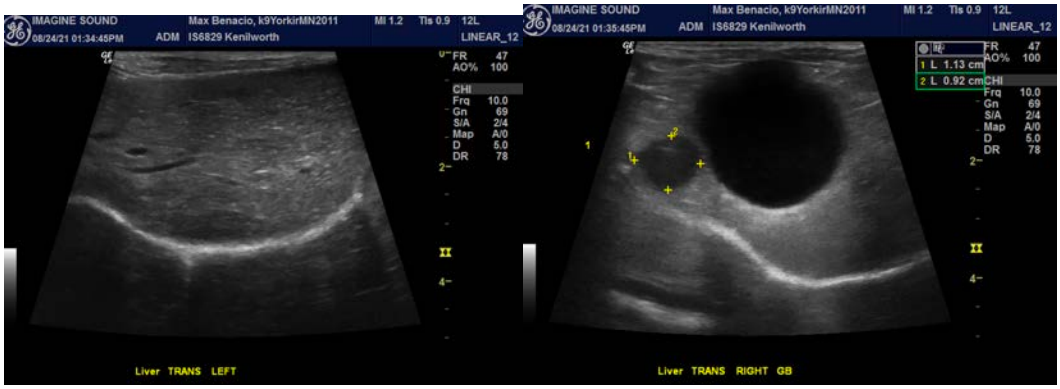
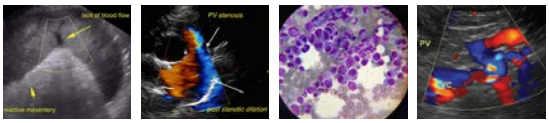




The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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
Eric.Lindquist@SonoPath.com