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Clinical Sonography & Telecytology
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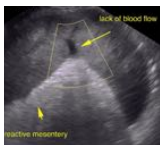

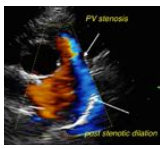

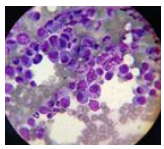
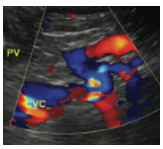

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lester Hash

SPECIES

Canine

BREED

English Shorthair Pointer

SEX

Intact male

AGE

7 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beard

HOSPITAL NAME

Animal Care Veterinary Center

REFERRING VET

Dr. Mayflower

INVOICE

32229

DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: Heartworm Disease, anemia, cranial abdominal mass. Eats well but continues to lose weight. Abnormal PE/Chem/CBC/UA Results: Hem 11.5%, WBC 25,940, neutrophilia, monocytosis, thrombocytopenia. Mild increase in BUN, albumin low, globulin high; SAP, TBili and amylase are high. Radiographs a mass effect in the cranial abdomen.

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 1.0 cm beyond the cystourethral junction and appeared normal. 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 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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. The left kidney measured 9.16 cm. The right kidney measured 9.0 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 caudal pole and 1.2 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** was swollen with multi-focal, hypoechoic nodules and an overt cavitated mass. The mass occupied what appeared to be the right liver and measured 14.0+ cm. The hepatic mass appeared to occupy the medial liver and portal hilus. This is likely deriving from the biliary tree. Complete disruption of the biliary architecture was noted. The gallbladder appeared to be enveloped by the hepatic mass as the architecture was not discernable.

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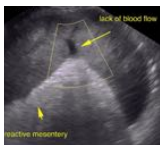
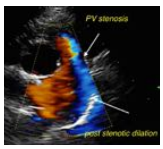
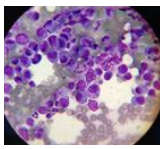
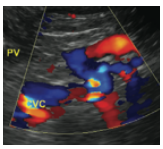

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Gastrointestinal

The **stomach** was filled with shadowing material and over distension. The distal small intestine revealed some obstructive material as well. The colon was unremarkable.

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.

Free Abdomen

Free fluid was note din the abdomen.

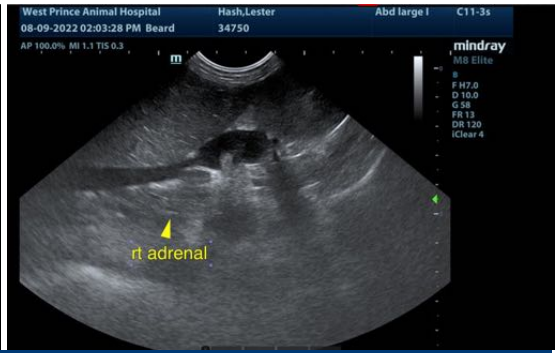
ULTRASONOGRAPHIC FINDINGS

Extensive hepatic neoplasia with free fluid. Likely hemorrhage. Mass appears to be involving the biliary tree.

Gastrointestinal foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation can be considered. However, the mass does not appear resectable. Hemorrhage is likely from the mass. Prognosis is poor.



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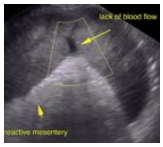
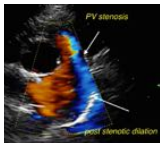
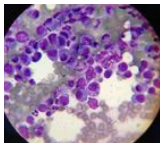
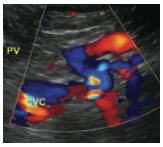

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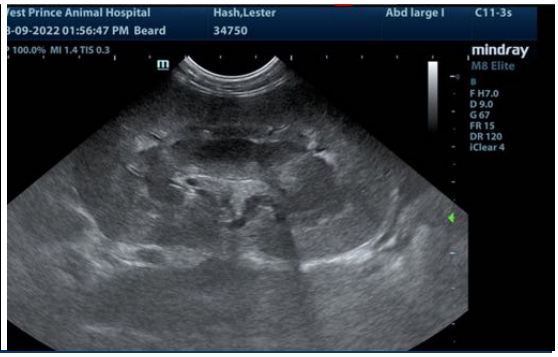

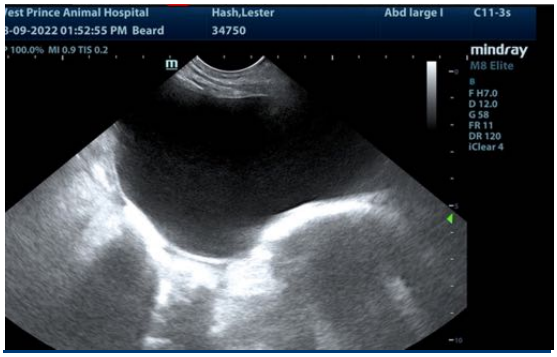

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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