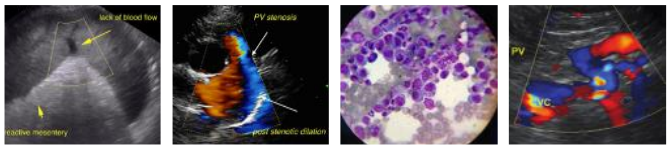
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nigel Doyon

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

13 Years

WEIGHT

19.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kaltsas

INVOICE

12966

DATE

9/10/21

PRESENTING CLINICAL SIGNS

History: Hyporexia, weight loss and lethargy. Mild diarrhea, but no vomiting. Wasn't eating last week but is eating now.

Abnormal PE/Chem/CBC/UA Results: PE: heart murmur 3-4/6, systolic (previous echo report attached), painful on palpation mid-cranial abdomen. crt = 3 sec. QAR. SQ swelling to R of midline on abdomen. BW: Plt 571k, ALP 708, BUN 48. UA: Prot 4+ RADS: Moderate hepatomegaly w/2" x 1" spherical soft tissue density in caudal lobe.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pyelectasia was noted in the left kidney. The left kidney measured 5.03 cm. The right kidney measured 5.03 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 2.0 cm x 0.49 cm at the caudal pole and 0.82 cm at the cranial pole. The left adrenal gland measured 1.9 cm x 0.53 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

A hyperechoic lipogranulomatous or fibrose nodule was noted in the mid cranial **spleen** with capsular retraction, does not appear overtly pathological.

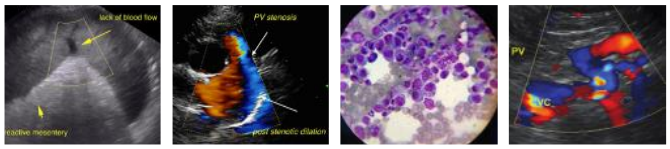
Liver

The **liver** revealed multifocal heterogeneous parenchymal changes with swollen irregular contour. Moderate hepatic remodeling noted. 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. 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



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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.

Other

The **mammary glands** were imaged and hyperplastic type nodular changes were noted. No overt evidence of neoplasia.

Free Abdomen

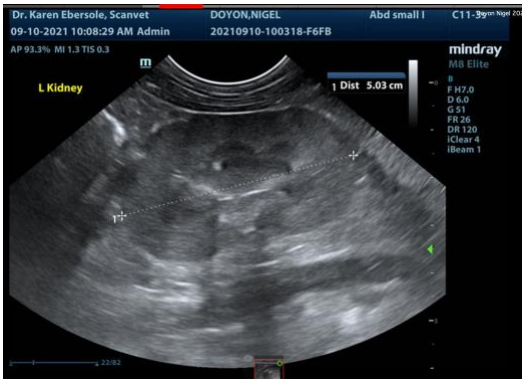
A fatty nodule was noted in the cranial **abdomen** adjacent to the liver, measuring 3.07 cm x 2.76 cm. This does not appear overtly pathological.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule, likely lipogranuloma or connective tissue/fibrose tissue
- Subjectively benign hepatopathy with remodeling
- Mammary glands, hyperplastic type nodular changes
- Abdomen, fatty nodule
- Geriatric abdominal changes elsewhere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA could be considered for further definition, however, likely will not exfoliate readily. The splenic nodule appears subjectively benign. FNA of the liver warranted given the patient history, however, subjectively appears benign. FNA of the hepatic nodular changes recommended, however, likely vacuolar hepatopathy nodular hyperplasia. The cause of weight loss is unclear. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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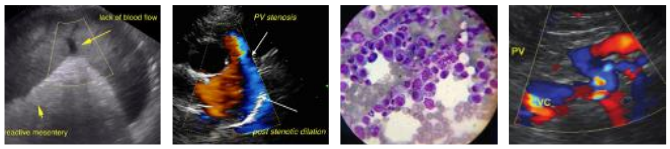

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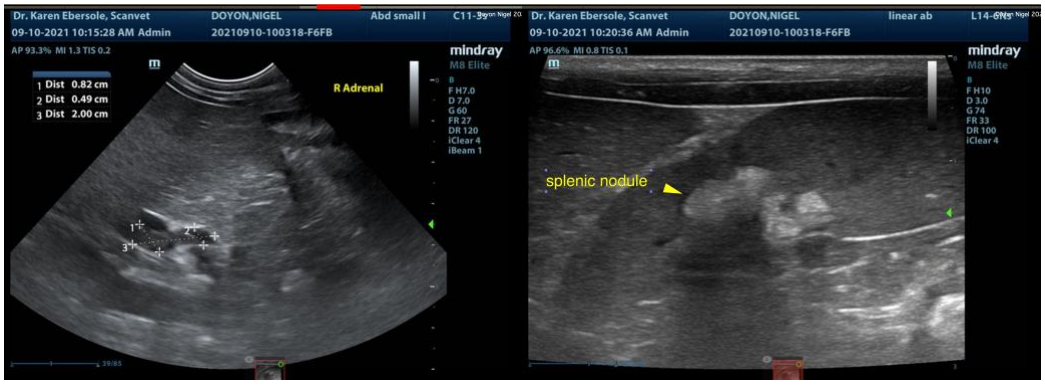

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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