



PATIENT

Lucy Sicari

SPECIES

Canine

BREED

Shippo

SEX

Spayed Female

AGE

2014

WEIGHT

13.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

25392

DATE

09/14/21

PRESENTING CLINICAL SIGNS

History: Patient was here today for dental – pre blood work was concerning – happened twice

Suspect liver tumor

Labs: Bili 3.1, Hct 40

Radiographs: Ileocecal gas, mild irregular splenic contour with normal size, mild microhepatica.

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 3.0 cm beyond the cystourethral junction.

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. The right kidney measured 4.6 cm. The left kidney measured 3.89 cm.

Adrenal Glands

The **right adrenal gland** was 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 1.44 cm x 0.34 cm at the caudal pole and 0.56 cm at the cranial pole.

The **left adrenal gland** revealed an expansive nodular caudal pole at 0.93 cm. Cranial pole measured 0.41 cm. Length measured 1.95 cm.

Spleen

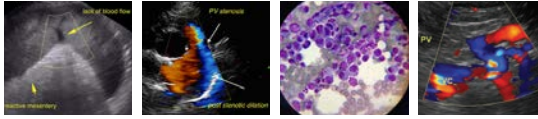
The **spleen** revealed two separate hypoechoic, mildly irregular nodules, measuring 0.92 cm x 0.8 cm in the mid spleen and 0.99 cm x 0.81 cm at the caudal pole. Disruption of architecture noted without capsular expansion.

Liver

The **liver** presented uniform parenchyma with minor increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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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.

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ULTRASONOGRAPHIC FINDINGS

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- Adenomatous type left adrenal gland - mild potential for emerging carcinoma or pheochromocytoma
- Minor cholangitis liver pattern - suspect non-neoplastic acute insult upon the liver such as Leptospirosis or other toxin.
- Two separate splenic nodules - round cell neoplasia, nodular hyperplasia, hemangiosarcoma less likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodules and liver strongly recommended.

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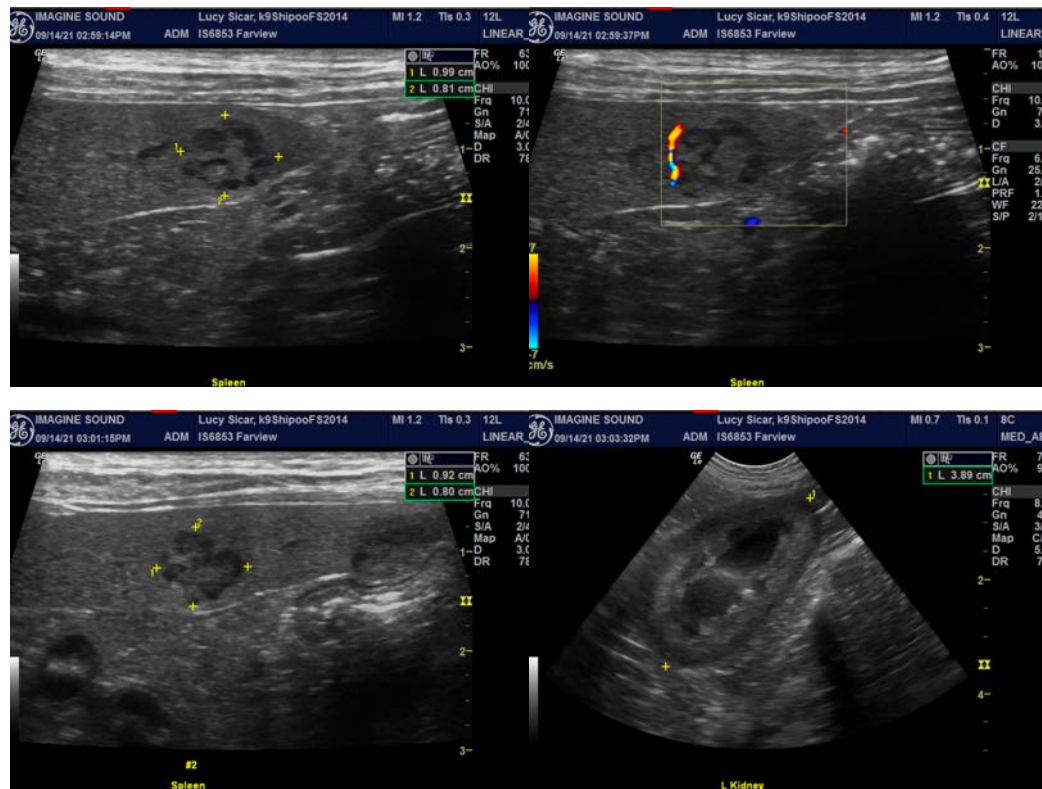
Dr. Mosaad

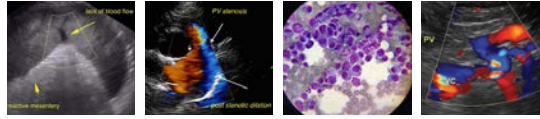
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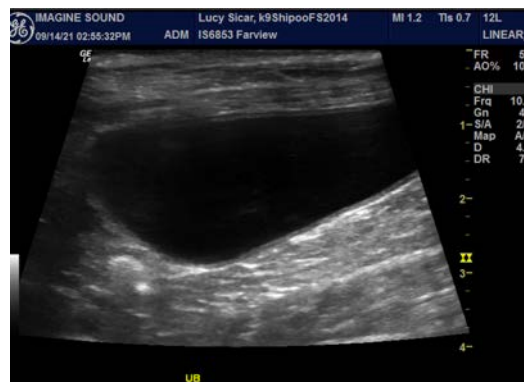
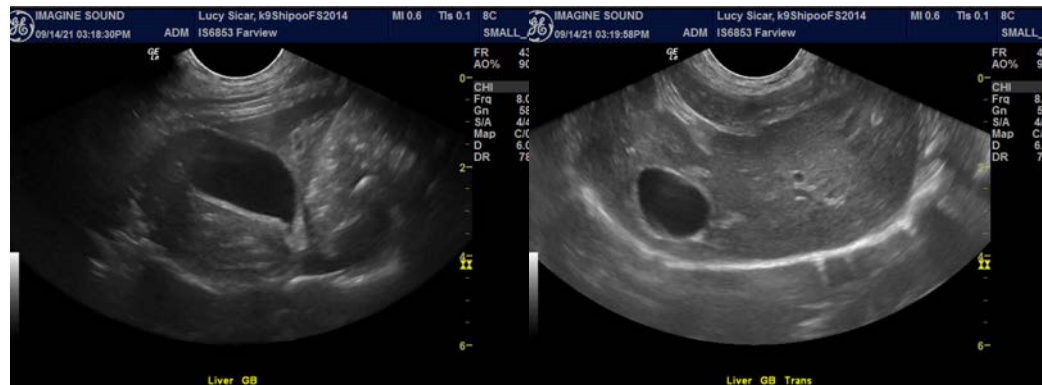
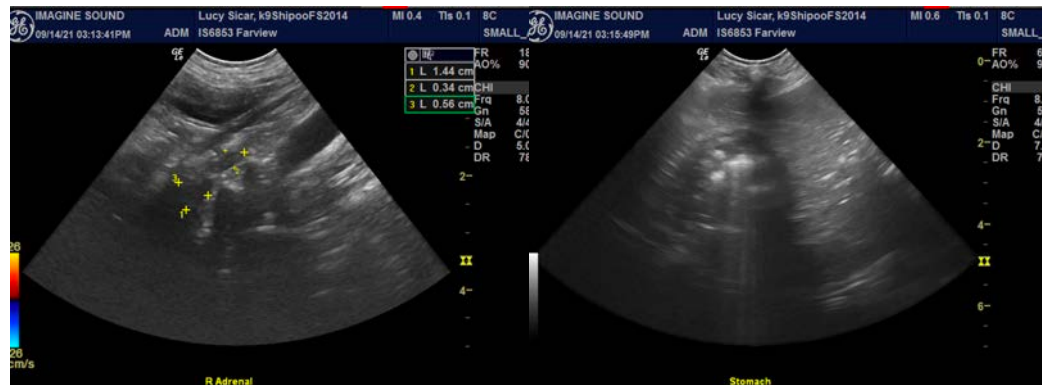
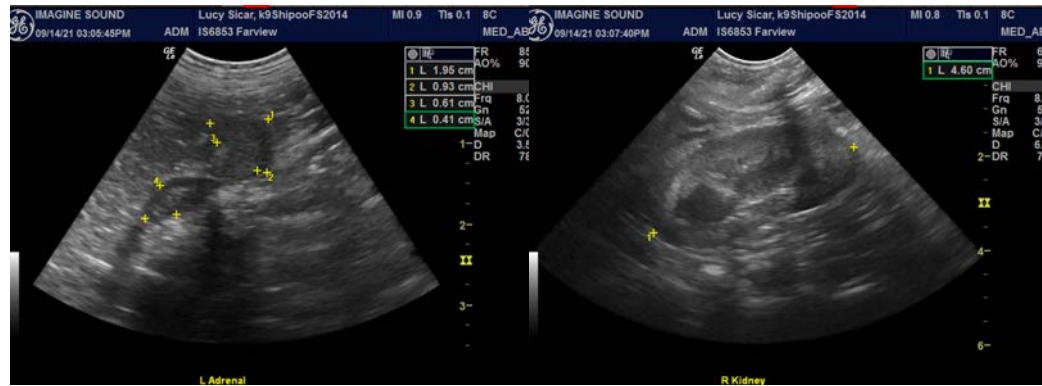
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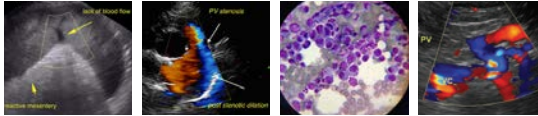
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com

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