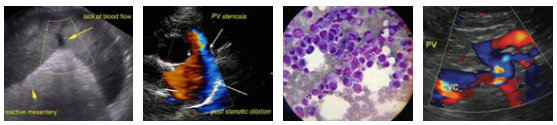


PATIENT

Kanye Hay Hanscam

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

15 years

WEIGHT

17.4 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Rideout

DATE

1/9/23

Invoice

42589

PRESENTING CLINICAL SIGNS

History: *Seems uncomfortable, no splinting today, breathing picks up when abdomen palpated. *Intermittent appetite *Xray shows that gas is moving and bowel isn't as dilated as yesterday.

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 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. The bladder revealed a shadowing calculus that measured 0.5 cm with smaller calculi that measured up to 0.2 cm.

The residual prostate measured 0.6 cm.

The **left kidney** revealed age related mild corticomedullary mineralization and a 1.5 cm, mildly echogenic cyst with striating material. The left kidney measured 4.35 cm.

The **right kidney** revealed severe polycystic parenchymal changes with a 3.0 cm anechoic cyst at the cranial pole with cortical infarcts and mineralization.

Adrenal Glands

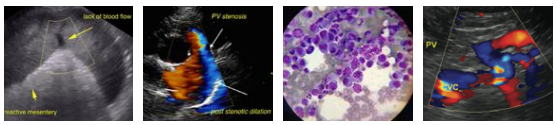
Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.53 x 0.65 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland

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 was noted.

Liver

The **liver** was uniformly swollen. A 1.3 cm hepatic nodule was noted was noted with capsular expansion in the left lateral liver. The hepatic nodules revealed a target type appearance. There is a strong concern round cell neoplasia versus pronounced nodular hyperplasia or abscessation. There was minor disruption of architecture. Other nodular changes were noted in the liver with areas of cavitation. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic



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changes. The gallbladder revealed a calculus that measured 0.7 cm and was non-obstructive. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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

Polycystic kidneys with nephrolithiasis, ,moderate on the right and mild to moderate on the left.

Bladder calculi.

Undefined hepatic nodules.

Gallbladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the hepatic nodules are strongly indicated. The exact cause of tense abdomen is not overtly evident from a visceral standpoint; however, the hepatic nodules are very concerning for a neoplastic event or other significant pathology and merits sampling. Referred back pain may be the underlying cause of the splinting abdomen. If the abdomen tension has resolved then the patient may have been recently passing a calculus given the bladder calculus. At the time of the sonogram the calculus was non-obstructive. The prognosis is guarded primarily depending upon hepatic FNA results.

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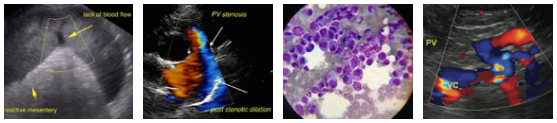

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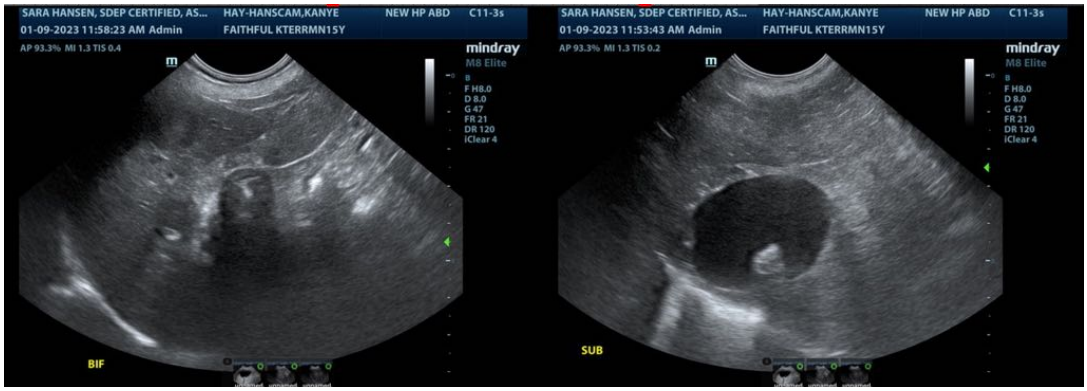

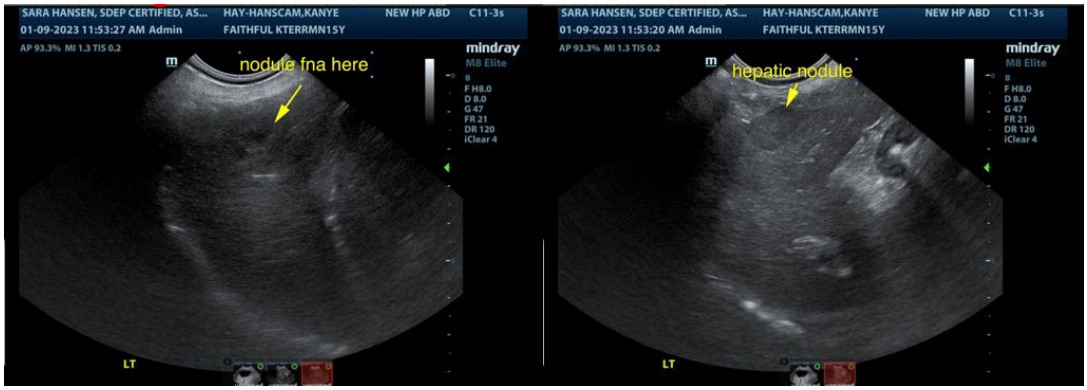

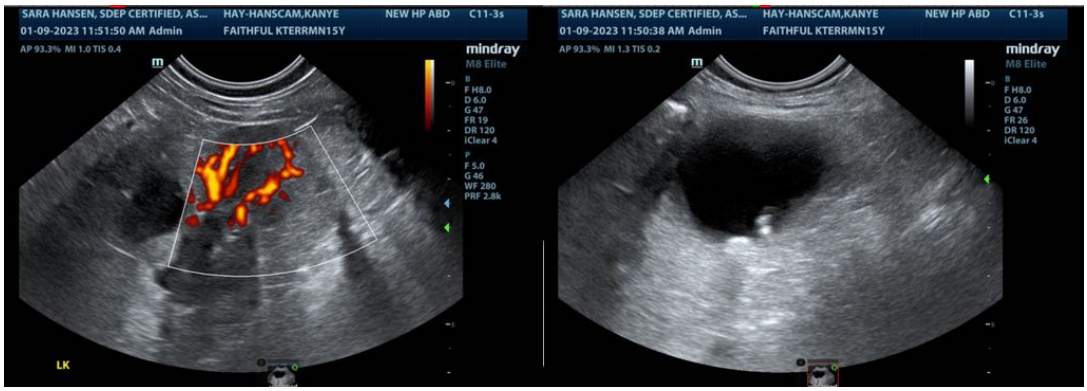

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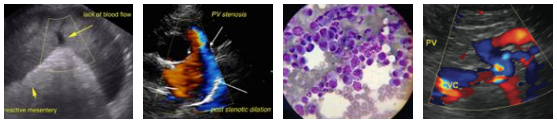

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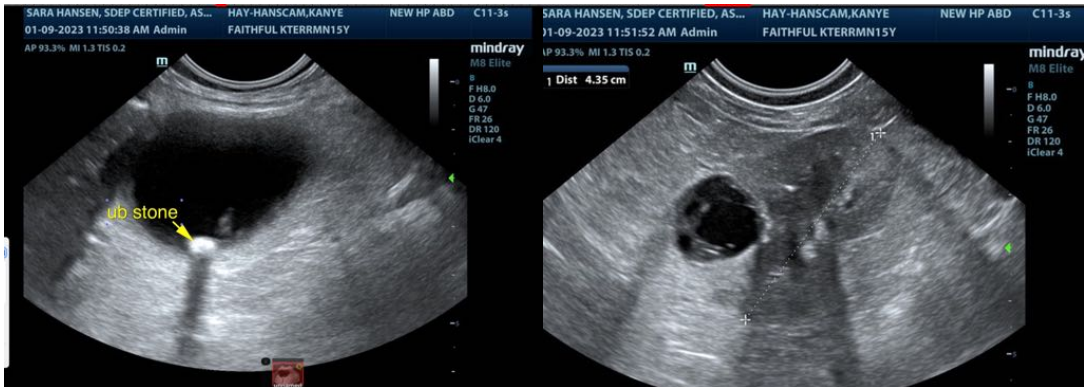

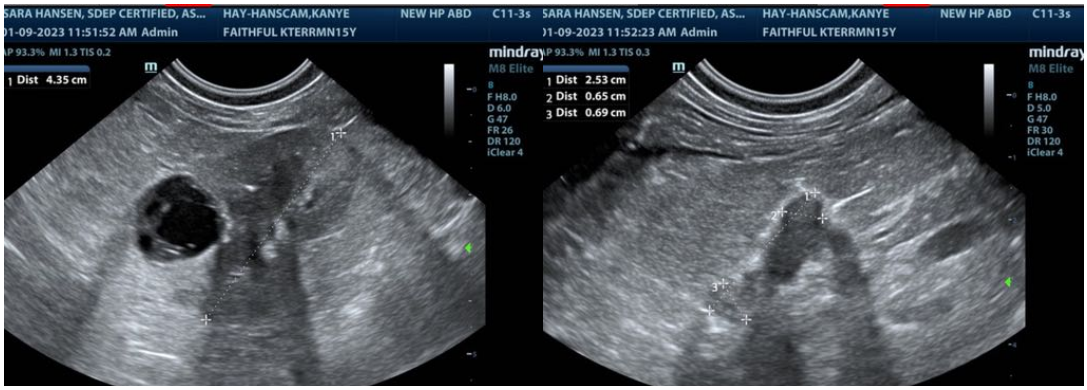

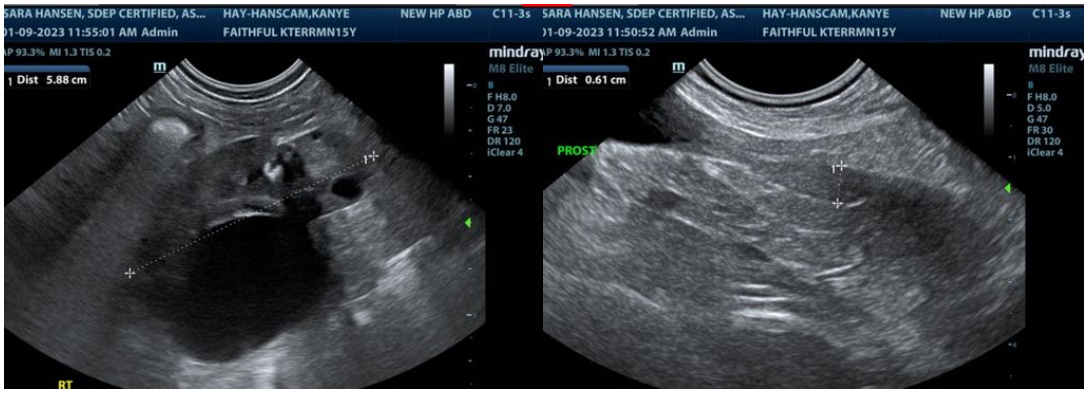

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com