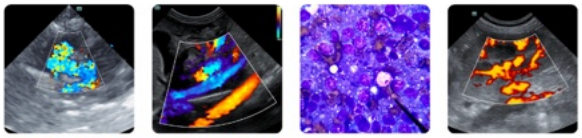


PATIENT

Rayna Moskwa

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

9 years

WEIGHT

34.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Sereda

INVOICE

77936

DATE

526/26

PRESENTING CLINICAL SIGNS

Elevated proteinuria, UPC 2.5. Urinalysis showed 4+ protein, urine protein ratio 2.1. UPC increased 2.5, progressively increased ALP 1585, mildly increased calcium 11.7, precision PSL 202, amylase 1295, platelets 507, lymphocytes 4752. Urine specific gravity 1.037, UPC 2.5.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The left kidney measured 5.8 cm. The right kidney measured 5.6 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 2.04 x 0.7 cm.

The **right adrenal gland** was slightly heterogenous and measured 2.24 x 1.2 cm at the cranial pole and 0.8 cm at the caudal 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 was noted.

Liver

The **liver** revealed multiple, expansive, mixed echogenic masses with mild disruption of architecture. Hepatomatous type mass, largest of which measured 6.0 cm at the left cranial liver. Coalescing nodular

PATIENT

Rayna Moskwa

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

9 years

WEIGHT

34.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Sereda

INVOICE

77936

DATE

526/26

changes were noted in the caudal aspect of the left liver. The gallbladder was over distended with a minor amount of coalesced debris. This is consistent with emerging mucocele.

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

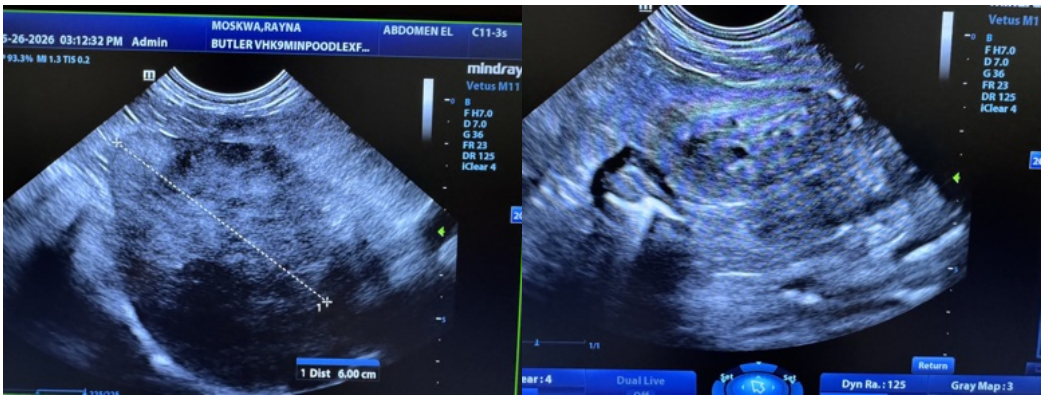
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

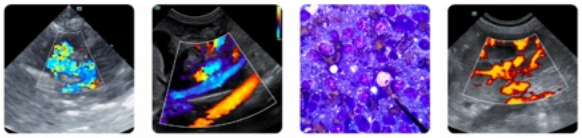
- Hepatic mass. Likely adenoma, low-grade adenocarcinoma is possible, hepatoma is most likely.
- Heterogenous right adrenal
- Age related hepatic changes.
- Emerging gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation with ultrasound-guided FNA of the liver mass is recommended to assess for potential resectability. Ursodiol therapy is recommended.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Rayna Moskwa

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

9 years

WEIGHT

34.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Butler VH

REFERRING VET

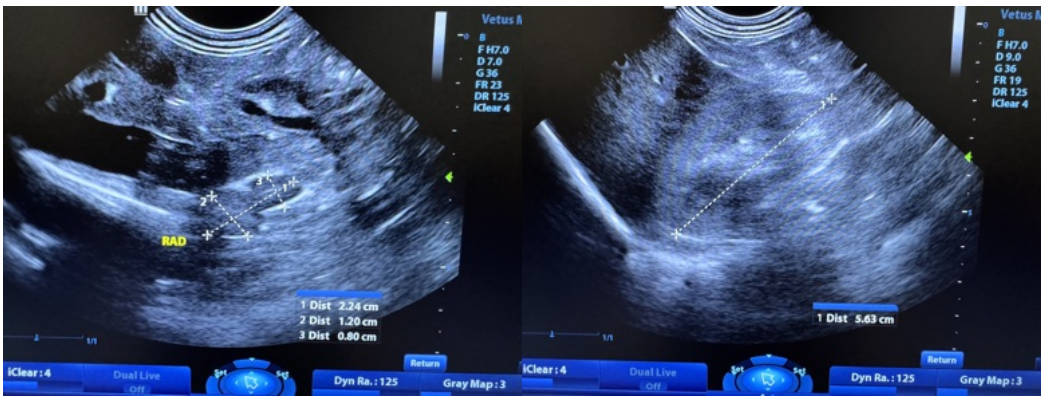
Dr. Sereda

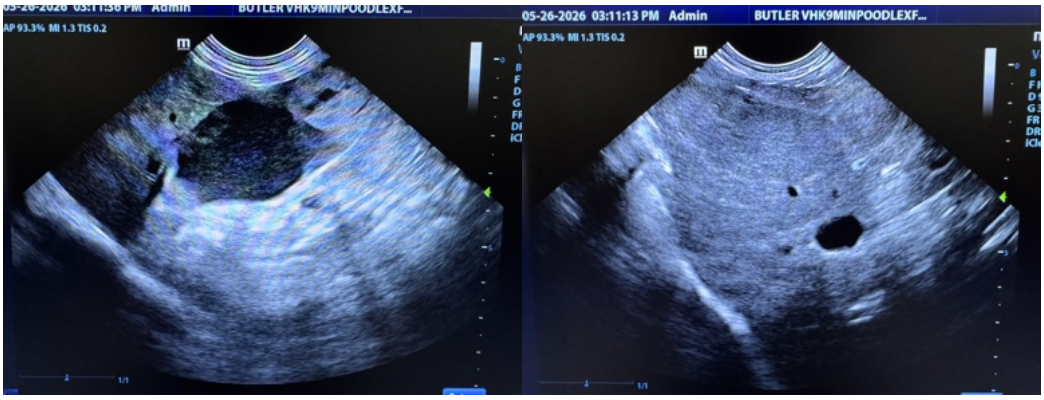
INVOICE

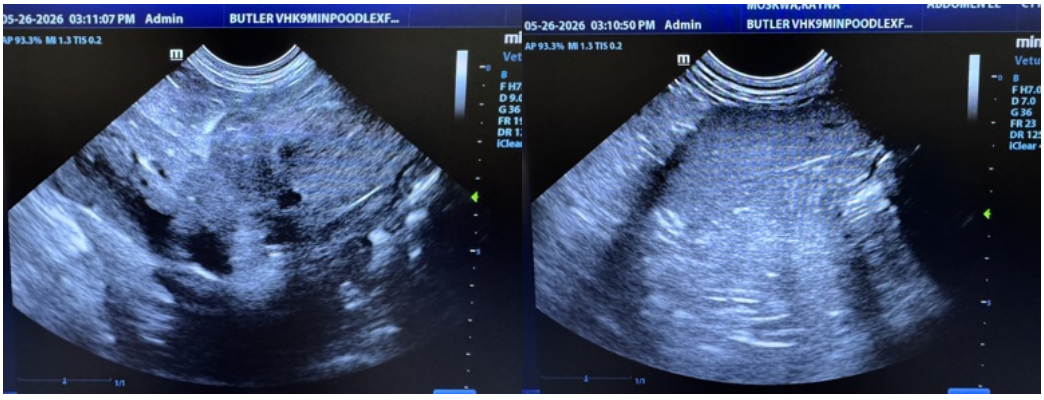
77936

DATE

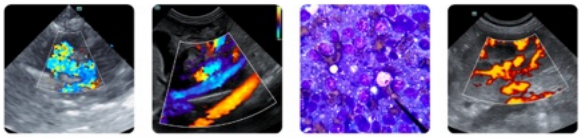
526/26







New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Rayna Moskwa

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

9 years

WEIGHT

34.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Butler VH

REFERRING VET

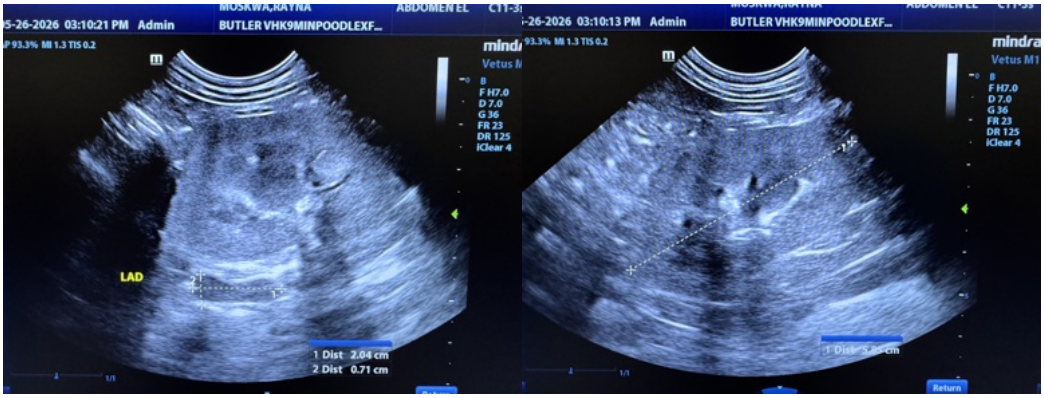
Dr. Sereda

INVOICE

77936

DATE

526/26



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