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Clinical Sonography & Telecytology
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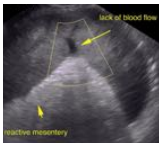
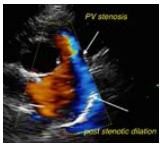
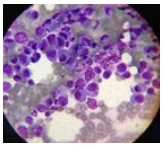
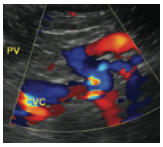

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1-800-838-4268 info@sonopath.com

PATIENT
PJ Hanson

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Spayed female

AGE
13 years

WEIGHT
25 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Basking Ridge AH

REFERRING VET
Dr. Hollo

INVOICE
46550

DATE
8/10/23

PRESENTING CLINICAL SIGNS

History: Anorexia, vomiting, diarrhea. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALP 1930; ALT 537; Creat 1.8

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.9 cm. The right kidney measured 5.53 cm.

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 right adrenal gland measured 2.13 x 0.81 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 1.87 x 0.52 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** revealed a mixed, echogenic, expansive, disruptive 3.9 cm mass that was deriving from the mid caudal splenic body. The splenic mass was moderately vascular. The remainder of the spleen was unremarkable. The lesions may be unrelated.

Liver

The **liver** revealed an expansive, mixed, echogenic parenchymal mass with peripheral inflammation that occupied the left liver and measured 5.6 x 4.09 cm. The mass expanded to the diaphragm and impinged medially upon the gallbladder. Other heterogenous changes were noted in the liver along with other nodular changes that extended medially. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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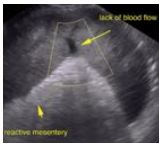
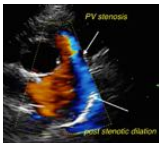
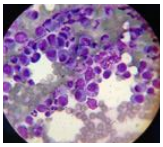
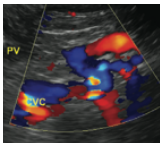

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Left-sided liver mass, aggressive and inflamed. Likely carcinoma with a potential of metastatic disease from the splenic lesion.

Splenic mass, appears aggressive. Differentials include hemangiosarcoma, round cell neoplasia, non-neoplastic granuloma possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver mass and spleen is indicated. CT evaluation for potential surgical planning would be appropriate. However, the margins are ill-defined. Other heterogenous changes were noted in the right liver. The liver mass would likely be difficult to resect. Chest radiographs are warranted to assess for concurrent thoracic disease. Sampling of the splenic and hepatic lesions as well as right and liver and CT evaluation of the abdomen and chest would be ideal for further evaluation.

ABOUT SONOPATH CT SERVICES:
SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at https://sonopath.com/services/vetimaging/

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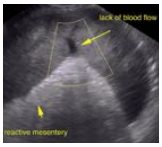
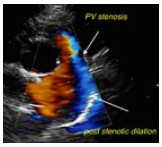
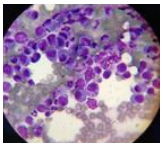
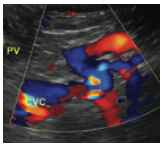

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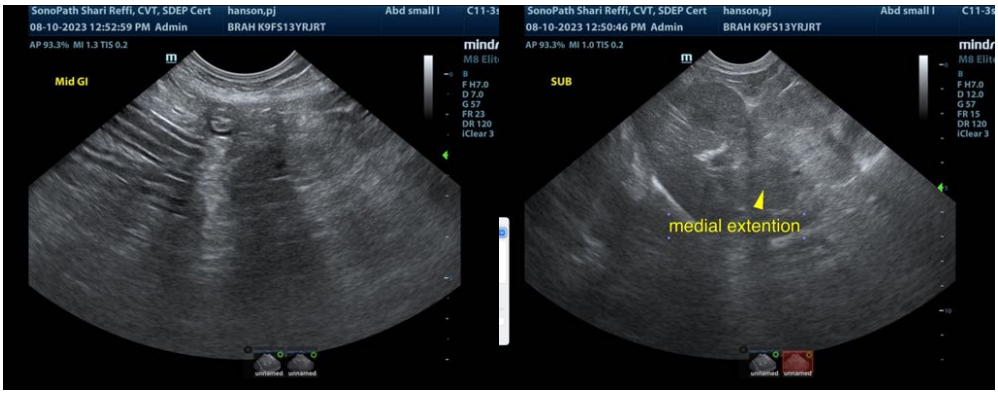

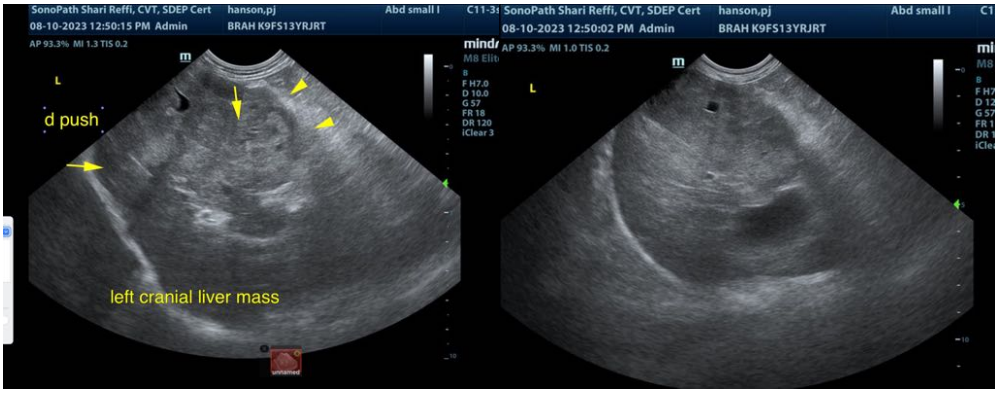

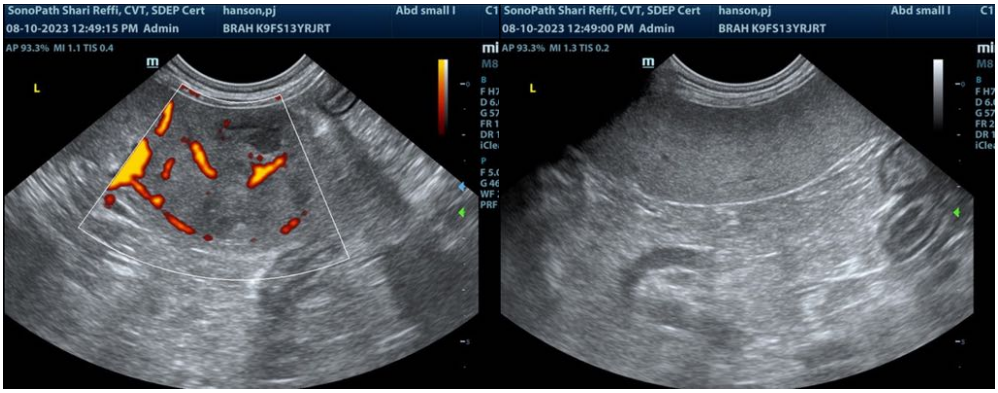

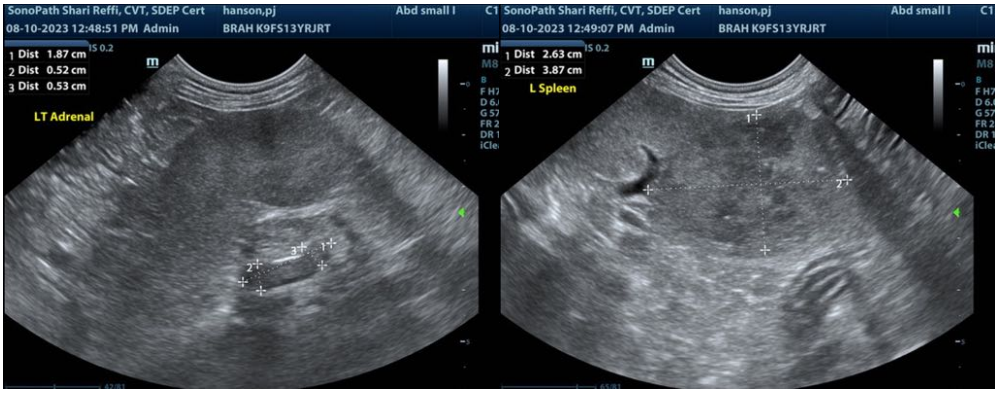

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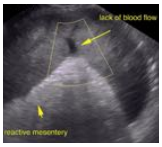
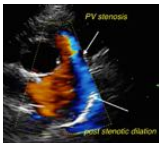
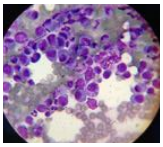
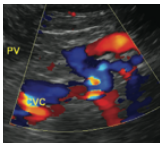

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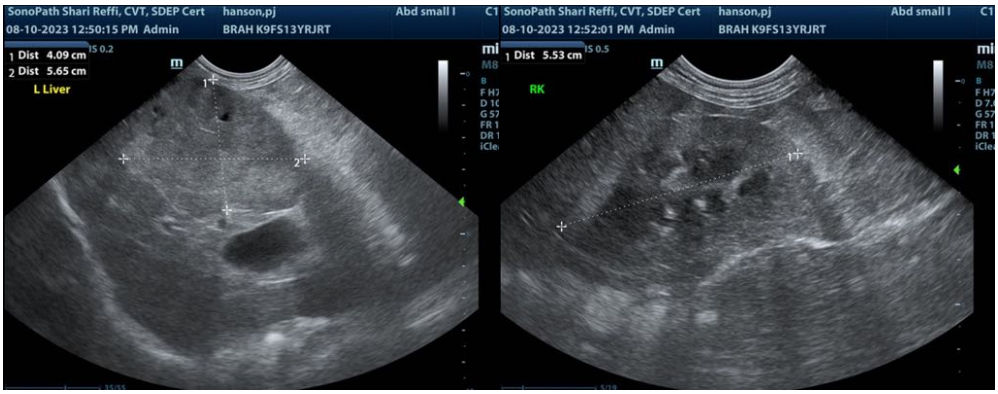

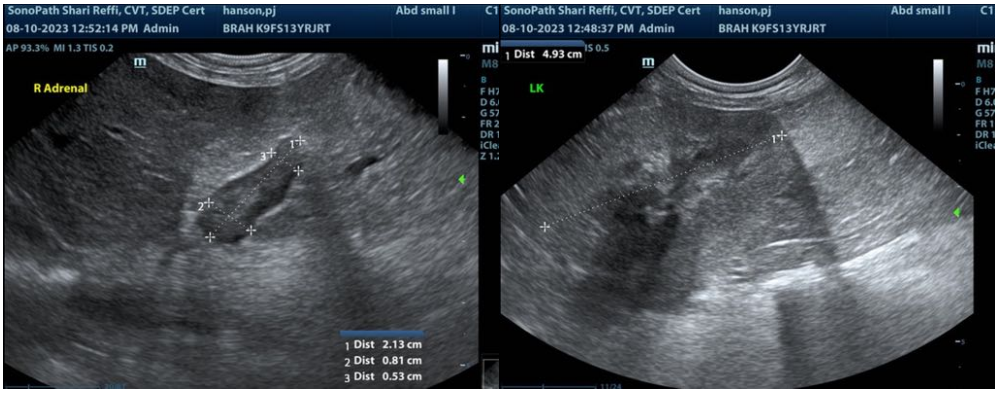

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com