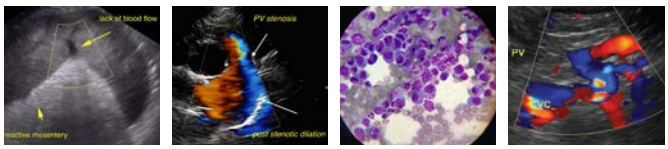
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Dhabi Mays

SPECIES
Canine

BREED
Italian Greyhound

SEX
Neutered Male

AGE
12 Years

WEIGHT
14.2 Pounds

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Judy Schroeder

HOSPITAL NAME
Animal Health Associates

REFERRING VET
Dr. Judy Schroeder

INVOICE
44263

DATE
1/17/23

PRESENTING CLINICAL SIGNS

Patient has history of elevated liver enzymes and mild pancreatitis. He had an ultrasound in 1/11/2020 and there was one area on the L medial liver that looked irregular but was not overly concerning.

Abnormal PE/Chem/CBC/UA Results: ALT 366 U/l ALP 443 U/l cholesterol 404 U/l Patient is asymptomatic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.75 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.95 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.07 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

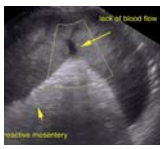
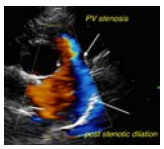
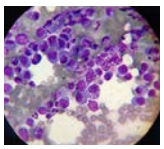
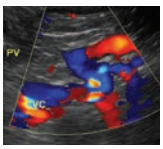
The right adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is some ill-defined hyperechoic mottling within the splenic parenchyma, most consistent with benign myelolipomas.

Liver

The liver is large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an irregular mass effect that appears to be originating in the left ventral aspect of the liver, where a liver lobe extends caudally, which is rounded, irregular, and has mottled heterogeneous parenchyma, creating a mass effect that measures >6.65 cm x 2.96 cm.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

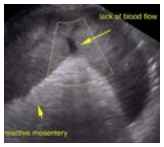
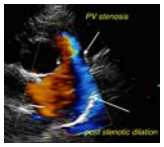
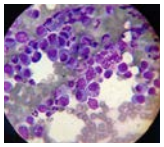
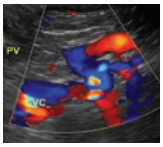
ULTRASONOGRAPHIC FINDINGS

- Ill-defined hyperechoic mottling and foci within the spleen – Findings are most consistent with benign myelolipomas, but continued monitoring is warranted.
- Large, irregular, mixed echogenic mass effect arising from the left ventral portion of the liver – Findings would be most suggestive of a benign or non-aggressive lesion (adenoma, hyperplasia, carcinoma, etc.).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left ventral area of the liver appears rounded with areas of mixed echogenic parenchyma. This area of the liver does not have the normal shape and texture of a liver lobe and is creating a mass effect. If this lesion was first noted in 2020, it is likely relatively benign or slow growing, and could be a very good candidate for surgical removal. In an ideal situation, consider a contrast CT scan to better determine surgical margins. Additionally, recommend 3-view thoracic radiographs. A fine needle aspirate of this region of liver could be considered to rule out the unlikely event of lymphoma or other round cell neoplasia.

The spleen appears somewhat irregular and marbled with hyperechoic regions. I suspect this is a somewhat atypical presentation of benign myelollipomas. Recommend continued monitoring. If surgery is pursued, consider a fine needle aspirate of the spleen to try to confirm that there is no reason to

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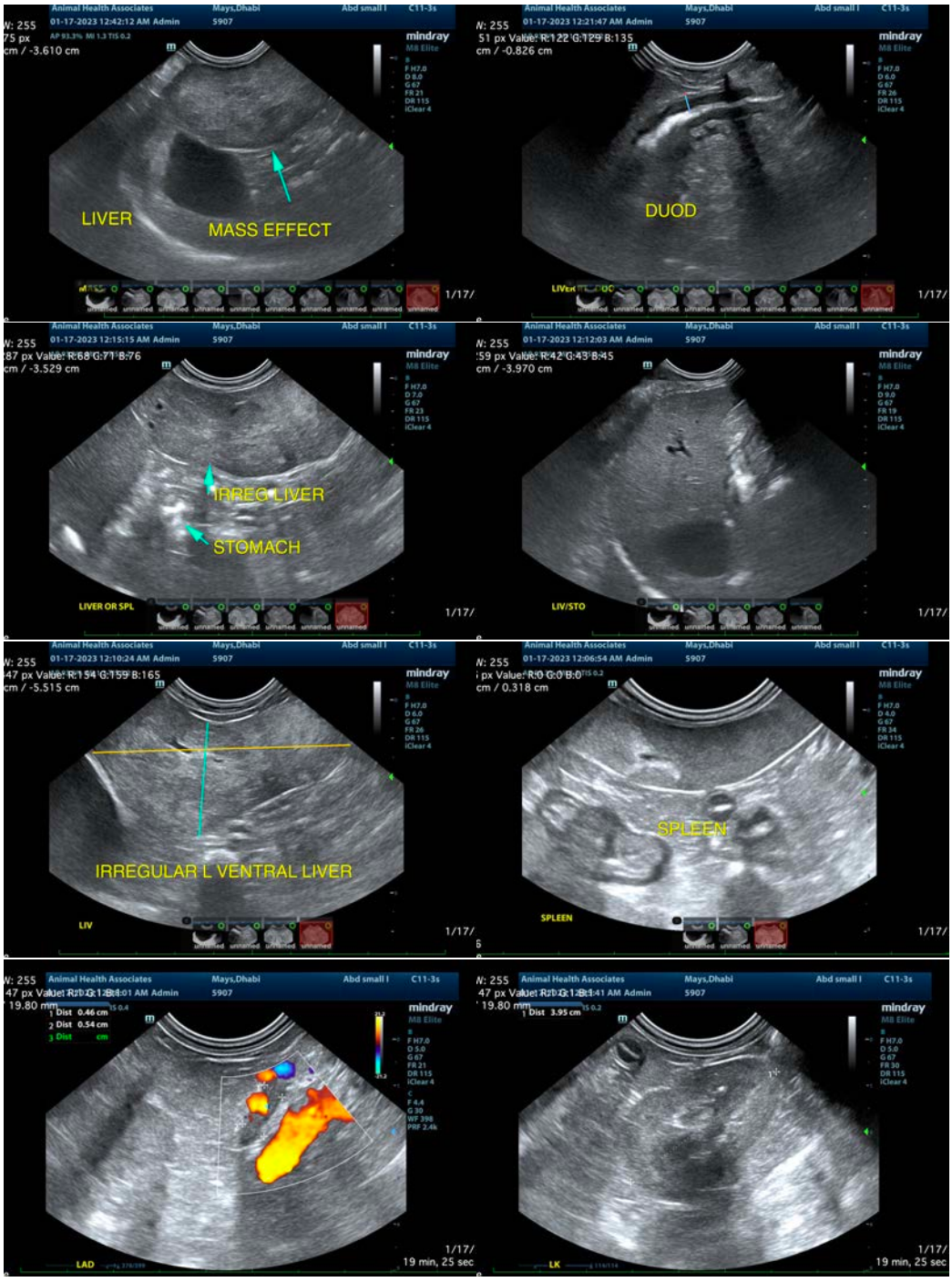
perform a splenectomy.



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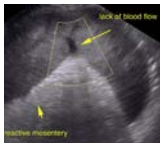
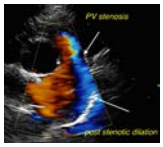
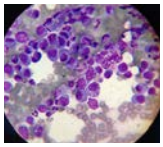
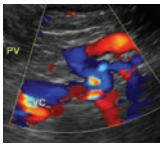

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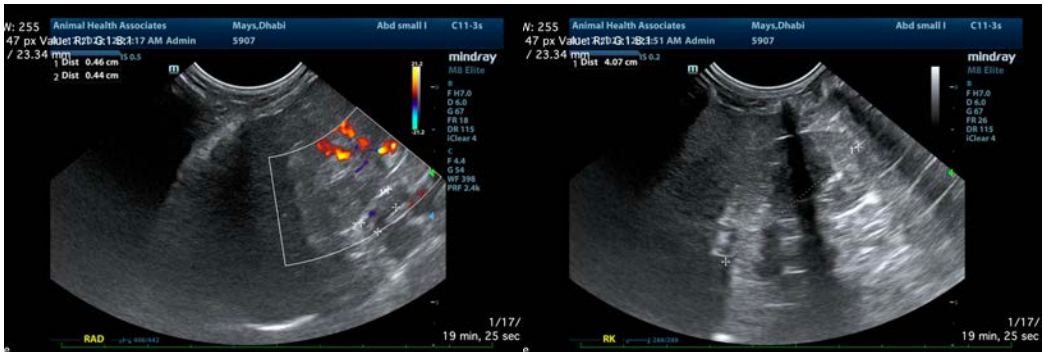

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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