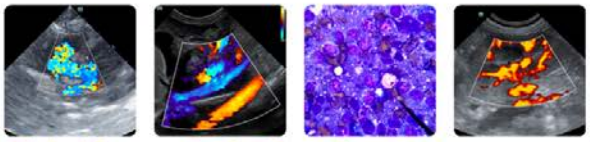

PATIENT

Stitch Phelps

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

8 Years

WEIGHT

62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Ana Colon

INVOICE

72326

DATE

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PRESENTING CLINICAL SIGNS

- Presented for evaluation of possible liver mass
- Incidental finding of 4.3 cm convex soft tissue bulge on the caudoventral liver on radiographs.
- Referral for abd ultrasound and work up of mass FNA with option for surgical removal.
- Hx of inappetence and weight loss 8#, but many changes in the house recently.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9 Bloodwork attached as supporting documents.

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 (1.52 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 (6.6 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 (6.8 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.

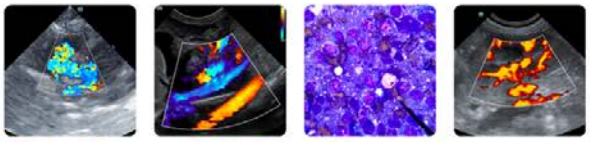
Adrenal Glands

The left adrenal gland is large, measuring 0.82 cm at the cranial pole and 0.83 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 large, measuring 1.02 cm at the cranial pole and 0.93 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 somewhat abnormal in appearance in that there is a hyperechoic nodule at the cranial pole measuring 0.85 cm x 1.02 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.95 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a simple cystic lesion visualized in the cranial aspect of the right medial ventral liver measuring 2.09 cm x 2.78 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.42 cm 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 0.59 cm. Jejunum wall measures 0.44 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 visible/mildly mottled in the left limb. 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. There is no significant lymphadenopathy. A mesenteric lymph node is visualized measuring 0.59 cm x 3.42 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly with a hyperechoic nodule at the cranial pole of the right adrenal – Findings could be consistent with bilateral hyperplasia. The hyperechoic nodule at this time has somewhat of a benign appearance (adenoma, focal hyperplasia, etc.), although an early neoplastic lesion (carcinoma, pheochromocytoma, other) cannot be ruled out.

- Cystic lesion visualized in the right medial liver – Findings are most consistent with a benign hepatic cyst. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The suspected hepatic mass lesion could be consistent with the cystic lesion visualized in the liver. No evidence of a large soft tissue mass effect is visualized.

Both adrenals are large, and there is a hyperechoic nodule at the cranial pole of the right adrenal. If symptoms consistent with Cushing's are present, consider adrenal function testing. Additionally,

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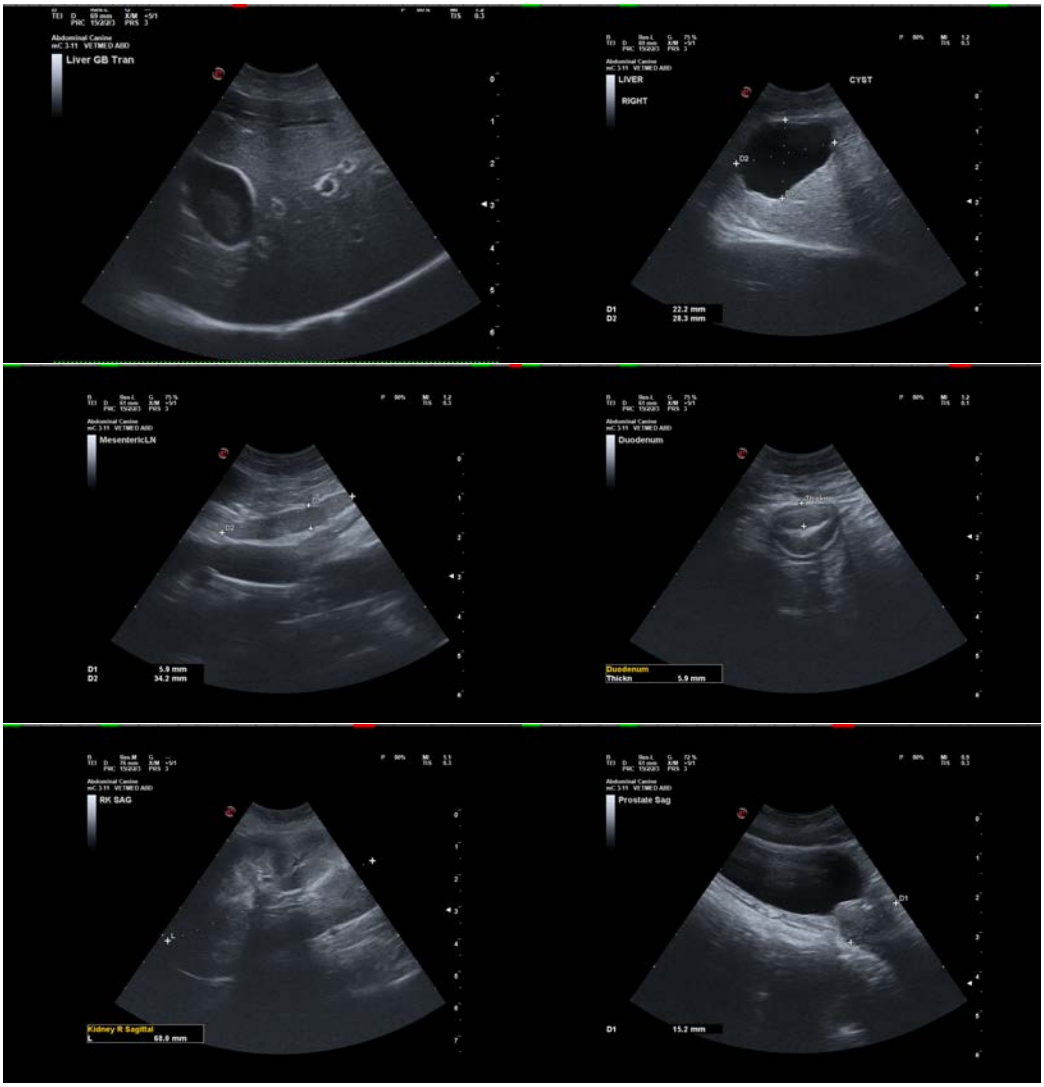
recommend a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma.

Recommend close continued monitoring with ultrasound. If the lesion appears to be enlarging, then further evaluation (ideally a contrast CT scan) should be considered for possible surgical removal.

A definitive cause for weight loss and a decrease in appetite is not clearly visualized. If there is any concern for underlying gastrointestinal disease, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for supportive evidence and the possible need for further evaluation.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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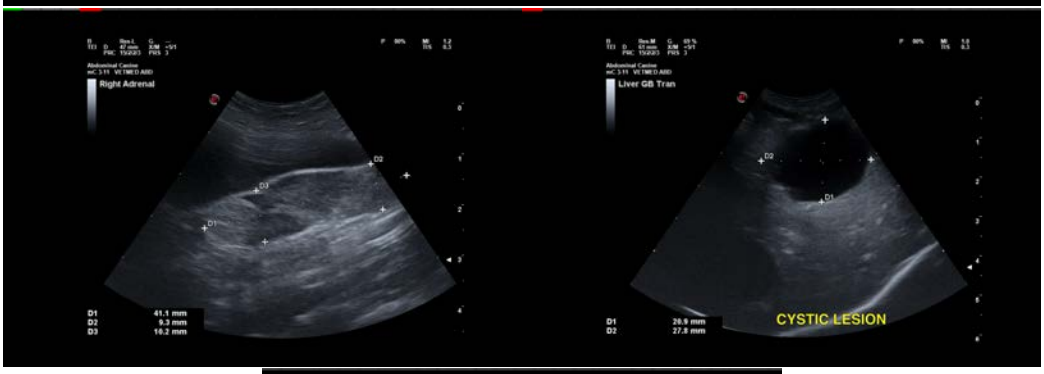

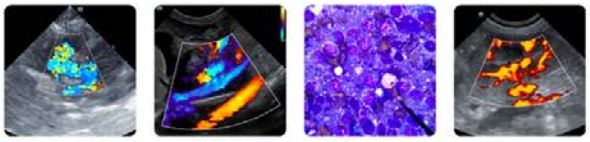

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com