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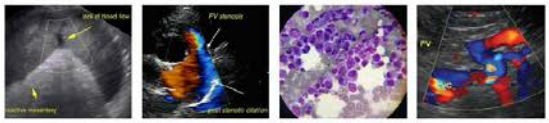

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chester Robinson

SPECIES

Canine

BREED

Spaniel X

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

45.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Marysville Veterinary

REFERRING VET

Dr. Grace Berg

INVOICE

26662

DATE

10/26/21

PRESENTING CLINICAL SIGNS

Chief Concern/Provisional Dx: Mass at lt caudal lung lobe, Hepatomegaly with increasing liver enzymes History: Pt vomits. Chronic cough (hx of mass at lt caudal lung lobe and bronchitis) Physical : Lameness, dental disease, harsh lung sounds Chemistry 10: ALT 290 Radiographs: Radiographs: Images of the thorax are provided and compared to the previous study from July. Cardiac size is static and within normal limits. There is a irregular cavitary lesion identified involving the caudal thorax which is on the left and likely represents partial mineralization of the bronchi. Compared to the previous study the lesion does not have progressed there is evidence of a significant bronchial pattern which is diffuse. Conclusion Initially I was concerned about a mass lesion involving the left caudal lung lobe however this appears to be relatively static with evidence of significant bronchial infiltrates. CT of the thorax is again indicated. The pattern is most consistent with chronic airway disease and likely disruptive mineralization however neoplasia cannot be excluded

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. Bladder wall measured 0.41 cm.

The prostate is normal in size (1.36 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 (5.32 cm) with a cortical cyst measuring 0.42 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.7 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.67 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 0.64 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, 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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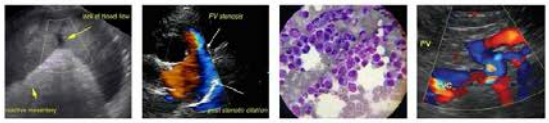

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count ill-defined, hypoechoic nodules throughout the parenchyma, varying in size from 0.2-0.7 cm. There is a more distinct hypoechoic nodule measuring 1.21 cm x 1.87 cm visualized.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 measured 0.36 cm. Jejunum wall measured 0.33 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.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous liver with ill-defined hypoechoic nodules and a larger distinct hypoechoic nodule visualized – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mildly decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver changes observed are relatively non-specific. They are not strongly indicative of a metastatic or neoplastic process and are likely more consistent with regenerative nodules, etc. Consider a fine needle aspirate to futher evaluate for this in addition to a liver function test.

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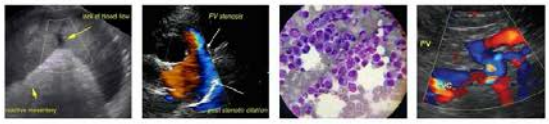

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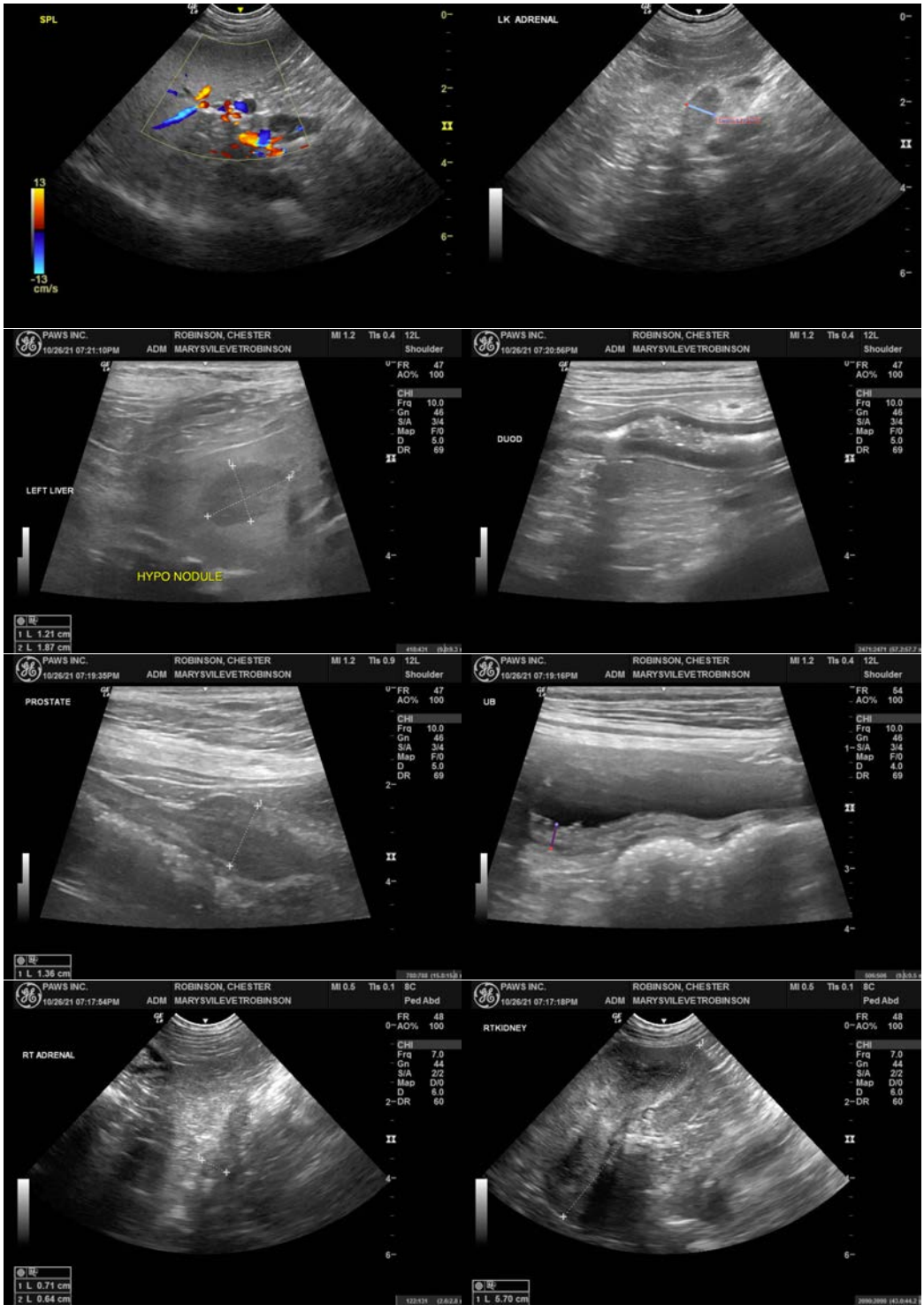
No cause for the reported vomiting is noted. Unfortunately, there are many causes for vomiting that cannot be definitively diagnosed by ultrasound alone. If symptoms persist, consider running a GI panel with a PLI, TLI, cobalamin and folate, and a diet trial with a hydrolyzed protein or novel protein diet.



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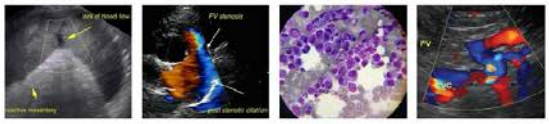

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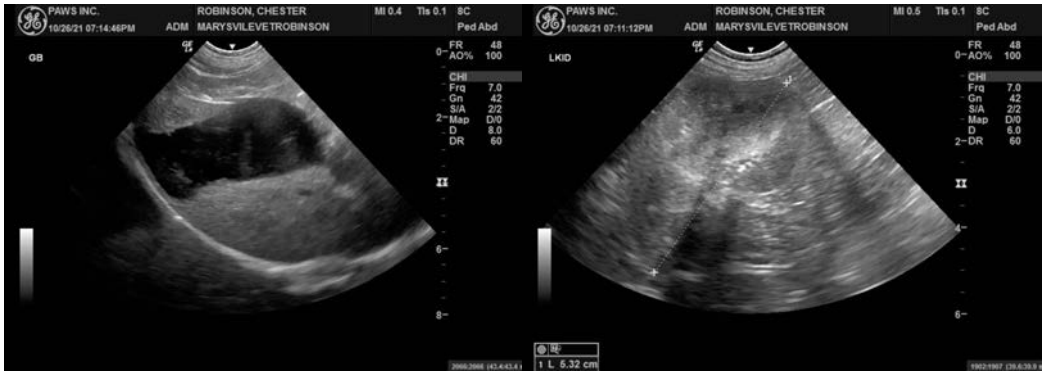

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com