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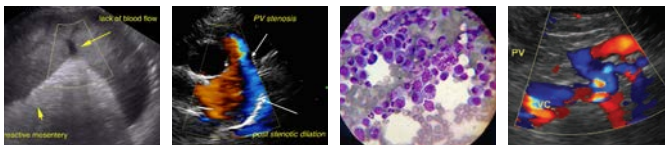

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1-800-838-4268 info@sonopath.com

PATIENT

Bree Marton

SPECIES

Canine

BREED

Mixed Lab

SEX

Spayed Female

AGE

11 Years

WEIGHT

95.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

41838

DATE

10/5/22

PRESENTING CLINICAL SIGNS

PUPD and panting for several months, o says dog seems uncomfortable, MCT left flank, O wants to rule out any other cancer before removing MCT... on proin and gabapentin

Abnormal PE/Chem/CBC/UA Results: ALP (H)518, urine pH 5.5 and 4+CaOx crystals.... Hepatomegaly on rads

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 left 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.

The right kidney has a normal shape and size. 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 0.72 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 XXcm 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.

Liver

The liver is subjectively normal in size but irregular (particularly on the right side). The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a cystic lesion visualized on the right side measuring 1.68 cm x 1.03 cm. Additionally, there is a hyperechoic nodule visualized measuring 0.91 cm x 0.77 cm. On some images, there is an area on the right side of the liver that appears isoechoic and slightly irregular. This area measures 5.56 cm x 9.4 cm. Continued monitoring of this area is warranted.

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.

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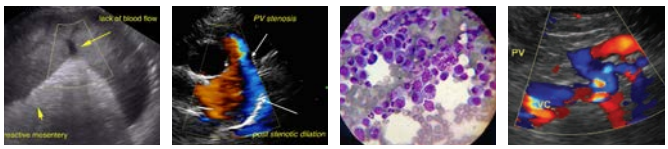

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Gastrointestinal

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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, irregular, heterogeneous liver with a small cystic lesion, a hyperechoic nodule, and an isoechoic irregular area on the right side – 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. The cystic structure is most consistent with a benign hepatic cyst. The hyperechoic nodule trends towards the appearance of a benign lesion. The significance of the irregularity on the right side is uncertain, as it is not visible on all images. Recommend continued monitoring or a fine needle aspirate of this region.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears large and irregular on today's scan. The parenchyma is heterogeneous with occasional ill-defined hyperechoic nodules and a cystic structure visualized. In some views on the right side, the caudal aspect of the liver appears somewhat irregular, but it is isoechoic and poorly defined. This could represent slightly irregular margins or an ill-defined mass effect. Recommend continued monitoring of this area and/or a fine needle aspirate. No focal lesions are visualized consistent with metastasis from the mast cell tumor. Continued monitoring for signs consistent with Cushing's disease is warranted.

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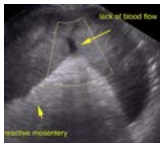
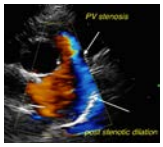
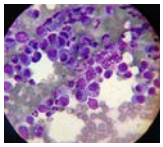
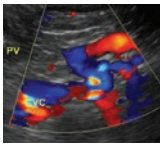

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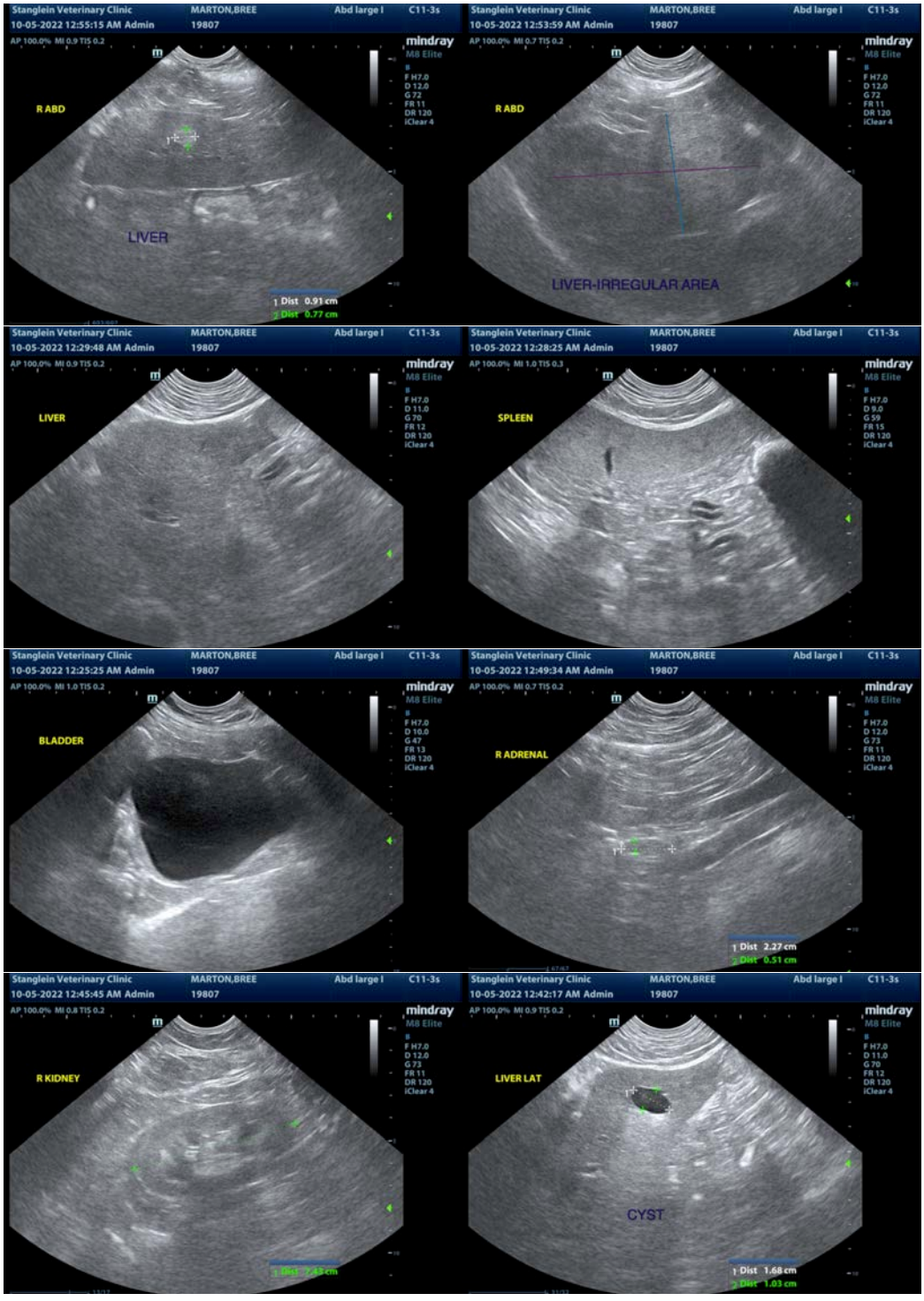

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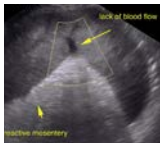
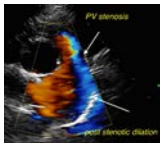
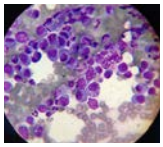
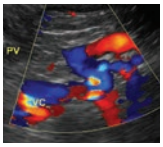

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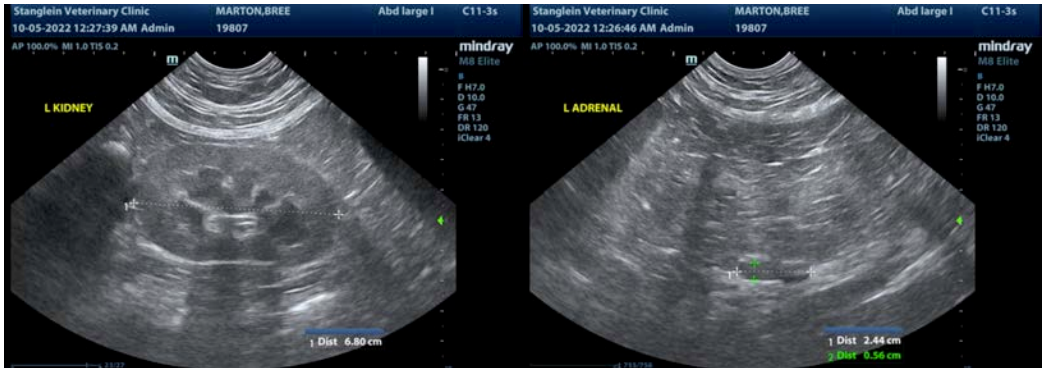

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com