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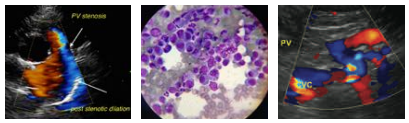

SonoPath
Clinical Sonography & Telecytology
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DATE
11/11/21

PATIENT
Bailey-Rocha

SPECIES
Canine

BREED
Pitbull

SEX
Spayed Female

AGE
2011

WEIGHT
21 kg

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Banfield Columbia

REFERRING VET
Dr. Lee

INVOICE
93049

PRESENTING CLINICAL SIGNS

History: Patient presented for radiograph and BW after severe illness several days ago. Owner reported patient was still a little lethargic and seemed in pain on abdomen.
BAR; crt<2; mm= pink and moist; bCS 7/9. Thoracic auscultation wnl
Abdominal palpation wnl. Skin : two soft swellings on the ventral chest; no jaundice observed. EENT : mild gum swelling and moderate dental tartar.
Lab Results: CBC/IOF - see labs
4dx - neg. Denamarin TGH. 5/19- ALP 253, ALT 351.
Radiographs: Radiology (abdominal) - no obvious sign of abdominal free fluid. empty stomach distended with gas. no obvious mass on spleen or liver. no spondylosis on T and L observed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required for scan.
Stat Report: Not requested.

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 (6.14 cm). Overall echogenicity is normal with adequate 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 (6.22 cm). Overall echogenicity is normal with adequate 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 0.66 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 0.7 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.

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 numerous, ill-defined, hypoechoic nodules visualized within the hepatic parenchyma. One measured 0.99 x 1.67 cm. Additionally there is larger, more discrete, mixed echogenicity

mass visualized at 5.08 x 4.21 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder 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. The duodenum measured as normal (0.51 cm) and the jejunum measured as normal (0.35 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

PRIMARY FINDINGS:

- Large, heterogenous liver with hypoechoic nodules and larger, mixed echogenic mass effect. 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 significance of the mass effect is unclear. This could represent a larger benign lesion or neoplastic lesion.

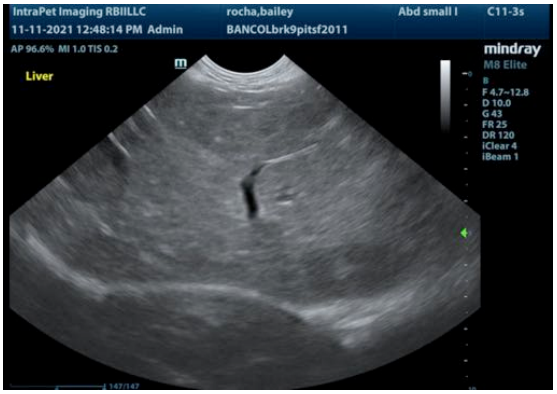
- Moderate gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

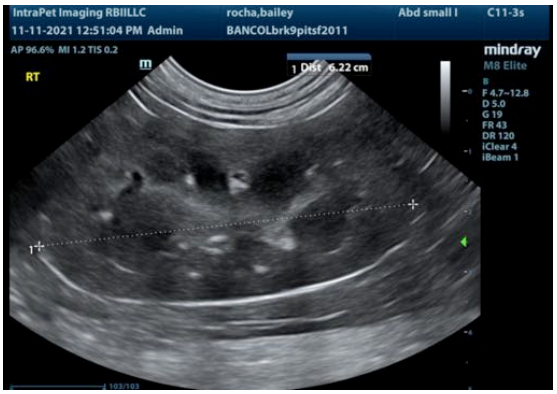
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

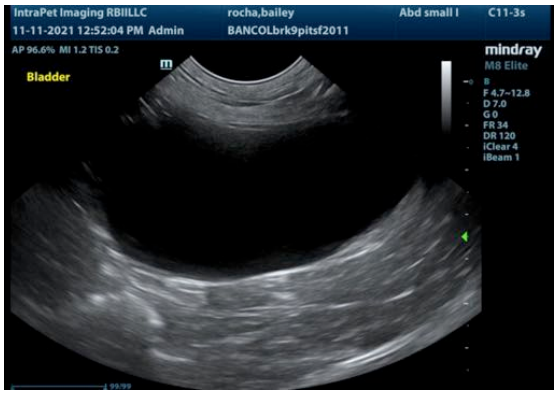
The nature of the recent illness was not described so it is difficult to say if this is related to the findings on today's scan or if this is an incidental finding.

- Consider liver function test to further evaluate the liver enzyme elevation reported.
- Consider FNA of the liver.
- Consider advanced imaging of the liver to evaluate for surgical removal of the mass observed.
- I recommend three view thoracic radiographs.
- If surgical resection is not an option then I recommend to continue monitoring with ultrasound as this may be a benign or neoplastic lesion.

- I recommend biopsy of adjacent liver if mass is surgically resected.





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rocha,bailey
Abd small I
C11-3s
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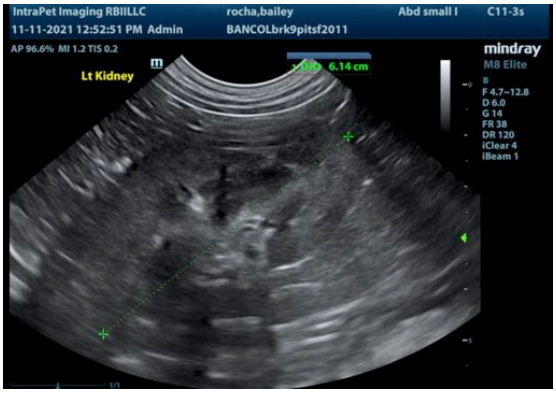
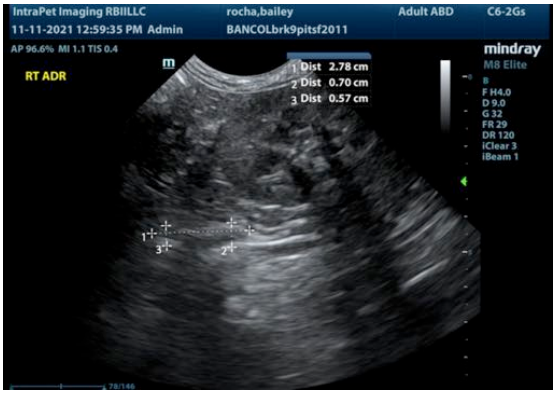
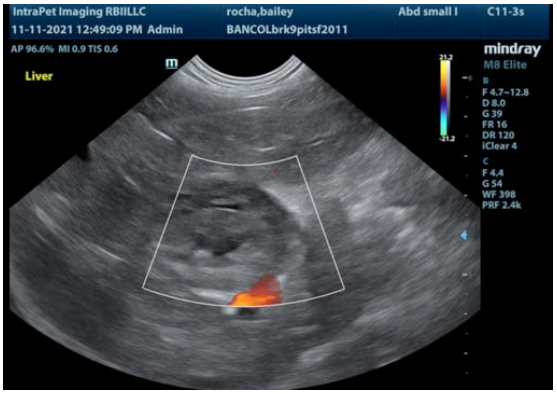
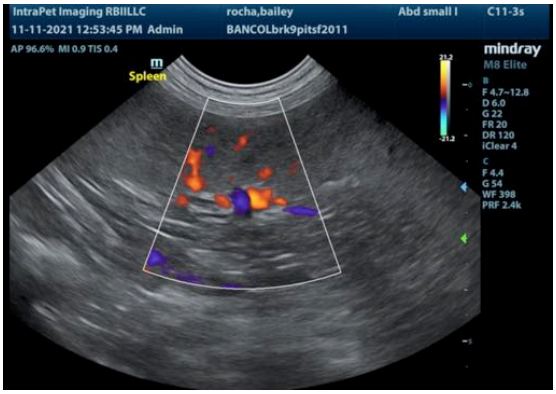
AP 96.6% MI 1.1 TIS 0.2
mindray
M8 Elite
Liver
GB


IntraPet Imaging RBIILLC
rocha,bailey
Abd small I
C11-3s
11-11-2021 12:52:51 PM Admin
BANCOLbrk9pitsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Lt Kidney
6.14 cm


IntraPet Imaging RBIILLC
rocha,bailey
Abd small I
C11-3s
11-11-2021 12:53:29 PM Admin
BANCOLbrk9pitsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Lt adr
1 Dist 2.98 cm
2 Dist 0.75 cm
3 Dist 0.58 cm


IntraPet Imaging RBIILLC
rocha,bailey
Adult ABD
C6-2Gs
11-11-2021 12:59:35 PM Admin
BANCOLbrk9pitsf2011
AP 96.6% MI 1.1 TIS 0.4
mindray
M8 Elite
RT ADR
1 Dist 2.78 cm
2 Dist 0.70 cm
3 Dist 0.57 cm


IntraPet Imaging RBIILLC
rocha,bailey
Abd small I
C11-3s
11-11-2021 12:49:09 PM Admin
BANCOLbrk9pitsf2011
AP 96.6% MI 0.9 TIS 0.6
mindray
M8 Elite
Liver


IntraPet Imaging RBIILLC
rocha,bailey
Abd small I
C11-3s
11-11-2021 12:53:45 PM Admin
BANCOLbrk9pitsf2011
AP 96.6% MI 0.9 TIS 0.4
mindray
M8 Elite
Spleen

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.

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