

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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**DATE PRESENTING CLINICAL SIGNS**

11/8/22 Not eating/drinking past few days.

**PATIENT** Current Medications: None listed.

Luke Seward

Lab Results: See attached.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Labrador

**Urinary System**

The urinary bladder is not visualized.

**SEX**

Neutered Male

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**AGE**

4/17/11

The left kidney has a normal shape and size (81.9 cm). Overall echogenicity is slightly hyperechoic with poor 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.

**WEIGHT**

105 Pounds

The right kidney has a normal shape and size (7.64 cm). Overall echogenicity is slightly hyperechoic with poor 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 1.19 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.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.85 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.

**HOSPITAL NAME**

Edgewood VH

**Spleen**

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. A 1.4 cm in diameter hyperechoic nodule is visualized associated with the splenic parenchyma.

**REFERRING VET**

Dr. Wright

**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 are multiple lobulated, mixed echogenic mass effects within the liver. Some appear to have mixed echogenic cystic structures. The largest hyperechoic mass lesion measures 11.76 cm x 10.05 cm with a hypoechoic area within measuring 6.81 cm in diameter. This is on the right side of the abdomen. Additionally, there is a 5.9 cm in diameter cystic mass lesion.

**INVOICE**

42624

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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 (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***

There is a small to moderate amount of free abdominal fluid. No lymphadenopathy. The omentum is relatively normal in echogenicity.

## **PRIMARY FINDINGS**

- Mottled spleen with a hyperechoic nodule – The appearance of the hyperechoic nodule is most consistent with a benign lesion such as a myelolipoma.
- Large, irregular, heterogeneous liver with numerous irregular mass effects (some cystic/cavitated) – 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 mass lesions disrupt the normal architecture from the liver and appear expansile. Recommend a fine needle aspirate if coagulation parameters permit.

## **SECONDARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

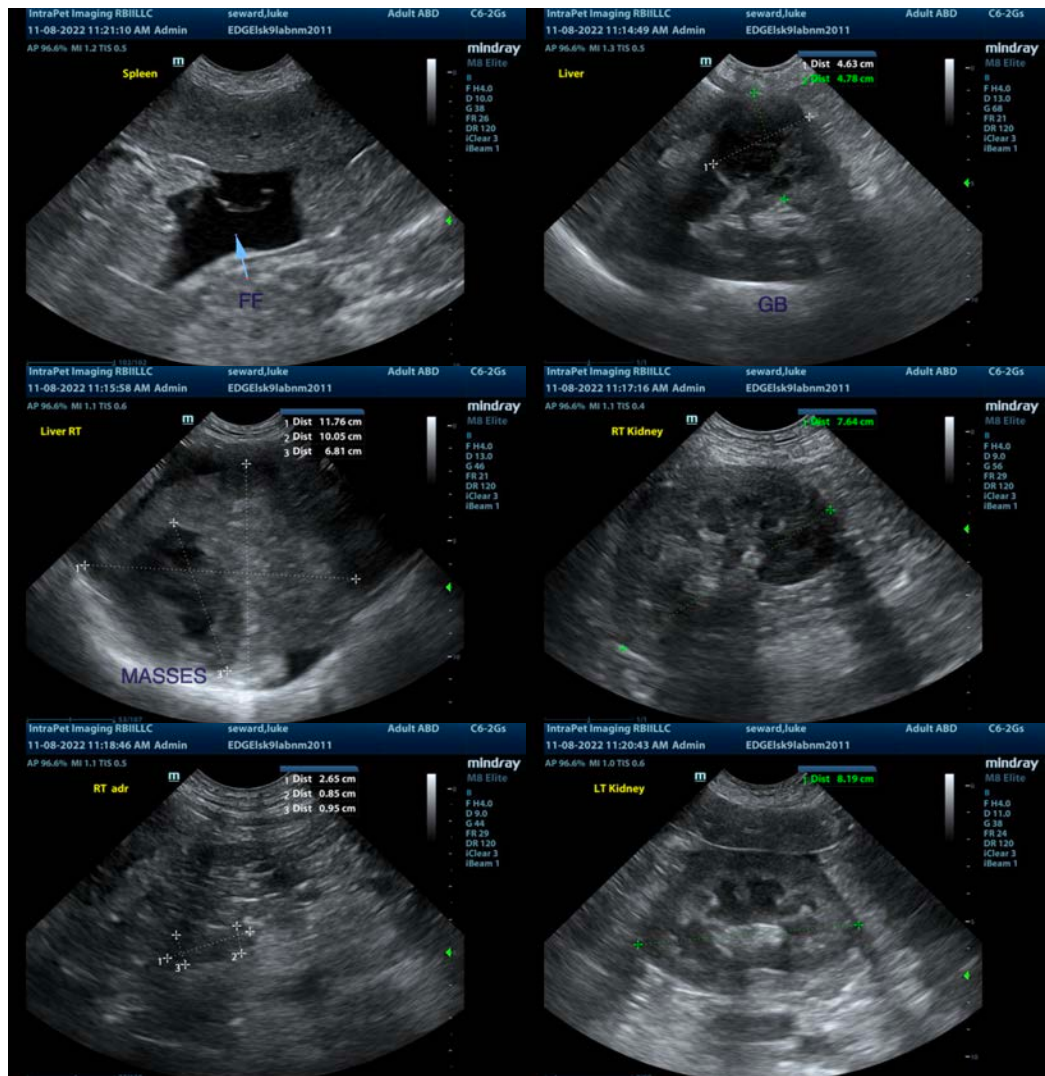
There is free fluid in the abdomen. Recommend sampling of this fluid to differentiate hemorrhage and/or the type of fluid present.

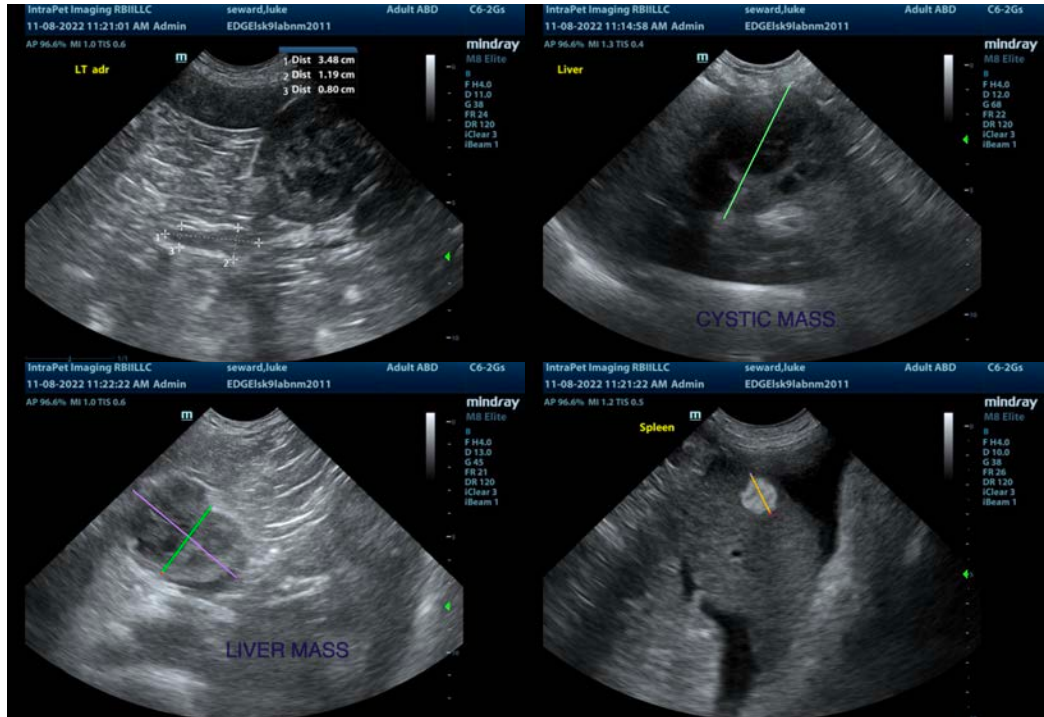
There are multiple masses visualized within the liver. Some of these appear slightly cystic/cavitated. Consider a fine needle aspirate of a more solid section of a liver mass.

Additionally, the spleen appears somewhat mottled. Consider a fine needle aspirate of the spleen.

If a cytologic diagnosis cannot be obtained, consider a contrast CT scan to further evaluate for possible metastatic lesions and for surgical planning. If this is not possible, you could consider referral to a veterinary surgeon for exploratory surgery in biopsies, trying to determine if the mass lesions are bleeding, and if they can be surgically removed.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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