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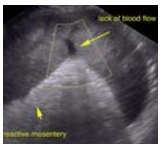
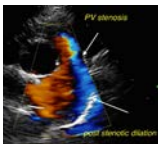
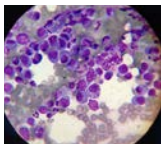
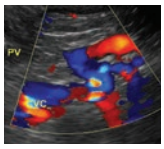
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Tundra Chavez

SPECIES
Canine

BREED
Siberian Husky

SEX
Neutered Male

AGE
11 Years 10 Months

WEIGHT
75 Pounds

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

IMAGING PERFORMED BY
Dr. Megan Cassels-Conway

HOSPITAL NAME
Central Broward AH

REFERRING VET
Dr. Janeen Lezcano

INVOICE
33761

DATE
12/28/21

PRESENTING CLINICAL SIGNS

P has chronic hx of inc ALP levels, delayed hair growth and marked patchy alopecia with kyperkeratosis. Recent spike in ALP and ALT level with no response to abx trial.
Abnormal PE/Chem/CBC/UA Results: 12/27/21: BA: pre: 3.8, post: 2.2 12/18/21: CBC: monos: 1456H, Chem: ALT: 402H, ALP: 1305H 11/23: chest rads normal 11/19/21: CBC: WNL, Chem: ALT: 156H, ALP: 1164H Ca: 11.5H, choles: 328H 10/21: ACTH stim adrenal panel to UT: results WNL 9/21: CBC: WNL, Chem: ALT: 162H, ALP: 1050H, Ca; 12.2, UA: SG: 1.008, 2+ prot, quiet sediment 3/21: T4: 0.6L, fT4: 9.1, TSH: 0.13, UPC: 0.4 3/21: CBC: monos: 900, Chem: ALT: 163H, ALP: 525H, UA: SG: 1.029, 2+ prot, quiet sediment 12/20: CBC: WNL, Chem: 349H 3/20: AUS by SonoPath, PLEASE reference results 12/19: T4: 2.0, fT4: 28.8, TSH: 0.13 10/19: LDDS test: pre: 3.0, 4hr post: 1.1, 8hr post: 0.4

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 (0.65 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 (7.55 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 (7.34 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 0.73 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.

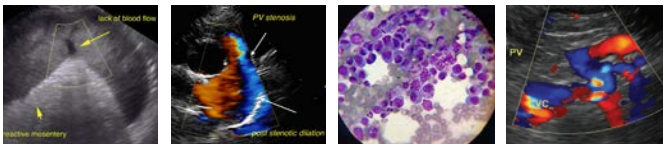
The right adrenal gland is normal in size measuring 0.84 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal/borderline large 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. There is a small irregularity in the splenic capsule, consisting of what appears to be hypoechoic parenchyma, measuring 0.51 cm.

Liver

The liver is large in size, and normal in echogenicity with irregular rounded margins, particularly in the caudal portion of the liver. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The caudal portion of



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the liver consists of a rounded, mixed echogenicity, hyperechoic mass effect with a small focal, hypoechoic, possibly cystic/cavitated center. This is a poorly demarcated lesion, but is most consistent with a solid mass effect.

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 moderate 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

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, poorly defined, mixed echogenicity/mildly cystic/cavitated hepatic mass effect – findings are concerning for a primary liver mass. Other differentials would include hyperplasia, a very large regenerative nodule, other.
- Small splenic mucosal irregularity – This could be a benign or malignant lesion.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal liver parenchyma is abnormal and mottled/slightly cavitated, creating a poorly defined mass effect. I would recommend advanced imaging (contrast CT scan) to further delineate this mass effect and evaluate it for possible surgical removal. If it is confined to the liver, then surgical removal could have a favorable prognosis.

Additionally, there is an irregular “bleb” in the splenic capsule. This could be a benign or malignant lesion. Consider further evaluation of this area with a CT scan and the possible decision for biopsy versus splenectomy at the time of liver mass removal.

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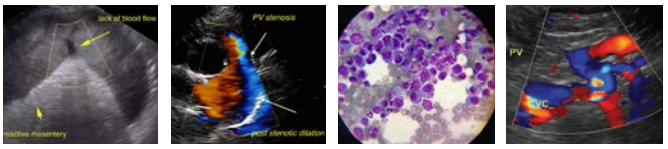

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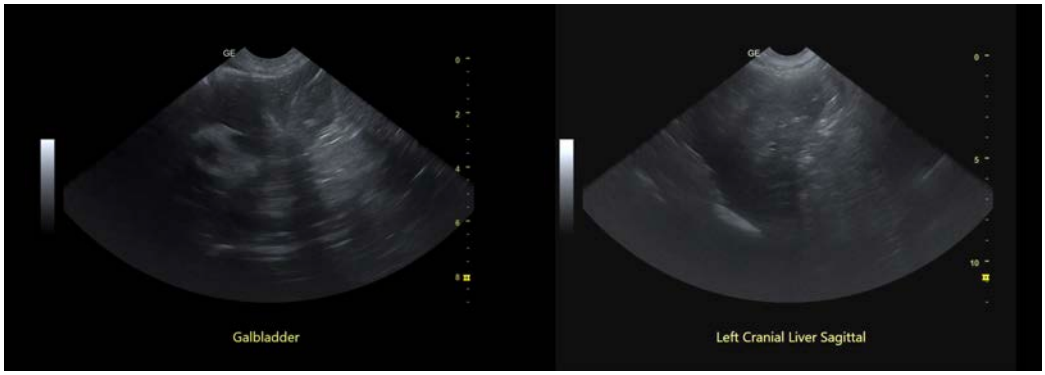
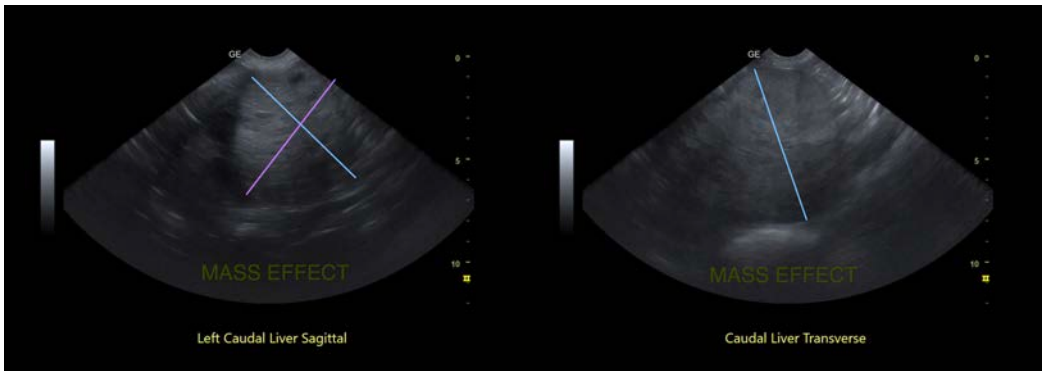
Recommend 3-view thoracic radiographs.





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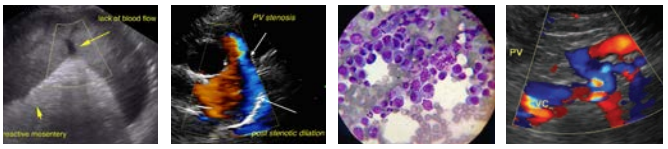

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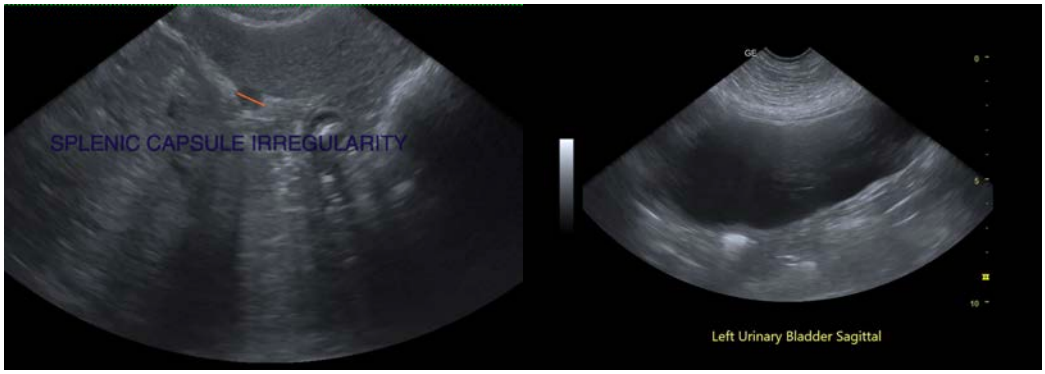

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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