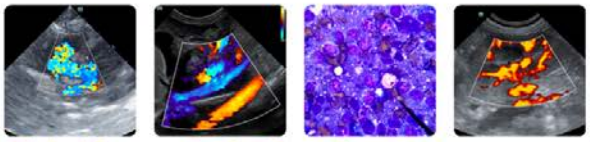

PATIENT

Polo Figueroa

SPECIES

Canine

BREED

Jack Russell Terrier x

SEX

Neutered Male

AGE

14 Years

WEIGHT

18.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Jose Barrera

INVOICE

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PRESENTING CLINICAL SIGNS

Px presented as a referral for an echocardiogram and an abdominal ultrasound. Heart murmur ausculted around 2 years ago and an echocardiogram study had never been performed. Owner indicates that Px has not underwent any procedure that required anesthesia and would like to know the anesthetic risk for this Px due because Px is overdue for a dental cleaning. Occasional coughing, no exercise intolerance reported. Px occasionally vomits, no diarrhea, no inappetence, no painful abdomen. Px is currently on Denamarin. Owner reports that Px has a Hx of elevated liver enzymes, these values tend to decrease when taking Denamarin but increase after Px is done taking the Mx. FNA of liver mass performed, currently waiting for the results

Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound report performed last year and bloodwork attached below for your reference

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 (1.18 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 (4.88 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.84 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

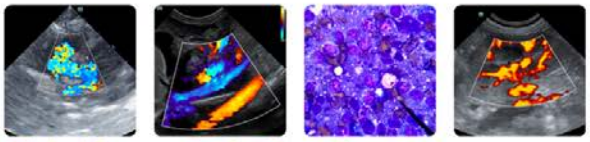
Adrenal Glands

The left adrenal gland is borderline “plump” measuring 0.56 cm at the cranial pole and 0.62 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 cranial pole and 0.61 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 slightly abnormal in appearance in that there is a subtle hyperechoic nodule in the cranial pole measuring 0.31 cm x 0.39 cm, which does not disrupt the adrenal capsule. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.42 cm in width at the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic



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parenchyma appears normal. There is a hypoechoic nodule visualized at the periphery of the spleen measuring 0.70 cm x 0.37 cm. I believe this is consistent with a nodule previously described 3/8/24 that measures 0.40 cm x 0.49 cm.

Liver

The liver is subjectively normal in size but irregular in shape. 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 hypoechoic mass effect visualized in the right caudal aspect of the liver measuring 2.01 cm x 3.32 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. 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 measures 0.54 cm. Jejunum wall measures 0.45 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

PRIMARY FINDINGS

- Small, hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This likely represents the same nodule previously measured at 0.40 cm x 0.49 cm. This is slightly larger but generally appears similar and has not significantly changed over the years.

- Heterogeneous liver with hypoechoic 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

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hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hypoechoic mass effect has an appearance most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). Other differentials are possible.

- Small, hyperechoic nodule in the cranial pole of the right adrenal gland – This currently has an appearance most consistent with a benign lesion (focal hyperplasia, adenoma, etc.). An early neoplastic lesion cannot be ruled out. Recommend continued monitoring.

ULTRASONOGRAPHIC FINDINGS

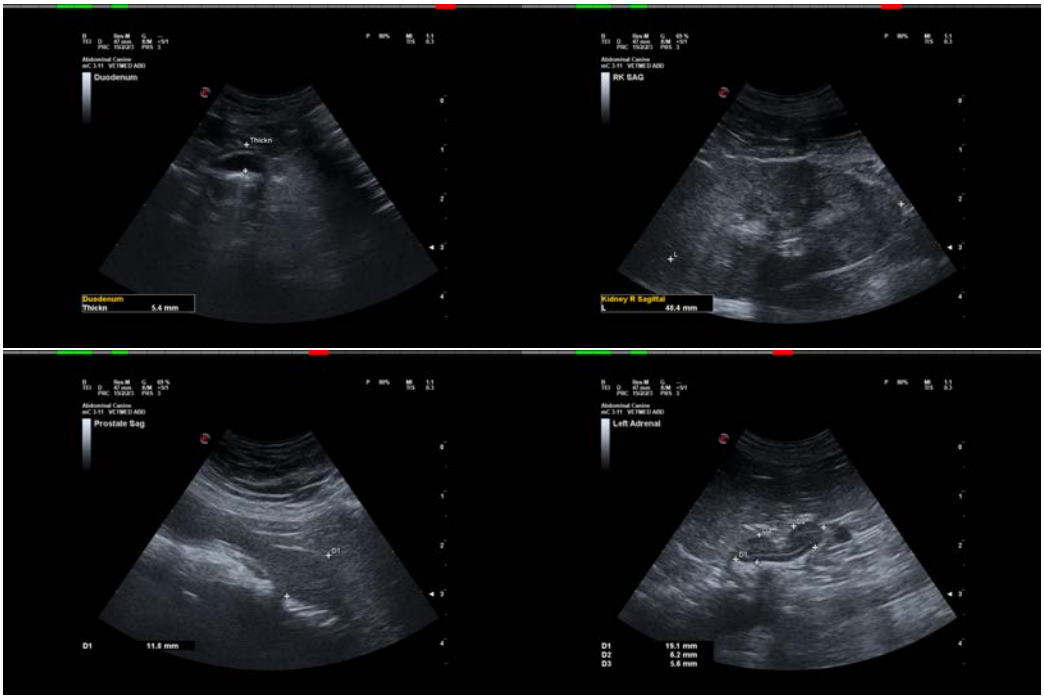
- Borderline large left adrenal gland – Findings could be consistent with mild hyperplasia. Recommend continued monitoring.
- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is somewhat heterogeneous, but there is a new hypoechoic mass effect visualized, which may be causing some of the liver enzyme elevations reported. Recommend a fine needle aspirate of the mass lesion (I believe this has already been done at today's exam). If surgical removal would be considered, recommend a contrast CT scan to further assess.

There is a small, hypoechoic splenic nodule visualized on today's exam that appears very similar to the nodule described on the previous exam 3/8/24. It has gotten slightly larger but generally appears similar. Continued monitoring is recommended.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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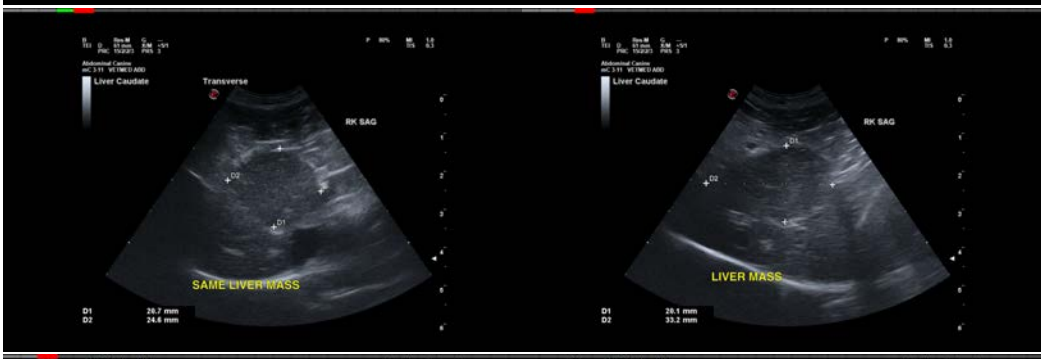

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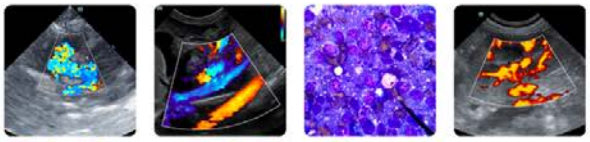

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com