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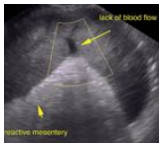
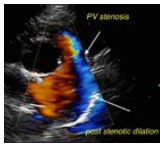
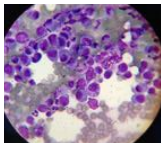
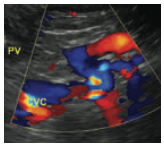

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oreo Hamilton

SPECIES

Canine

BREED

Retriever X

SEX

Spayed Female

AGE

4 yr

WEIGHT

48.99kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

10192

DATE

4/25/2023

PRESENTING CLINICAL SIGNS

Transfer for abdominal ultrasound Patient has been having a decline in appetite and has been vomiting on and off for the past week.

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 (7.75 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 (7.98 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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 large and irregular. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a focal hypoechoic nodule/mass effect measuring 2.0 cm x 2.11 cm which appears regular and somewhat expansile.

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.

Gastrointestinal

The stomach contains minimal luminal contents. The stomach wall appears slightly prominent measuring at 1.0 cm with intact wall layering, changes are most consistent with gastritis. 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.

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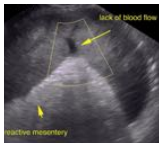

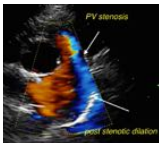

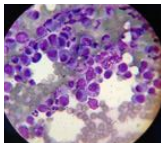
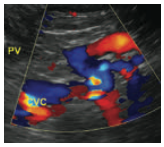

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.38 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 prominent and hypoechoic as compared to the surrounding isoechoic 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

- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large irregular nodular liver with focal hypoechoic nodule/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 nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out. The appearance of the lesions in the liver are concerning as they appear to be disrupting the architecture and somewhat expansile.
- Prominent/mildly thickened gastric wall with intact wall layering. Findings are most consistent with gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and irregular with nodular almost rounded margins and a focal hypoechoic nodule/mass effect. These changes disrupt the normal hepatic architecture and are concerning for possible neoplastic change, inflammatory change, etc. Correlate these findings with bloodwork and consider a fine needle aspirate. Although, it is very possible that a liver biopsy with histopathology, +/- copper levels, and cultures may be necessary if significant liver involvement is suspected.

The pancreas appears somewhat prominent with mildly hyperechoic mesentery surrounding. These changes could be consistent with mild active pancreatitis or previous episodes of pancreatic inflammation. Correlate these findings with a quantitative cPLI level and consider empirical treatment for pancreatitis/gastroenteritis. The gastric wall appears somewhat prominent which I suspect correlates with mild gastroenteritis, but continued monitoring/reevaluation is warranted.

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

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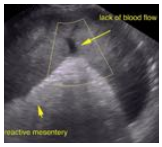

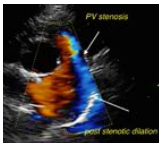

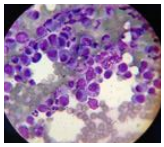
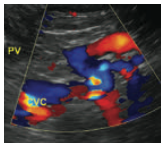

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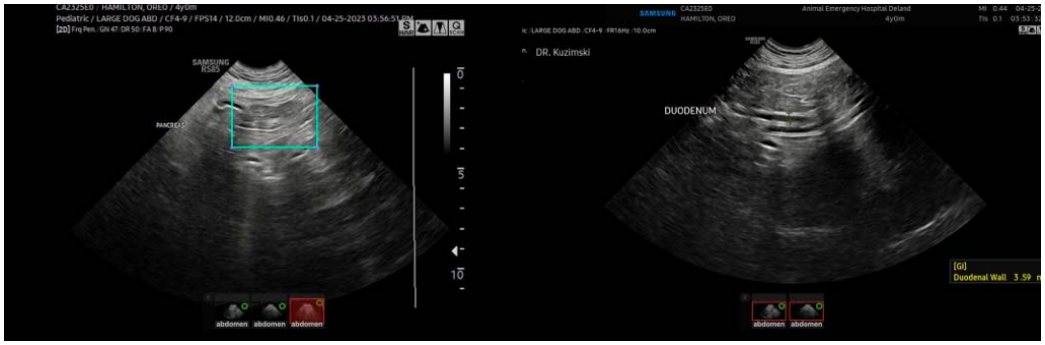

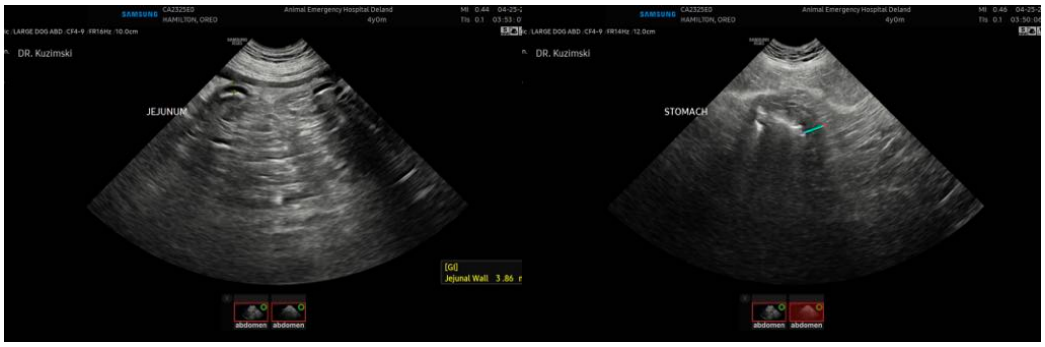

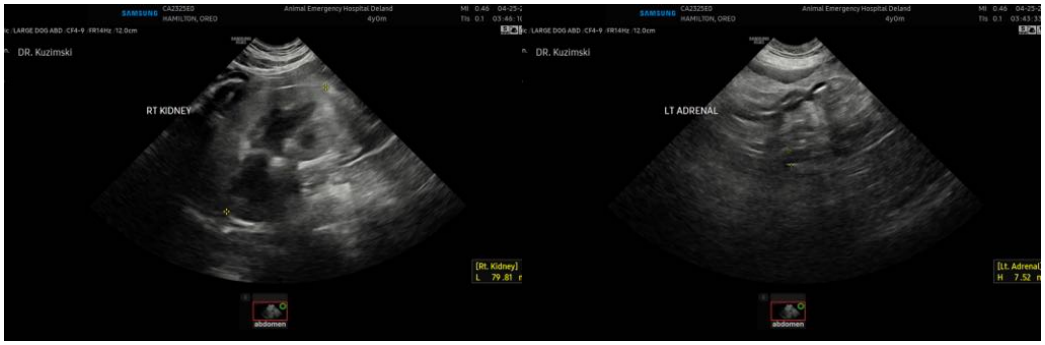

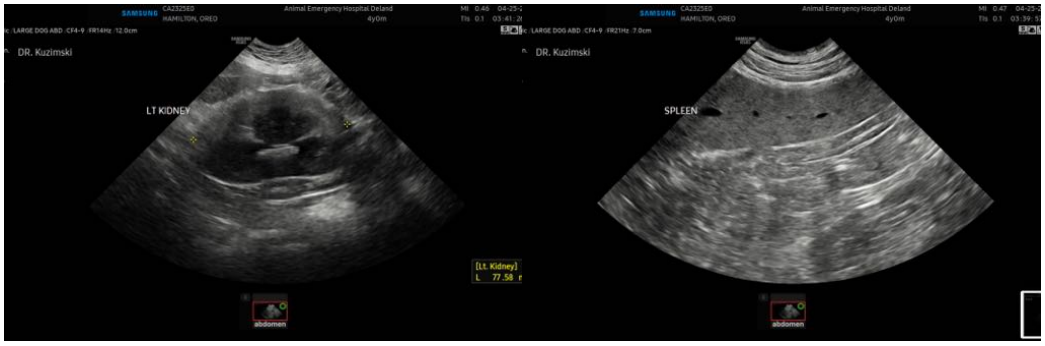

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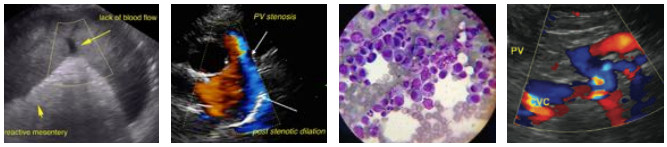

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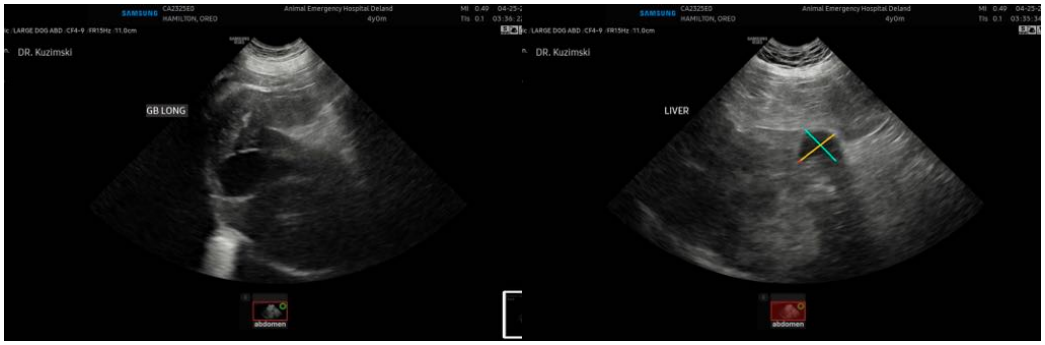

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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