SonoPath
Clinical Sonography & Telecytology
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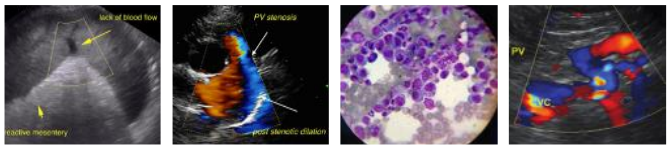

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Major Slahor

SPECIES
Canine

BREED
Pointer/Boxer

SEX
Neutered Male

AGE
11 Years

WEIGHT
7 Pounds

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

IMAGING PERFORMED BY
Chelsea Pastor

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Linda Grau

INVOICE
37274

DATE
4/29/22

PRESENTING CLINICAL SIGNS

PU/PD with accidents 4/15, some weight gain, exam nsf, 4/28 - bloody urine, bloated abd, exam consistent with fluid wave in abd and organomegaly
Abnormal PE/Chem/CBC/UA Results: CBC 4/15 wnl, Chem 4/15 alkphos 563, ALT 220, lipase 1600 ACTH stim wnl U/A 4/28 500+ protein, luekos, pH 9, blood 250, no evidence of bruising/petechiation to suggest platelet consumption but CBC not repeated yet, further diagnostics pending ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not clearly visualized, likely due to lack of urine distention.

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.

The left kidney has a normal shape and size (6.97 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 (5.21 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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 small and irregular. 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. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The hepatic parenchyma is severely nodular with too numerous to count hyper- and hypoechoic nodules including some target lesions, varying in size from approximately 0.50-4.0 cm. Many of these nodules deviate the hepatic margins.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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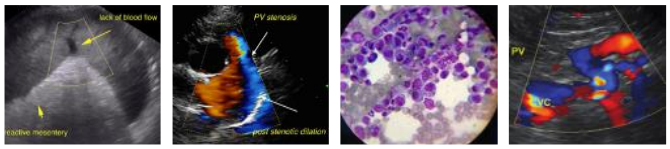

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Gastrointestinal

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 area of 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 large volume of echogenic free fluid. No lymphadenopathy is noted. The omentum is of increased echogenicity and appears somewhat nodular in areas.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, severely nodular liver – 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. These nodules could represent a benign or neoplastic process, but there is concern for possible underlying neoplasia due to the target like appearance of some of these lesions.

- Small, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The spleen is small and irregular. No obvious mass effect is visualized attached to this structure. It appears somewhat hypovolemic.

- Large volume echogenic free abdominal fluid – Recommend sampling of this fluid and fluid analysis with cytology if it is not blood.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large volume of free abdominal fluid. This could represent echogenic fluid or hemorrhage. Recommend sampling and fluid analysis with cytology (if not blood). The source of this fluid is at least partially due to the liver, which is severely nodular. This could represent benign regenerative nodules causing portal hypertension, etc., or this could be due to a neoplastic effusion or even hemorrhage from a nodule rupturing. Recommend a fine needle aspirate of the liver (likely multiple aspirates representing different regions).

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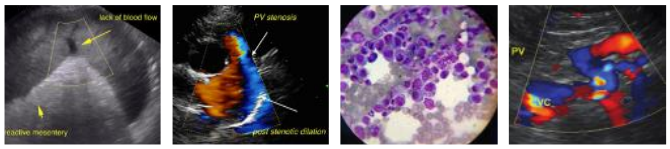

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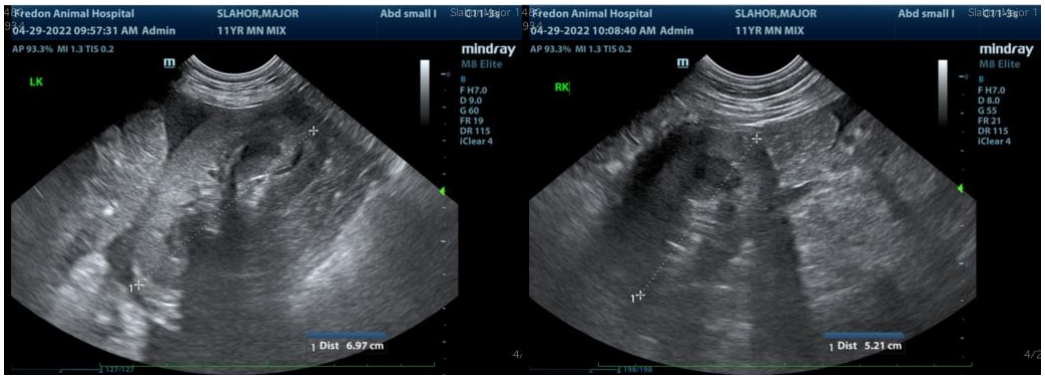
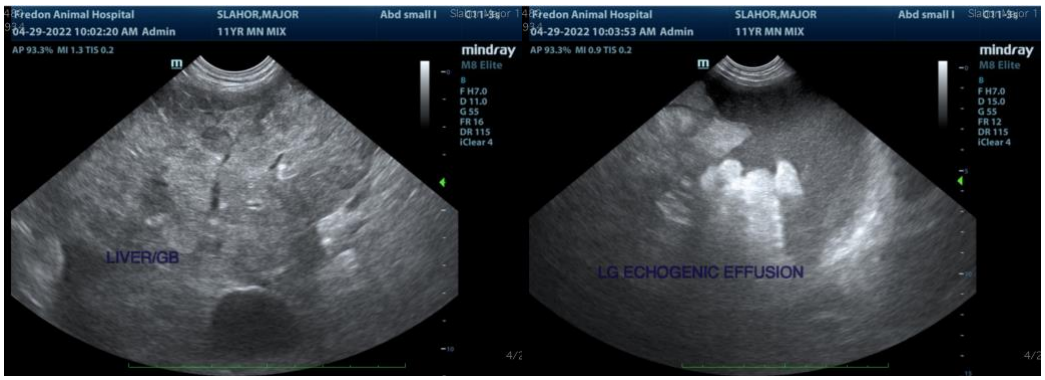
If an obvious diagnosis for the liver and the fluid is not evident based on cytology, consider a CT scan to further evaluate the liver and look for any additional mass lesions. The omentum appears somewhat nodular and irregular. These lesions could represent metastatic disease. Additionally, a biopsy of the liver could be considered.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Recommend cardiac ultrasound to look for any concurrent cardiac disease or cardiac enlargement.





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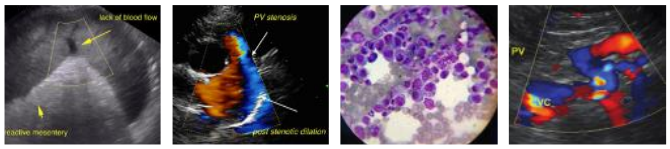

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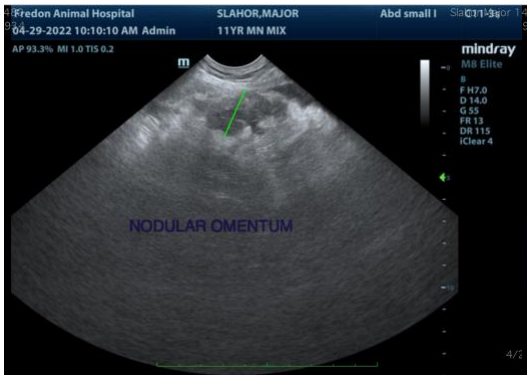

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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