SonoPath
Clinical Sonography & Telecytology
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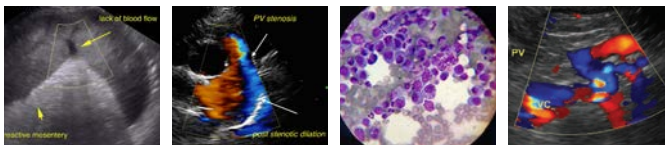

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1-800-838-4268 info@sonopath.com

PATIENT
Levi Stevens

SPECIES
Canine

BREED
Bluetick Coonhound

SEX
Neutered Male

AGE
8 Years

WEIGHT
125 Pounds

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

IMAGING PERFORMED BY
Dr. Hadley Harris

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Hadley Harris

INVOICE
46406

DATE
4/5/23

PRESENTING CLINICAL SIGNS

Presented to ER on 3/26 for swelling of the left lateral abdomen. A large subcutaneous lipoma was aspirated on the lateral abdomen and radiographs revealed a possible splenic nodule. Chest x-rays did not reveal any signs of metastasis. Pt is morbidly obese. Also has a history of calcium oxalate urolithiasis removed via cystotomy in 2019.

Abnormal PE/Chem/CBC/UA Results: no recent BW

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 (1.0 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 (6.98 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.

The right kidney has a normal shape and size (7.48 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 0.53 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 0.74 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 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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.

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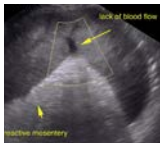
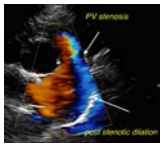
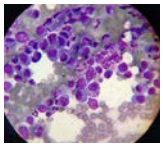
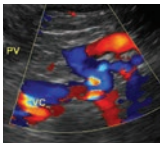

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Gastrointestinal

The stomach contains a mild to moderate amount of fluid. It measures at a normal thickness of 0.27 cm 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 0.53 cm. Jejunum wall measures 0.43 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of regional mesenteric inflammation or fluid. There is a large ovoid cystic structure in the right cranial abdomen possibly consistent with a pancreatic cyst (see under other).

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy, but in the right cranial abdomen near the stomach, there is a large hypoechoic, almost mildly septate appearing ovoid structure measuring approximately 4.58 cm x 5.81 cm. Possible differentials would include a cystic structure possibly associated with the pancreas, less likely the liver or cystic lymph node. Alternately, this could be a very hypoechoic lymph node. There is mildly hyperechoic mesentery surrounding this lesion.

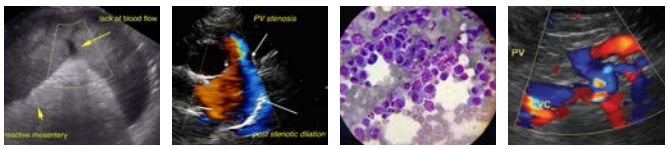
ULTRASONOGRAPHIC FINDINGS

- Prominent/mottled right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Large ovoid hypoechoic structure visualized in the cranial abdomen – Most likely a cystic structure (pancreatic, hepatic, omental, etc.) or a hypoechoic mass effect (lymph node).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan generally looks within normal limits. There is no evidence of a splenic mass lesion visualized, and no stones are noted in the urinary bladder. There is a large hypoechoic ovoid structure visualized in the right cranial abdomen near the stomach. On initial views, it almost appears within the stomach, but I suspect it is near and not within the stomach. This lesion does not significantly shadow, and there is some mildly hyperechoic mesentery surrounding it, but no obvious adjacent tissue.

Recommend color doppler on this lesion to try and determine if it has blood flow, which would better



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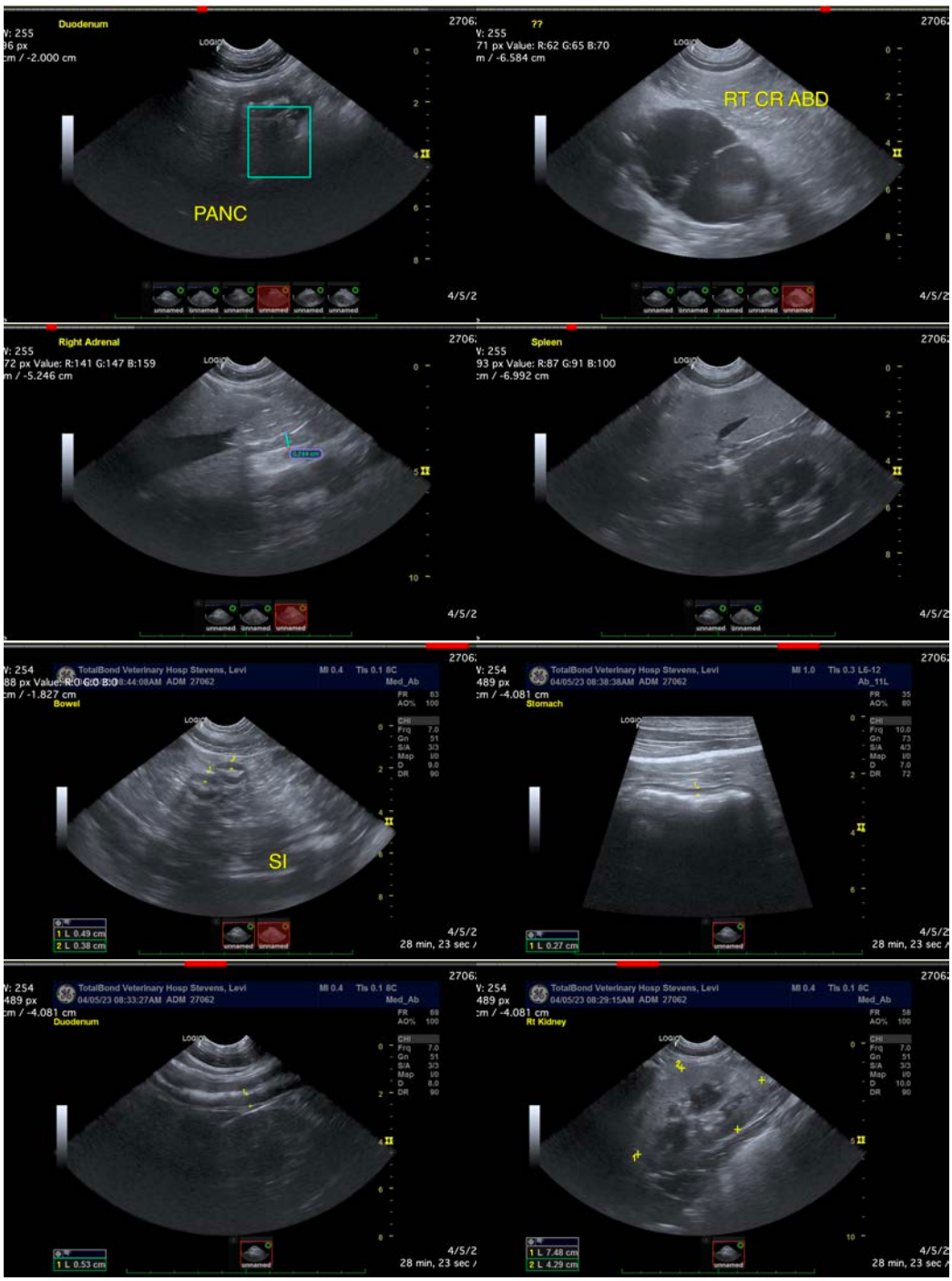
determine if this is soft tissue in nature or cystic. If this is a cystic lesion it could be drained (with caution to minimize leakage).

Consider full bloodwork and possibly a cPLI level, as well as a possible color doppler evaluation. If this lesion appears to have blood flow, I would consider a fine needle aspirate. If not, you could consider percutaneous drainage, a contrast CT scan or continued monitoring with ultrasound provided the risks of rupture vs drainage are considered. I suspect this is a benign lesion but underlying neoplasia cannot be ruled out.



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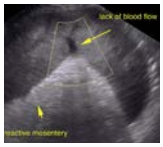
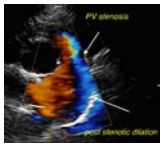
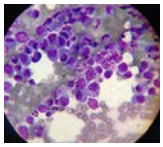
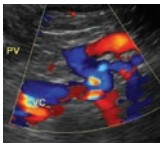

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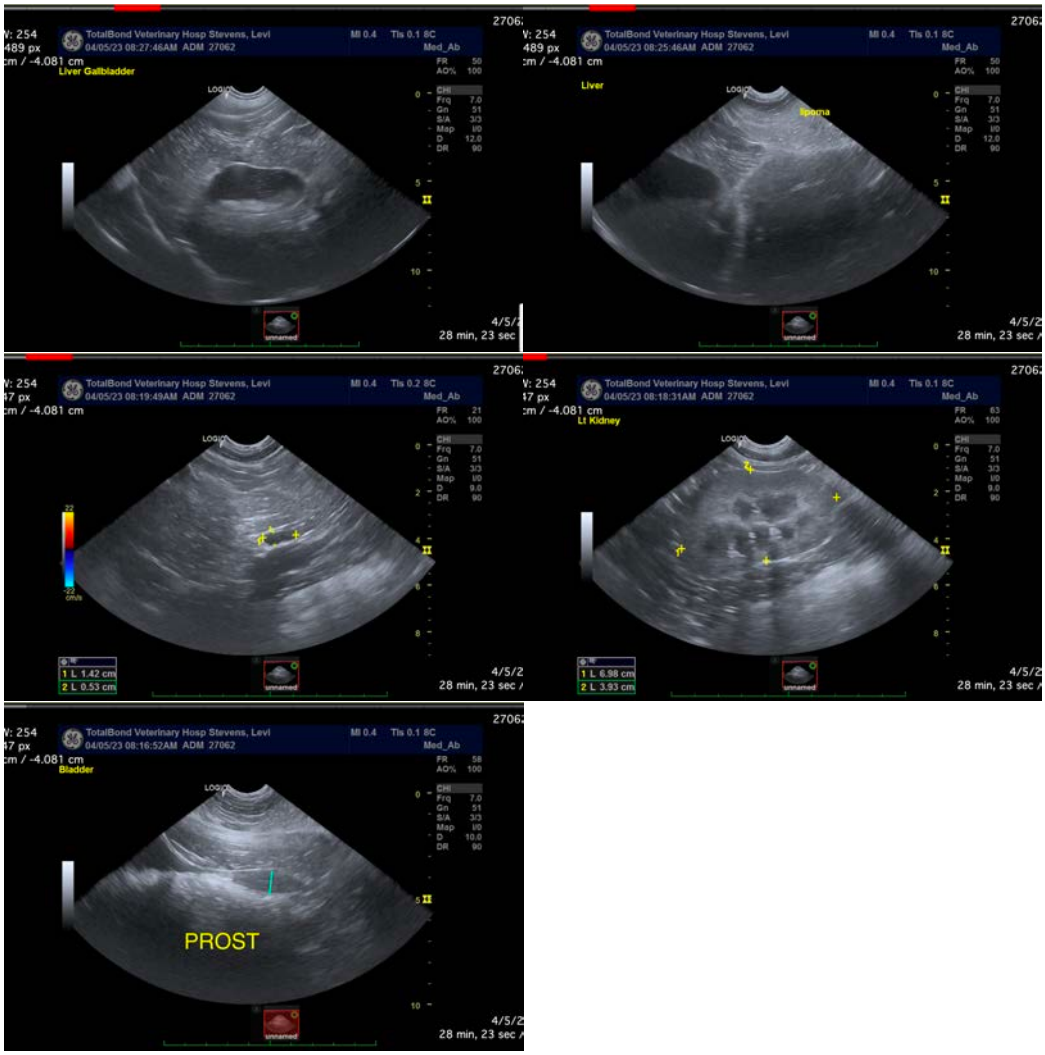

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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