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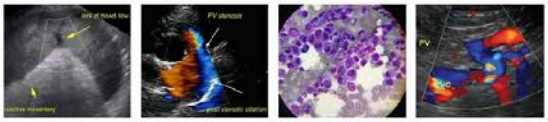


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Molly Haire

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

28 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

38000

DATE

5/25/22

PRESENTING CLINICAL SIGNS

Appointment reason: Cardiac, liver, pancreas, abdomen U/S O will drop off when Loetitia arrives, doesn't want PT here waiting. Needed to sedate for U/S, given 0.1 ml butorphanol. The cardiac image appeared to be normal, There is a mass associated with the liver (Has liver enzymes elevated). While awaiting results will put dog on Ab's and denamarin. Chest xrays taken to R/O mets, none seen. 5/24/22 Owner describes that the dog was acting uncomfortable last night and also slept an unusual length of time. Blood work shows a very mild pancreatic elevation =158 (N=140) and three liver enzyme elevations Alk Phos = 476 (N=131), Alt = 159 (N=118), and GGT = 36 (N=12) O will drop off Molly at 8 AM tomorrow for both abdominal U/S and cardiac. I did not ascult any abnormal cardiac sounds. O is convinced that there is something seriously wrong. Having a hard time breathing, breathes heavy with activity, especially towards the evening. Infrequent urination, still drinking normal Eating good, BM ok, sometimes prone to constipation, O giving pumpkin
Abnormal PE/Chem/CBC/UA Results: Heart No murmur/arrhythmias Lungs Eupneic, no crackles/wheezes, typical increased tracheal sounds of brachycephali

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears diffusely thickened, measuring 0.71 cm. No focal lesions are visualized. These findings are most consistent with bacterial cystitis or lack of urine distention.

The left kidney has a normal shape and size (4.5 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 (5.3 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.

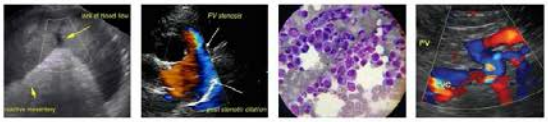
Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 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 0.77 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 large and slightly irregular. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are diffuse focal hyperechoic lesions visualized within the spleen, most consistent with myelolipomas. There is a focal mass lesion, which is of mixed echogenicity, but primarily hyperechoic, possibly consistent



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with a large myelolipomas, but this lesion does deviate the splenic capsule and measures 3.53 cm x 4.38 cm.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. 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 large, solid, hypoechoic to mixed echogenic mass effect coming off of the caudal aspect of the liver, measuring 3.85 cm x 4.02 cm. Additionally, there is a hypoechoic intraparenchymal lesion measuring 2.02 cm x 2.86 cm.

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

- Mottled spleen with numerous hyperechoic foci and a larger, mixed echogenic, hyperechoic mass effect – 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 hyperechoic lesions are most consistent with benign myelolipomas. The larger mass effect deviates the splenic capsule, but is bright and hyperechoic, similar to a myelolipoma. This could represent a benign or neoplastic lesion.

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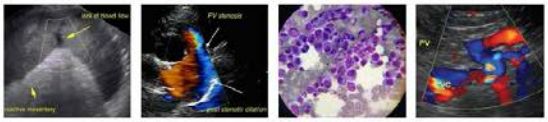

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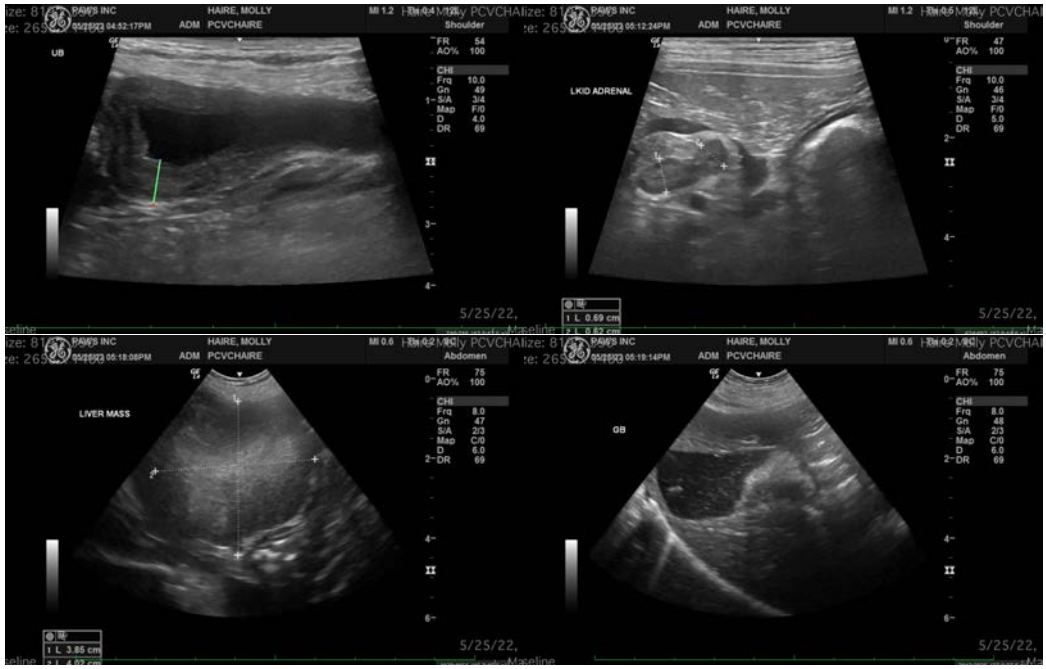
- Heterogeneous liver with two liver masses – These could represent benign or neoplastic lesions, and could be related or be separate lesions.
- Diffusely thickened urinary bladder wall – This would be most consistent with bacterial cystitis or lack of urine distention. Recommend urinalysis and culture, and reimaging once the bladder has filled adequately.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two mass lesions in the liver. One is a larger, more caudal mass effect, and one is deeper and more intraparenchymal. I suspect the larger of the two lesions could be removed. A contrast CT scan would be necessary to further evaluate these lesions and determine if removal is possible. Recommend 3-view thoracic radiographs prior to doing this. A fine needle aspirate could be performed to rule out round cell neoplasia, although this seems like an unlikely differential.

The spleen is mottled and has numerous hyperechoic foci, which are most consistent with benign myelolipomas. One of these lesions is larger and deforms the splenic capsule, creating more concern for a less benign lesion or a lesion that could potentially rupture. Options moving forward include a fine needle aspirate or splenectomy with histopathology.

I suspect the liver enzyme elevations are secondary to the liver lesions.



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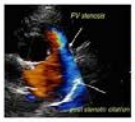

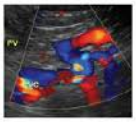

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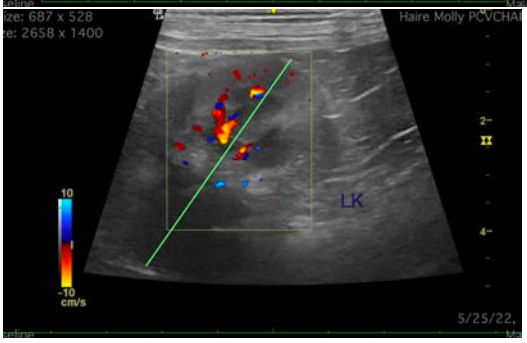

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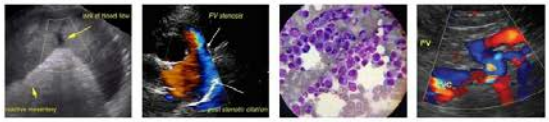

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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