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Clinical Sonography & Telecytology
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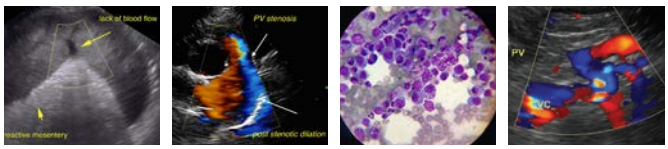

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Greta Colburn

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

11 Years 10 Months

WEIGHT

75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

47100

DATE

5/3/23

PRESENTING CLINICAL SIGNS

Variable appetite, borborygmus noted in the evenings after eating

Abnormal PE/Chem/CBC/UA Results: Possible splenomegaly noted on exam, CBC, chemistry, T4, SPEC cPL all WNL

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 (7.55 cm) with a cortical cyst near the cranial pole at 2.21 cm x 2.53 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 (6.15 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large and slightly irregular with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The ventral aspect of the liver appears somewhat rounded, but isoechoic to the rest of the liver, creating the appearance of a mass effect or rounded liver lobe, measuring approximately 5.85 cm x 7.26 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.

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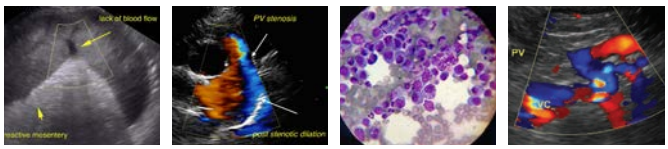

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Gastrointestinal

The stomach contains mild gas/ingesta. 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. Jejunum wall measures 0.42 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 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

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.

Other

In one of the images, there is a rounded, homogeneous, slightly heterogeneous mass effect visualized caudal to the stomach. I suspect this is the enlarged caudoventral portion of the liver (either an enlarged rounded lobe or an isoechoic mass effect), but a direct connection is not observed.

PRIMARY FINDINGS

- Hyperechoic foci in the spleen – Findings are most consistent with benign myelolipomas.
- Large, irregular, heterogeneous liver with a rounded isoechoic ventral region – 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. There is an area of the ventral liver that appears somewhat rounded but is isoechoic to the remaining parenchyma. This likely represents either a bulging/rounded liver lobe or an isoechoic mass effect.
- 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.

SECONDARY FINDINGS

- Hypoechoic cystic structure visualized at the cranial pole of the left kidney – Findings are most consistent with a benign renal cyst.

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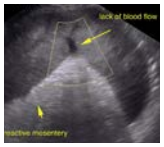
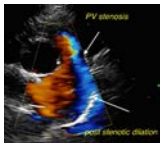
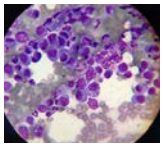
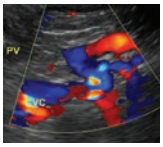

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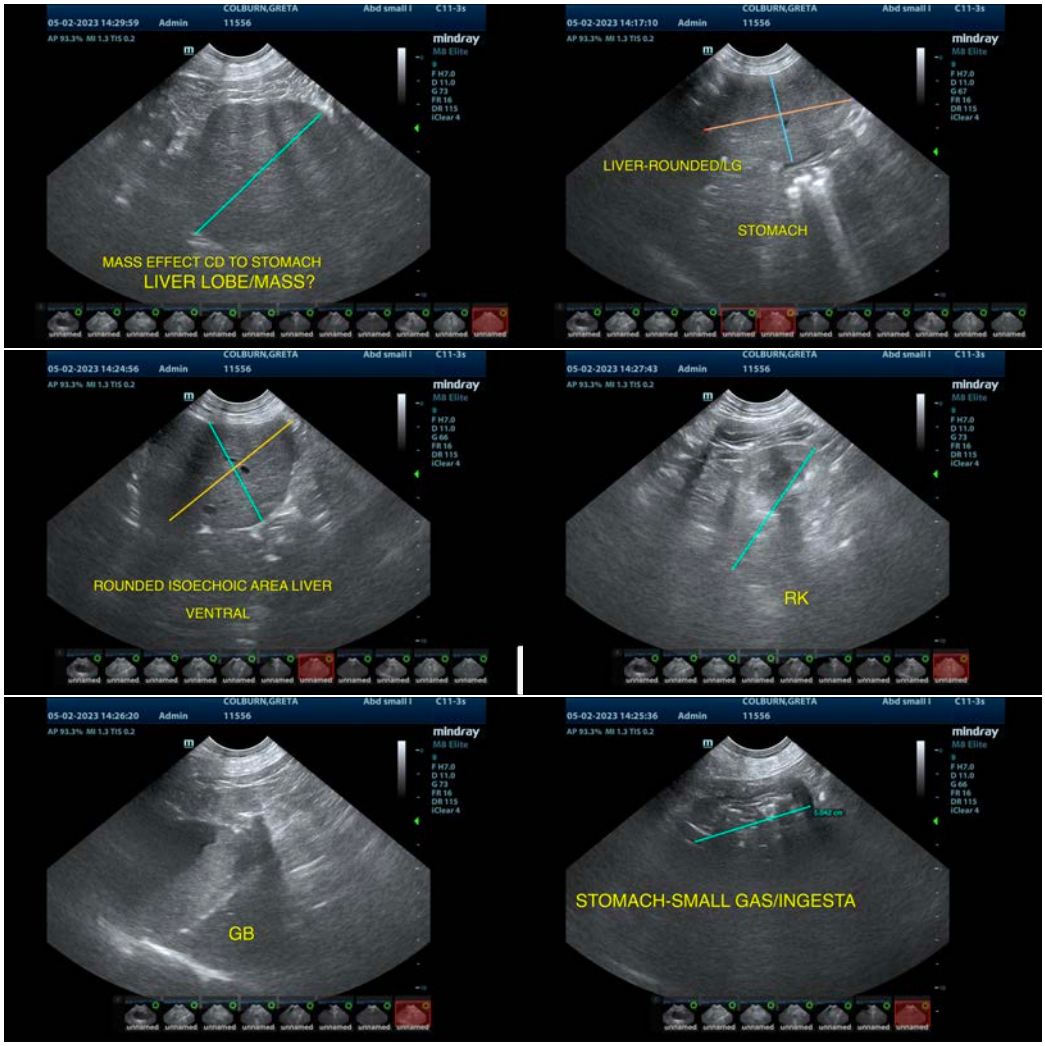
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild, and a definitive cause for the decreased appetite is not visualized. The liver appears somewhat large and heterogeneous with rounded margins. One of the liver lobes has a focally rounded area that could represent either a rounded irregular area of liver lobe or an isoechoic mass effect. There is an image later in the study where there is a homogeneous mass effect visualized caudal to the stomach. I suspect this could be an extension of this area of the liver, but a definitive connection cannot be visualized. Consider a fine needle aspirate of this region visualized caudal to the stomach to better determine its nature. If this is hepatic in origin, I would suspect this would be an incidental finding at this time, although if this area continues to enlarge, removal may be indicated. It is likely that a contrast CT scan of this region would be necessary to further evaluate.

Additionally, consider the possibility that this patient could have primary gastrointestinal disease. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to try to obtain more information, and you could consider a novel protein/hydrolyzed protein prescription diet as well as probiotics. If symptoms persist, you may need to consider obtaining GI biopsies +/- the aforementioned CT scan.

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



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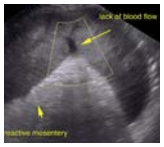
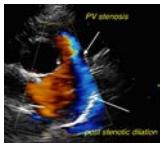
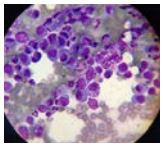
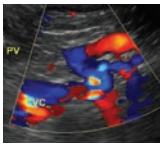

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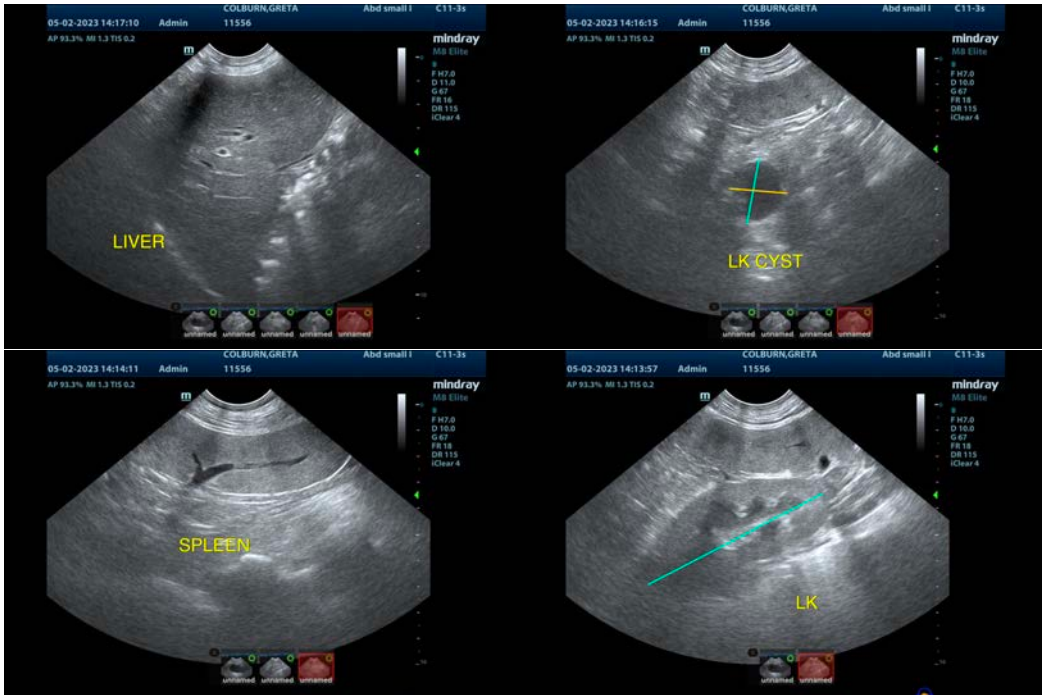

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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