IMAGING PERFORMED BY

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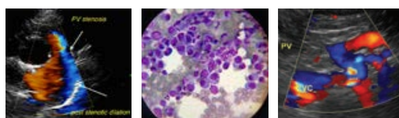

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

7/15/22

PATIENT

Sydney Hartman

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed Female

AGE

5/14/10

WEIGHT

45.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McIntyre

INVOICE

39595

PRESENTING CLINICAL SIGNS

Hx splenectomy 2 years ago, bx returned benign. Hx inappetence, weight loss, vaginal discharge. Suspected abdominal mass on AXR.

Current Medications: None.
Lab Results: 7/8/22: ALT 621, Glob 6.5, HCT 27%, non regenerative
Neutrophilia 14K.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (7.5 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 (6.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large, hypoechoic structure, most consistent with a renal cyst visualized in the caudal pole measuring 1.68 cm x 1.81 cm. 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 0.58 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 0.44 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 not visualized. Surgically absent.

Liver

The liver is large in size and irregular. 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 irregular, multilobulated, hypoechoic, intraparenchymal mass effect visualized on the right side of the liver, measuring 6.59 cm x 6.43 cm. Additionally, there is a small hyperechoic nodule visualized at 0.85 cm, and a larger second irregular hypoechoic mass effect on the right side measuring 6.8 cm in diameter.

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.

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.

PRIMARY FINDINGS

- Heterogeneous liver with two large, irregular, multilobulated intraparenchymal masses. These lesions could represent benign or neoplastic disease. Recommend fine needle aspirate.

- Hypoechoic, anechoic structure in the caudal pole of the right kidney – suggestive of a right renal cyst. Recommend continued monitoring.

SECONDARY FINDINGS

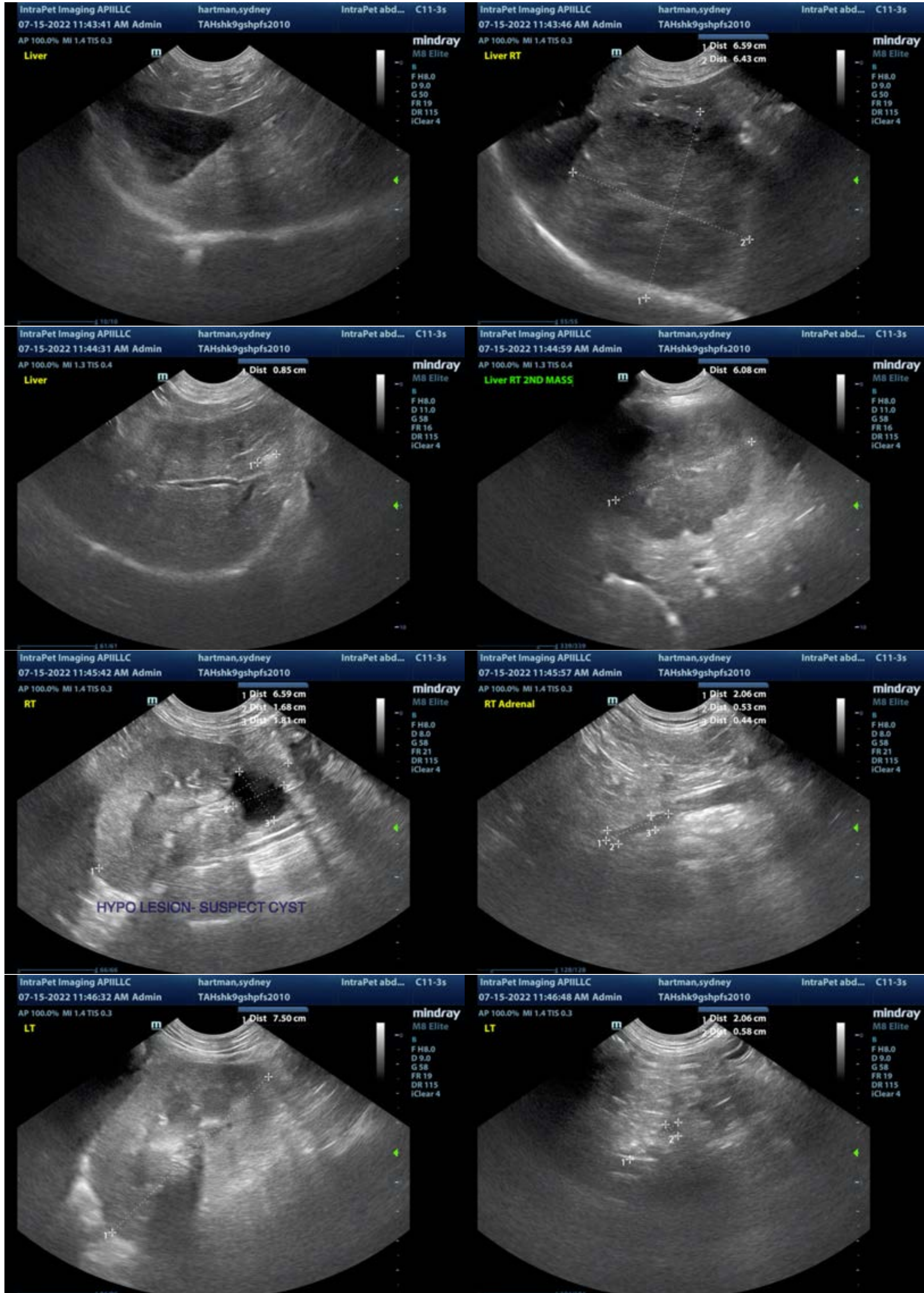
- Surgically absent spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two large mass lesions visualized within the liver. Based on the history provided, I'm concerned that these are the source of current illness. Consider a fine needle aspirate to rule out round cell neoplasia, and a contrast CT scan to evaluate the extent of these lesions for possible surgical resection.

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

There is a small anechoic, likely cystic structure in the caudal pole of the left kidney. I suspect this is a benign renal cyst, but recommend continued monitoring. If it is enlarging rapidly or changes in appearance, drainage or fine needle aspirate could be considered.



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HYPO LESION- SUSPECT CYST
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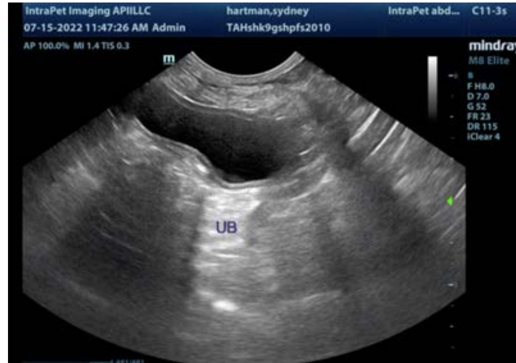

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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