IMAGING PERFORMED BY

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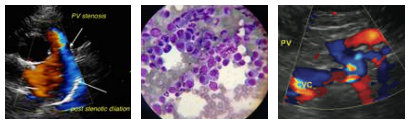

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
8/24721

PATIENT
Diego Hudson

SPECIES
Canine

BREED
Labrador

SEX
Neutered male

AGE
2009

WEIGHT
68.5 lbs

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

HOSPITAL NAME
Churchville VC

REFERRING VET
Dr. Kauffman

INVOICE
91447

PRESENTING CLINICAL SIGNS

Patient presented in June for mobility issues. At that time was found to have a mild non-regenerative anemia and mild ALT elevation when checking lab work. Anemia mildly improved at recheck but there was suspected organomegaly on abdominal palpation. Abdominal radiographs revealed no overt abnormalities. Patient presented for recheck this week - anemia has since improved but patient has lost ~ 7 lbs in 1 month.
Patient has a history of seizures - well controlled on Zonisamide.
Current Medications: Zonisamide 350 mg BID. Gabapentin 300mg - 1 cap PO q8-12 hours.
Lab Results: 08/19: CBC WNL. Chem: ALT increased at 489, ALKP increased at 401. 07/14: CBC - HCT 37.6%, RBC slightly improved as well. Chem: ALT improved to 128 from 138. 06/22: CBC: Mild non-regenerative anemia (HCT 36.9%). Chem: Mild ALT elevation (138), otherwise WNL.
Radiographs: Lateral abdominal radiographs - possible overlap or enlarged area around the pylorus, spleen and liver appear unremarkable, large amount of mixed opacity feces in colon.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
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 prostate is normal in size (0.92 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 (8.16 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 (6.3 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 0.68 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 0.93 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, large, small, normal/large, normal/small) in size, and 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 an ill-defined, isoechoic/slightly hypoechoic large nodule/mass effect visualized measuring 5.24 x 3.85 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder 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 lymphadenomegally. 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
PRIMARY FINDINGS:

- Heterogenous liver with isoechoic mass effect. 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
The liver is heterogenous and there is an ill-defined mass effect visualized. This mass could be benign or may be something more concerning. Consider FNA, liver function test and testing for Leptospirosis. If chronic active hepatitis is considered you would likely need a biopsy to obtain this diagnosis. Additionally, you can consider advanced imaging (CT scan) for better detail on the liver lesion and evaluation for possible removal/sampling. I recommend three view thoracic radiographs.


IntraPet Imaging RBIILLC
hudson,diego
Adult ABD
C6-2Gs
08-24-2021 10:40:36 AM Admin
CHUdhk9labnm2009
AP 96.6% MI 1.2 TIS 0.6
LIVER
1 Dist 5.24 cm
2 Dist 3.85 cm
FINE NEEDLE ASPIRATE
mindray
M8 Elite


IntraPet Imaging RBIILLC
hudson,diego
Adult ABD
C6-2Gs
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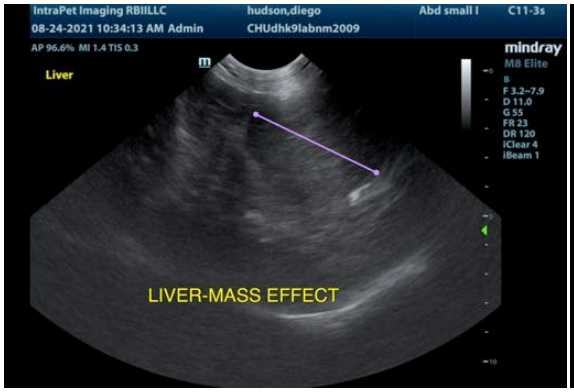
URINARY BLADDER
mindray
M8 Elite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hudson,diego
Abd small I
C11-3s
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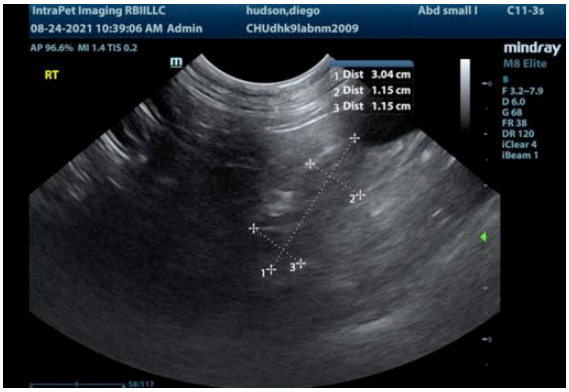
AP 96.6% MI 1.4 TIS 0.3
Liver
LIVER-MASS EFFECT
mindray
M8 Elite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hudson,diego
Abd small I
C11-3s
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CHUdhk9labnm2009
AP 96.6% MI 1.4 TIS 0.2
RT
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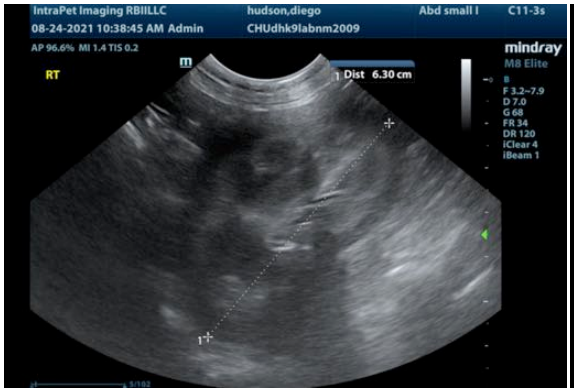
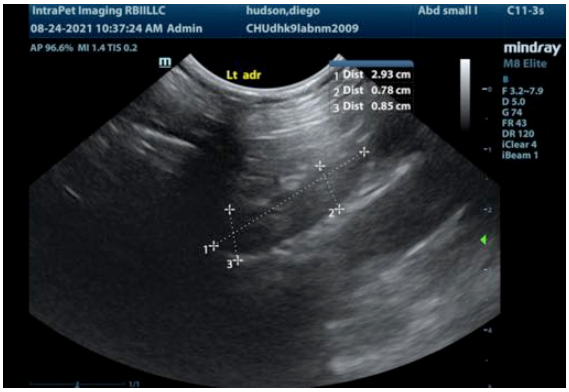
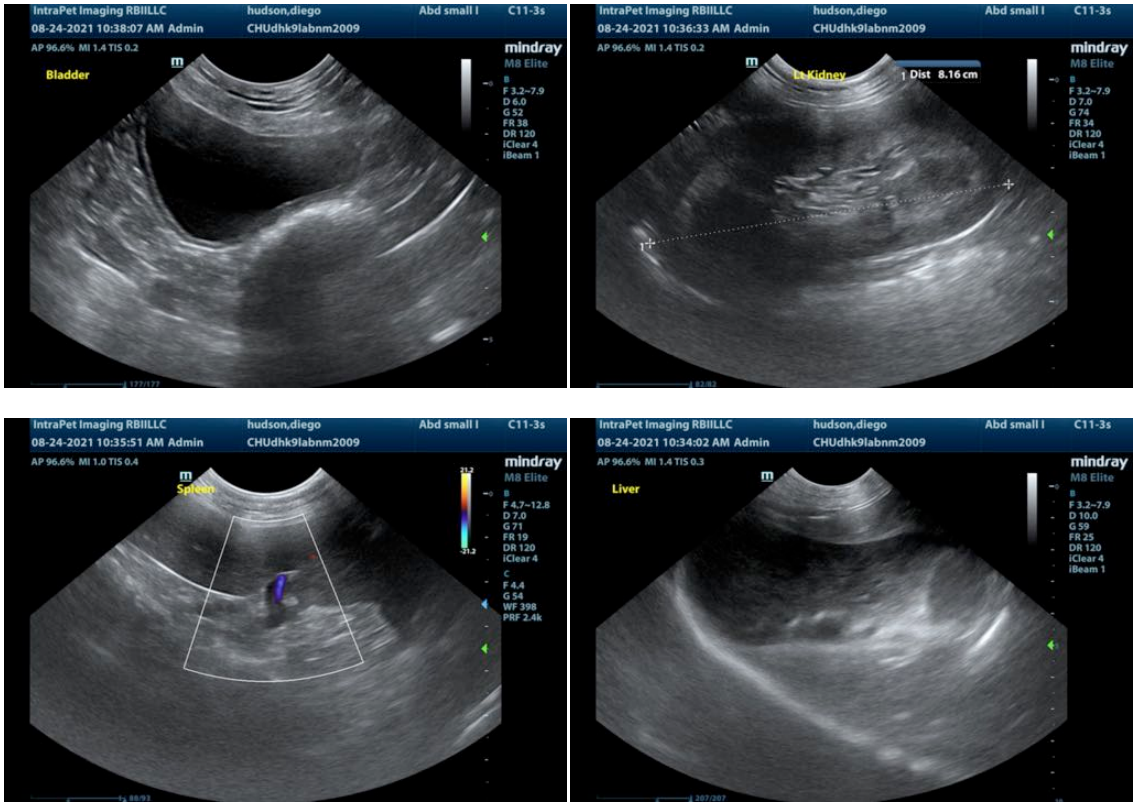
2 Dist 1.15 cm
3 Dist 1.15 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
hudson,diego
Abd small I
C11-3s
08-24-2021 10:38:45 AM Admin
CHUdhk9labnm2009
AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 6.30 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
hudson,diego
Abd small I
C11-3s
08-24-2021 10:37:24 AM Admin
CHUdhk9labnm2009
AP 96.6% MI 1.4 TIS 0.2
Lt adr
1 Dist 2.93 cm
2 Dist 0.78 cm
3 Dist 0.85 cm
mindray
M8 Elite



The information and recommendations provided are based on the images presented by the referring veterinarian. 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