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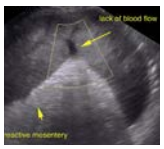
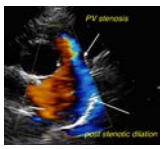
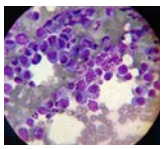
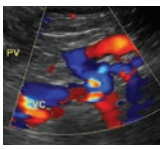

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1-800-838-4268 info@sonopath.com

PATIENT

Murphy Weissenfluh

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

29 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

44557

DATE

8/8/23

PRESENTING CLINICAL SIGNS

6/28 - acute hyporexia, vomiting, lethargy AFAST on 6/28 - free abdominal fluid and suspect liver nodules Treated with Cerenia and Yunnan Baiyao Pt appears stable but still hyporexic and more lethargic than normal 2 lb weight loss since 6/28

Abnormal PE/Chem/CBC/UA Results: 6/28 - CBC - mild hypochromic, microcytic , non-regenerative anemia (33%) CHEM WNL PT/PTT WNL cPL WNL NuQ test - mild elevation 8/8 - repeat CBC/CHEM/UA to Idexx pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears diffusely mildly thickened and irregular measuring approximately 0.46 cm. In the dependent portion of the urinary bladder there is a focal hyperechoic shadowing structure, most consistent with a calculus measuring approximately 0.60 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.80 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 (5.02 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 (5.36 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 0.50 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 0.55 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, slightly irregular and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is an irregular, slightly expansile/moth eaten appearing hypoechoic lesion visualized toward the periphery of the spleen, which mildly deviates the splenic capsule, measuring approximately 1.85 cm in diameter. Additionally, there are other regions visualized that appear slightly irregular and cystic. There is a small area near the hilus with this characteristic measuring 0.81 cm in diameter.

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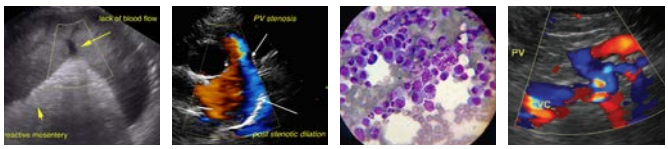

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Liver

The liver is large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous poorly defined, irregular, mixed echogenic, expansile nodules/masses visualized within the liver. There is a somewhat irregular pedunculated appearing mass effect visualized ventral to the stomach, which appears to be arising from the liver, measuring 2.36 cm in diameter. Additionally, there is a larger hyperechoic lesion with a hypoechoic area near the center measuring 3.36 cm x 3.93 cm. Numerous other ill-defined lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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 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

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall with a focal hyperechoic mineralization – Findings are most consistent with cystitis and a bladder stone. Correlate with abdominal radiographs, urinalysis and culture.

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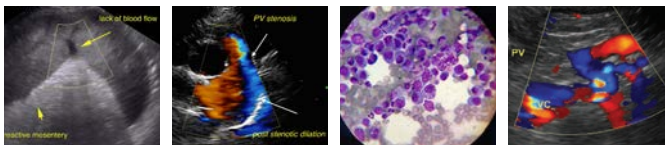

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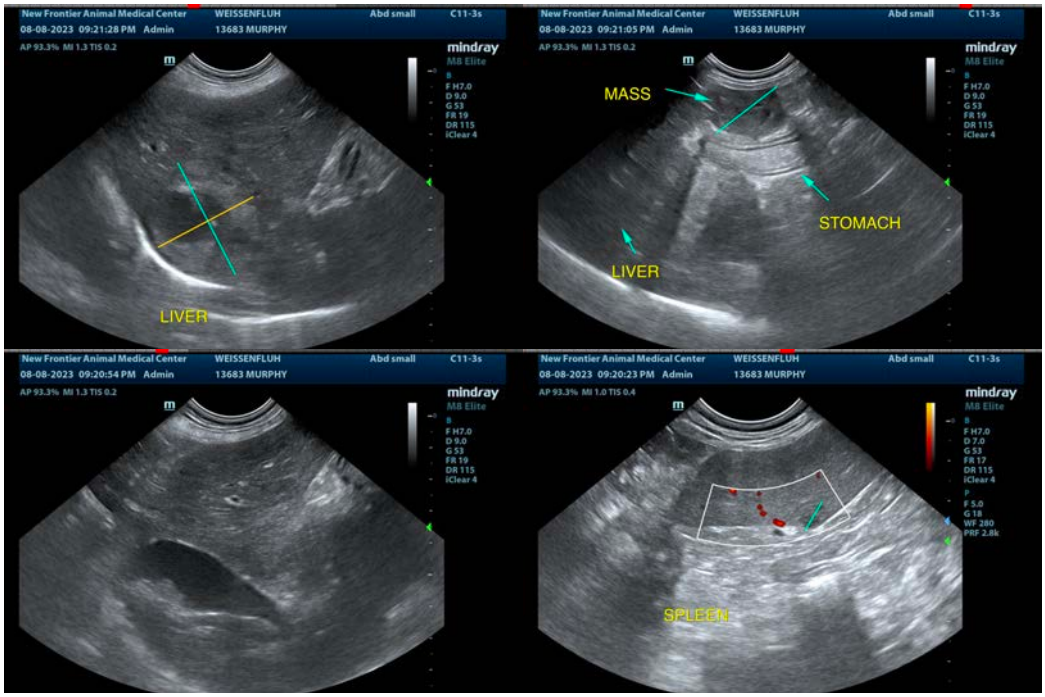
- Mottled, irregular spleen with focal hypoechoic/cystic "moth eaten" appearing areas – Findings could be consistent with a benign or neoplastic lesion. Consider a fine needle aspirate.
- Large, irregular, heterogeneous liver with numerous poorly defined, expansile, mixed echogenic nodules/masses – The appearance of these lesions is concerning, as they appear expansile and are deviating the margins of the liver. Underlying neoplasia is the primary concern, although benign lesions are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions observed in the liver are concerning, as they appear somewhat expansile. The deep mixed echogenic hyperechoic mass effect would likely be challenging to sample due to its location, but there are more superficial mixed echogenic areas that could be sampled. Additionally, I would recommend a fine needle aspirate of the "moth eaten" area observed in the spleen, as there is concern for possible underlying neoplasia and metastatic lesions, although benign lesions are possible.

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



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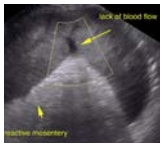
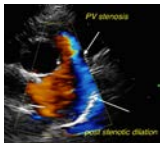
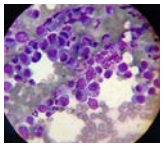
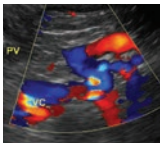

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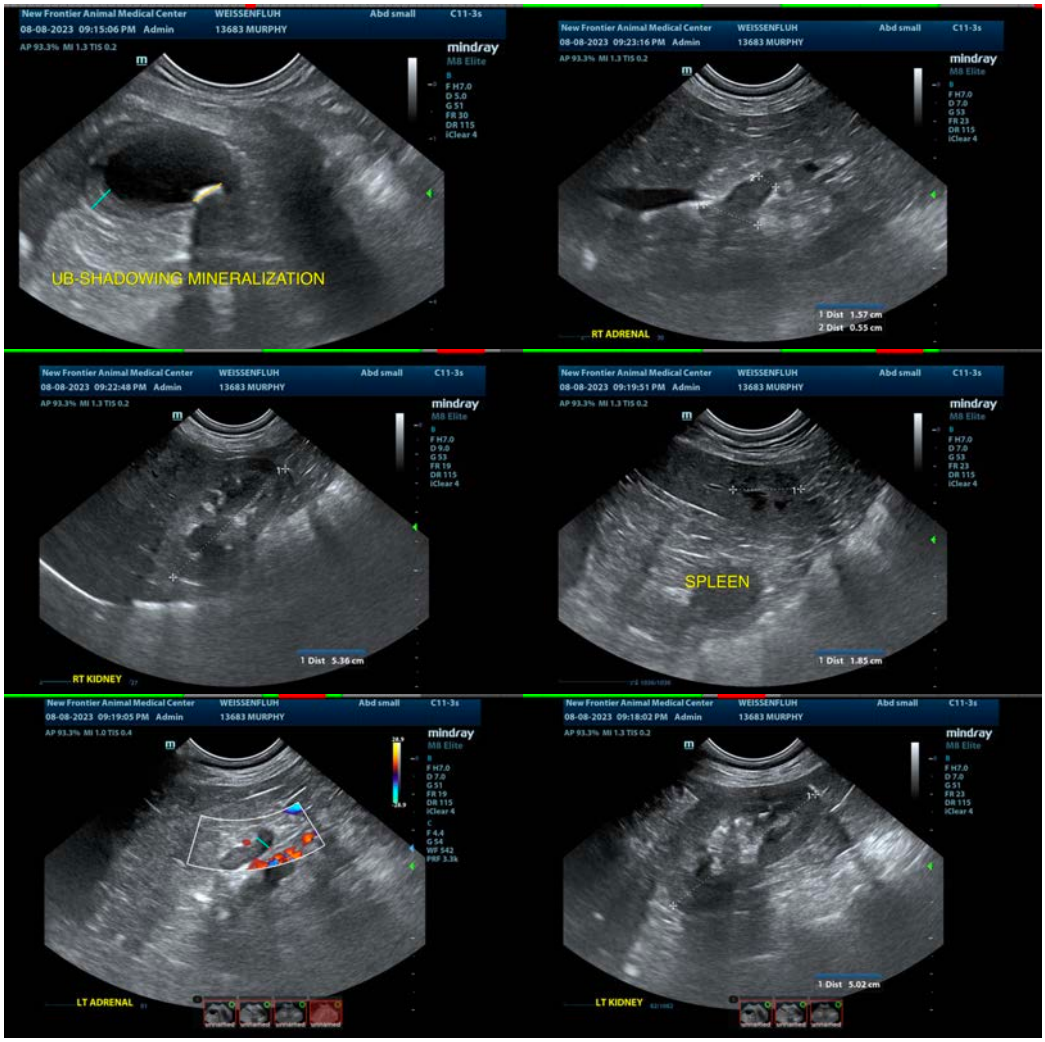

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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