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Clinical Sonography & Telecytology
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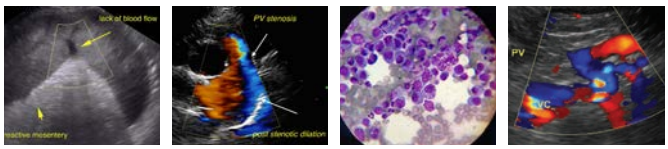

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1-800-838-4268 info@sonopath.com

PATIENT
Henry Kurtz Lee

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
8.5 Years

WEIGHT
14 Pounds

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

IMAGING PERFORMED BY
Dr. Christina Sitton

HOSPITAL NAME
Sherwood Family PC

REFERRING VET
Dr. Christina Sitton

INVOICE
41570

DATE
9/22/22

PRESENTING CLINICAL SIGNS

noted abdominal distention and discomfort w/ abdomen by O; slightly lethargic, eating well

Abnormal PE/Chem/CBC/UA Results: no current BW; palpable enlargement/mass in liver and discomfort on exam; mm pink; hx of abdominal mass noted on previous ultrasound at other rDVM - see below ABDOMINAL SONOGRAM July 30, 2021: 110 images are provided for interpretation. FINDINGS: The liver appears diffusely coarse and heterogeneous with some hyperechoic and hypoechoic areas. The gallbladder contains a small amount of slightly echogenic material compatible with incidental sludge. The stomach contains some gas. The imaged gastric wall is within normal limits. All the imaged small intestines are of normal size and shape with normal wall thickness and normal wall layering. No lesion is detected in the colon. The spleen appears diffusely slightly coarse. The periphery of the renal cortices appears slightly hypoechoic, with a hyperechoic corticomedullary junction. No lesion is detected in the left adrenal gland. The right adrenal gland is within normal limits. The urinary bladder is moderately distended. Otherwise, no lesion is detected in the urinary bladder. The prostate is within normal limits. There is a small heterogeneous structure caudal to the stomach, labeled as a mass. This could be associated with the pancreas. However, small mass of other origin cannot be totally excluded. The imaged lymph nodes are within normal limits. CONCLUSIONS: The structure caudal to the stomach could be associated with the heterogeneous pancreas and pancreatitis, with acute and chronic component. The possibility of a pancreatic mass (carcinoma) or an omental mass cannot be totally excluded. Sampling of the liver, the spleen, and the structure suspected to represent the pancreas could be beneficial. Recheck ultrasonography could be performed as clinically indicated to monitor the evolution of the lesions identified on this study.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

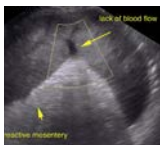
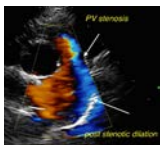
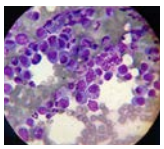
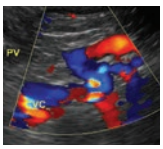
The left kidney has a normal shape and size (3.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. 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.

The right adrenal gland is normal in size measuring 0.57 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.

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Spleen

The spleen is subjectively "plump". The spleen echotexture is heterogenous and mildly mottled, 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 large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The entire liver is lobulated with numerous large hypoechoic masses and nodules. These masses extend caudally caudal to the stomach and involve all lobes of the liver. Masses range in size from approximately 1.0 cm to 6.0 cm. Examples of masses measure 4.1 cm x 3.0 cm, 1.1 cm in diameter, 0.88 cm in diameter, and 2.38 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 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 pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions.

Free Abdomen

There is a large volume of echogenic free fluid. No lymphadenopathy noted. The omentum is diffusely severely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular liver with numerous large hypoechoic mass effects and nodules – findings are concerning for an underlying neoplastic process. Recommend sampling.
- Large volume echogenic fluid – Recommend fluid analysis and cytology. This could represent blood, cellular fluid, etc.
- Large, mottled spleen – 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.

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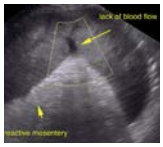
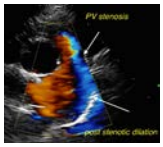
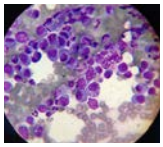
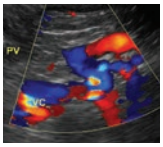

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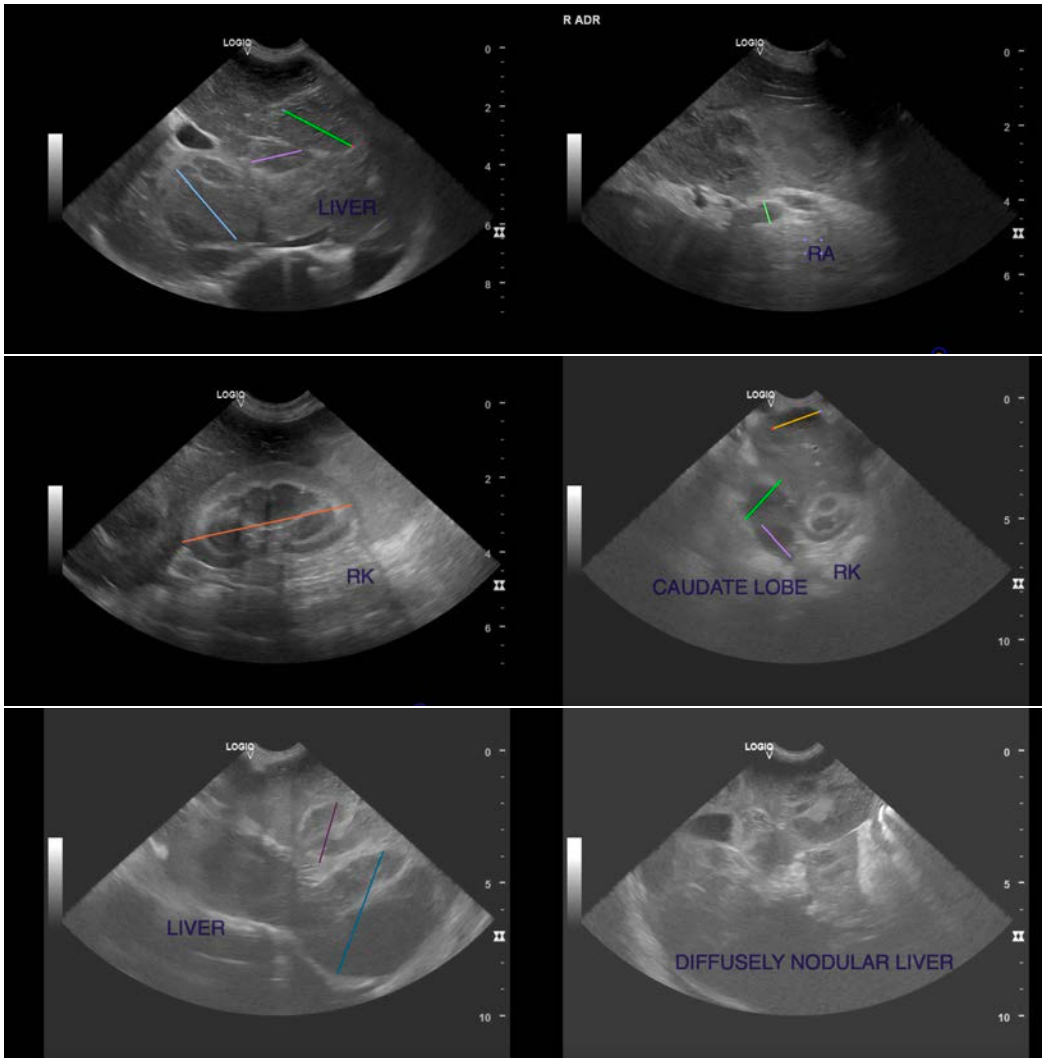
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The entire cranial abdomen is occupied by a large lobulated liver with numerous hypoechoic mass lesions and nodules. There is diffuse severe inflammation in the abdomen as well as a large amount of echogenic free fluid. Recommend a fine needle aspirate of a liver mass +/- a fine needle aspirate of the spleen, as well as sampling of the abdominal fluid for fluid analysis and cytology. A hemoabdomen cannot be excluded in this case. Minimal "normal" liver tissue is visualized.

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



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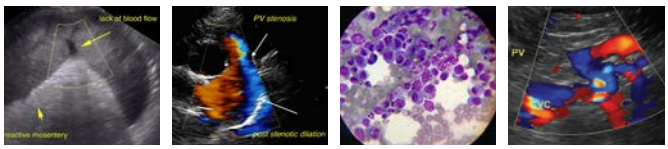

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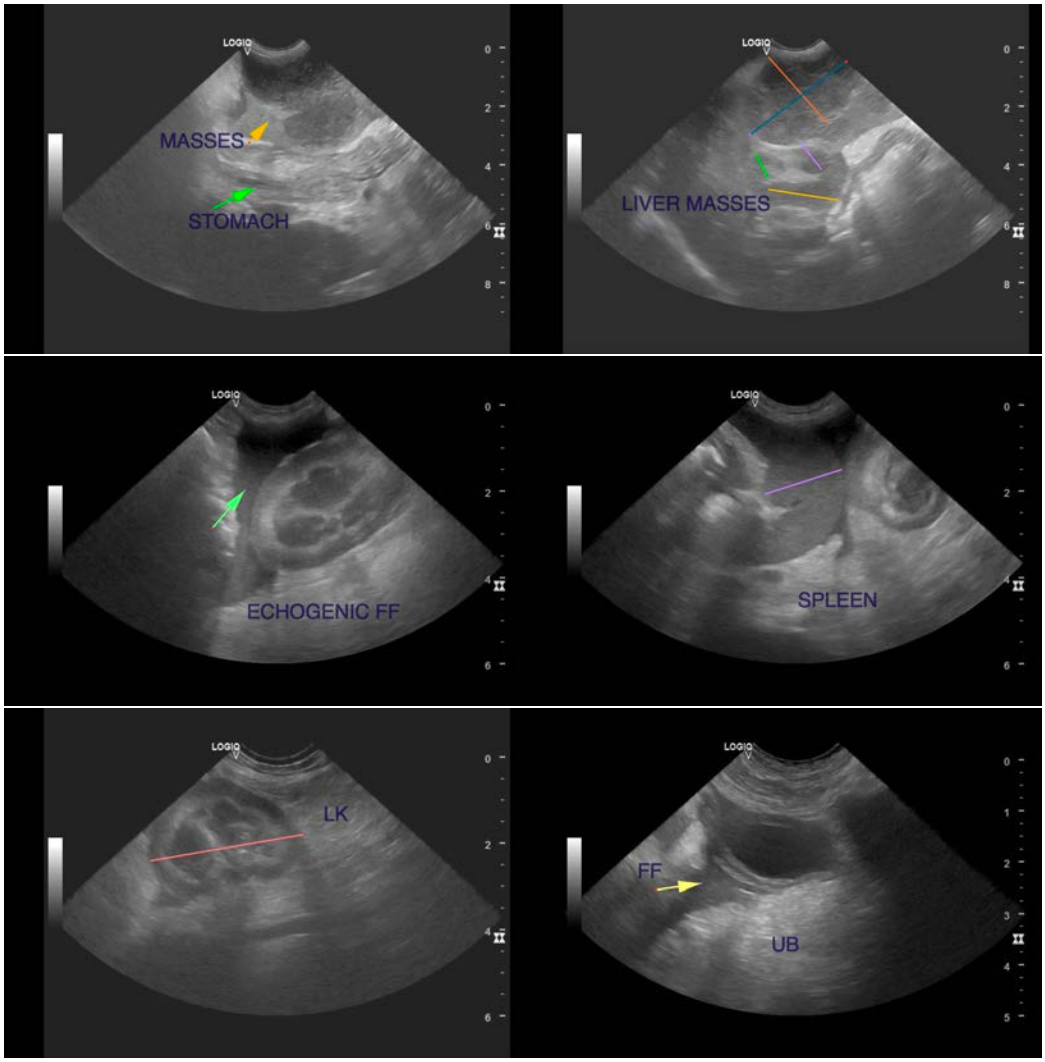

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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