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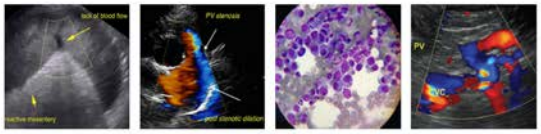

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Gizmo Hendricks

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 years

WEIGHT

15.4 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Creekview VH

REFERRING VET

Dr. Ballek

INVOICE

26653

DATE

10.26.2021

PRESENTING CLINICAL SIGNS

History: Intermittent GI issues, pot-bellied, muscle atrophy

Hct 35.1, WBC 15.3 w/monocytosis. Chem – SDMA 16, Potassium 6.3, Sodium/Potassium ratio 23. Unremarkable liver enzymes. USG 1.049, trace protein. Spec cPL 1083.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual pathology was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm. The right kidney measured 3.9 cm.

Adrenal Glands

No overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm length x 0.61 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited marked generalized enlargement and asymmetrical hepatic contour with diffuse variably nodular parenchyma exhibiting mixed parenchyma echogenicity. The ventral margins of the liver extended caudally around the level of the gastric axis. The gallbladder was normal in size. Mild echogenic luminal debris was present. The gallbladder was displaced caudoventrally owing to surrounding hepatic parenchyma pathology.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.26 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.25 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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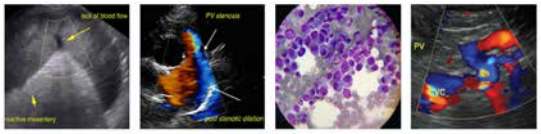

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

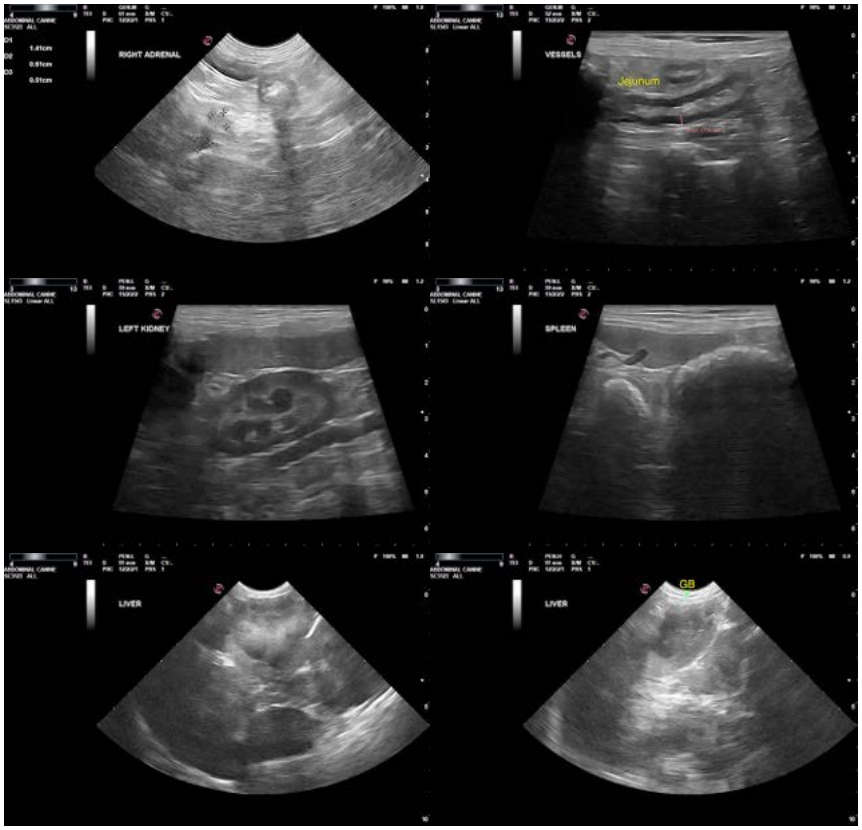
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Severely enlarged, diffusely nodular liver
- Ventrocaudally displaced gallbladder with mild luminal debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for definitive diagnosis, the presentation of the liver is consistent with diffuse hepatic neoplasia (i.e., adenocarcinoma, primary concern for round cell neoplasia, or other). Benign etiologies such as significant hepatitis with areas of parenchymal remodeling, nodular to regenerative hyperplasia, hematopoiesis, or other benign hepatopathy are considered less likely differential diagnoses. Assuming normal clotting status, hepatic FNA for cytology, potential definitive diagnosis, and oncology consult suggested. Potential surgical options are precluded given the diffuse hepatic pathology. 3-view chest radiographs recommended. Probable unfavorable prognosis is unfortunately indicated.



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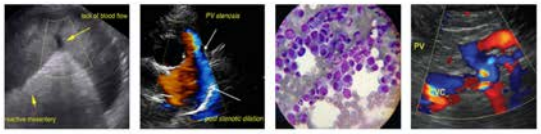

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com