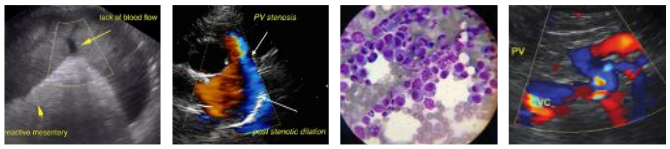
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Liko Ryan

SPECIES

Canine

BREED

Akita

SEX

MI

AGE

12yr

WEIGHT

35.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Tumalo Animal Hospital

REFERRING VET

Dr. Cocharan

INVOICE

12016ag

DATE

10/26/2022

PRESENTING CLINICAL SIGNS

Patient has been losing weight with significant lethargy and hyporexia. Current treatments include Cerenia No sedation utilized for imaging

Abnormal PE/Chem/CBC/UA Results: PE: Evidence of weight loss with lean muscle atrophy and prominent dorsal spinous processes of vertebrae. Patient is typically very aggressive and during exam today is compliant. Moderate lenticular sclerosis. Very muffled cardiac sounds. 10/25/22 CBC: - HCT: 36.2 % (38-56) - HGB: 12 g/dL (13.4-20.7) -MONO: 1158/uL (130-1150) CHEM: - Ca: 8 mg/dL (8.4-11.8) - ALB: 2.3 g/dL (2.7-3.9) - ALP: 296 U/L (5-160) Cardiopet proBNP: 998 pmol/L (0-900) Urine PC ratio: 1.6 (>0.5 = proetinuric) UA (free catch): - dark yellow, cloudy, USG: 1.033, pH: 7 - 3+ proteinuria - 6-10 WBC/HPF (pyuria) - 4+ epithelial cells - sperm present T4: wnl @ 1.7 ug/dL Following AUS and brief thoracic/cardiac imaging, 3-view thoracic rads obtained (10/27/22): Mass appreciated in the cranioventral thorax with displacement of the heart caudally and to the left, subjectively. ECG: pending, however ECG obtained during imaging is suggestive of atrial fibrillation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.1 cm in length. The right kidney measured 8.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.4 cm in diameter.

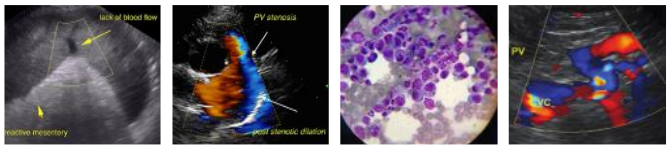
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 2.2 cm length.

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



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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Potential mildly prominent caudal vena cava at the level of the liver and diaphragm measuring 1.2 cm in diameter. No evidence of thrombosis.

The gallbladder was non-distended in size with primarily anechoic luminal content and minor congealed hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing chyme with no signs of ileus, obstruction or foreign material.

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.

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

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

Brief sonographic assessment of the heart revealed normal cardiac structure and function. A moderately sized asymmetrical non-homogenous mass exhibiting variable cystic component was present in the subjective right thorax measuring ~12 cm in diameter. The mass appeared to impinge upon the right atrium and auricle. No evidence of pericardial or pleural effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia, subjectively mild potential for prostatitis possible, no overt neoplastic criteria
- Mild age-related kidney changes
- Benign hepatomegaly-suggestive of vacuolar hepatopathy pattern
- Minor congealed gallbladder debris
- Cystic thoracic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a geriatric abdomen without evidence of significant visceral pathology. No evidence of primary abdominal neoplastic criteria was observed. The thoracic mass is most consistent with neoplastic criteria with non-neoplastic etiologies considered less likely. Potential cystic areas within the mass may represent areas of intra mass hemorrhage or necrosis. Assuming normal clotting status and using a 25g needle, a thoracic mass FNA is warranted for further assessment. Potentially the mass may be impinging upon the right heart with the possibility of cardiac tamponade in the future. Monitoring for evidence of progressive hepatic congestion or abdominal ascites is suggested. Thoracic CT is likely ideal for further assessment if possible.

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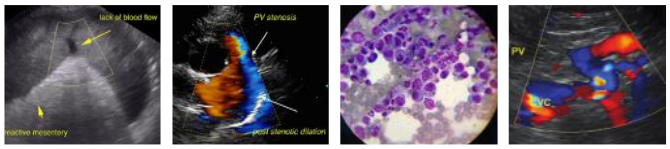

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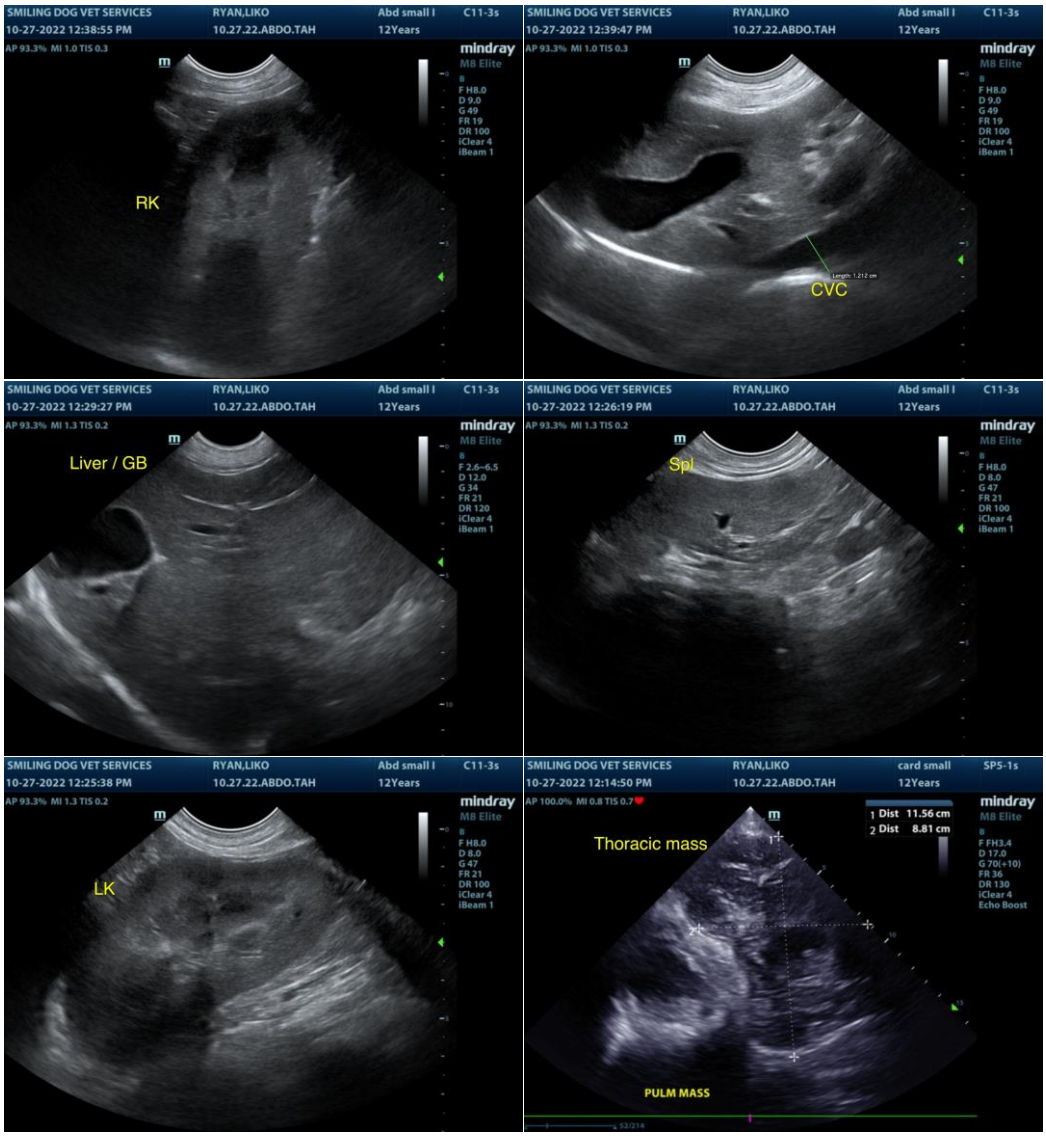

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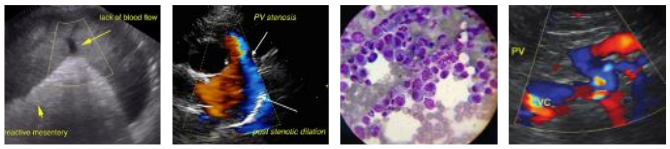

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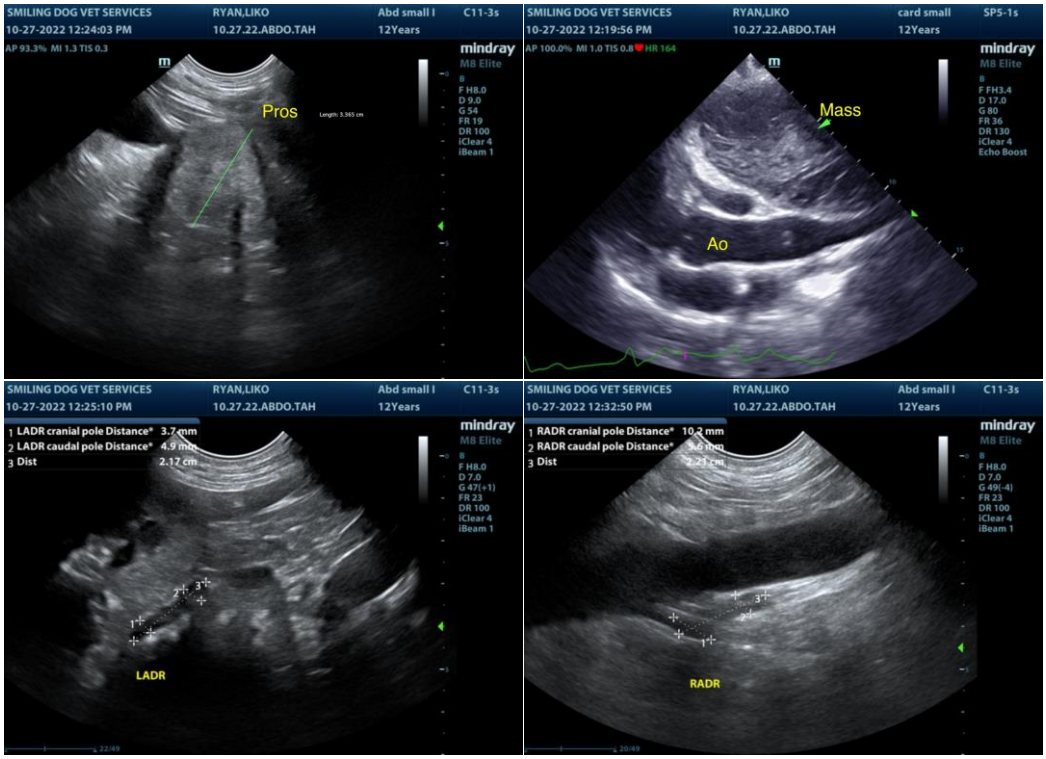

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com