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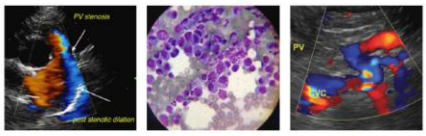

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Belle Davoudi

SPECIES
Canine

BREED
Chihuahua Mix

SEX
FS

AGE
17 years

WEIGHT
18.6 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
15065

DATE
10/4/22

PRESENTING CLINICAL SIGNS

Current Medications: Ursodiol 250mg 1/2 tab PO SID Denamarin advanced small/medium 1/2 chewable tab PO SID long-term L-thyroxine 0.2mg 1 tab PO BID Patient History: Presenting for recheck of hepatic mass noted on AUS April 2022.

Abnormal PE/Chem/CBC/UA Results: Abnormal Examination Findings: Most recent exam 7/2022: 1. BAR, anxious 5. Moderate generalized tartar 7. Panting, lung sounds otherwise clear 8. cutaneous mole dorsal right paw 9/10. Tense abdomen, difficult to palpate deeply- hx of left liver mass 13. Overweight- has lost 4 lbs since last visit Most recent liver panel- July 2022: Liver panel 3/28/22 7/2/22 ALT 465 207 ALP >993 648 GGT 33 17 Glucose 184 126 July 2022 BP 131/76 (94), 184/83 (117)- anxious July 2022Post-pill T4- 3.29-WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of minor medullary mineral, mild pyelectasia, and multiple small cortical cysts were present in both kidneys. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline to mildly enlarged in size based on caudal pole measurement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the cranial pole and 0.66 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the cranial pole and 0.93 cm width in the caudal pole.

Spleen

The spleen was overall normal in size with primarily maintained symmetrical capsule contour and generalized mild splenic parenchyma heterogeneity. Previously noted mildly expansive nonhomogeneous to hypoechoic nodule in the lateral spleen measuring 0.9 cm in diameter was present.

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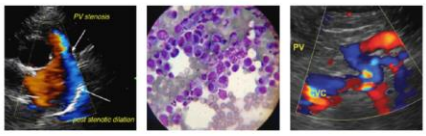

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Liver/ Gallbladder

The liver exhibited generalized enlargement with mild nonuniform to remodeled parenchyma. Previously noted isoechoic mildly nonhomogeneous, spherical mass was present in the caudal aspect of the left liver, measuring 4.0-5.0 cm in diameter. The mass appeared to mild yet symmetrically distort the associated hepatic capsule, yet without evidence of parenchymal escape. Concurrent intermittent isoechoic nondisruptive to discrete intraparenchymal nodules were present in the mid to right liver. An example measured 3.0 cm in diameter. The gallbladder was non-distended in size containing mild, nondependent, primarily anechoic gallbladder content. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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 was empty 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with minor pancreatic remodeling associated with age.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static isoechoic mildly nonhomogeneous left liver mass and concurrent intraparenchymal hepatic nodules
- Static minor gallbladder debris (non-mucocele)
- Bilateral chronic renal changes exhibiting minor medullary mineral, cortical cysts, and mild bilateral pyelectasia
- Static splenic nodule
- Borderline to mildly prominent irregular adrenal glands - subjectively static

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, similar sonographic abnormalities compared to the previous study without evidence of progressive hepatic, splenic, renal, or adrenal changes. Previously mentioned etiologies are still applicable, yet hepatic splenic and adrenal neoplastic criteria are considered less likely, given the lack of progressive changes.

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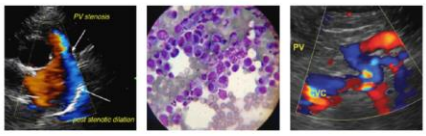

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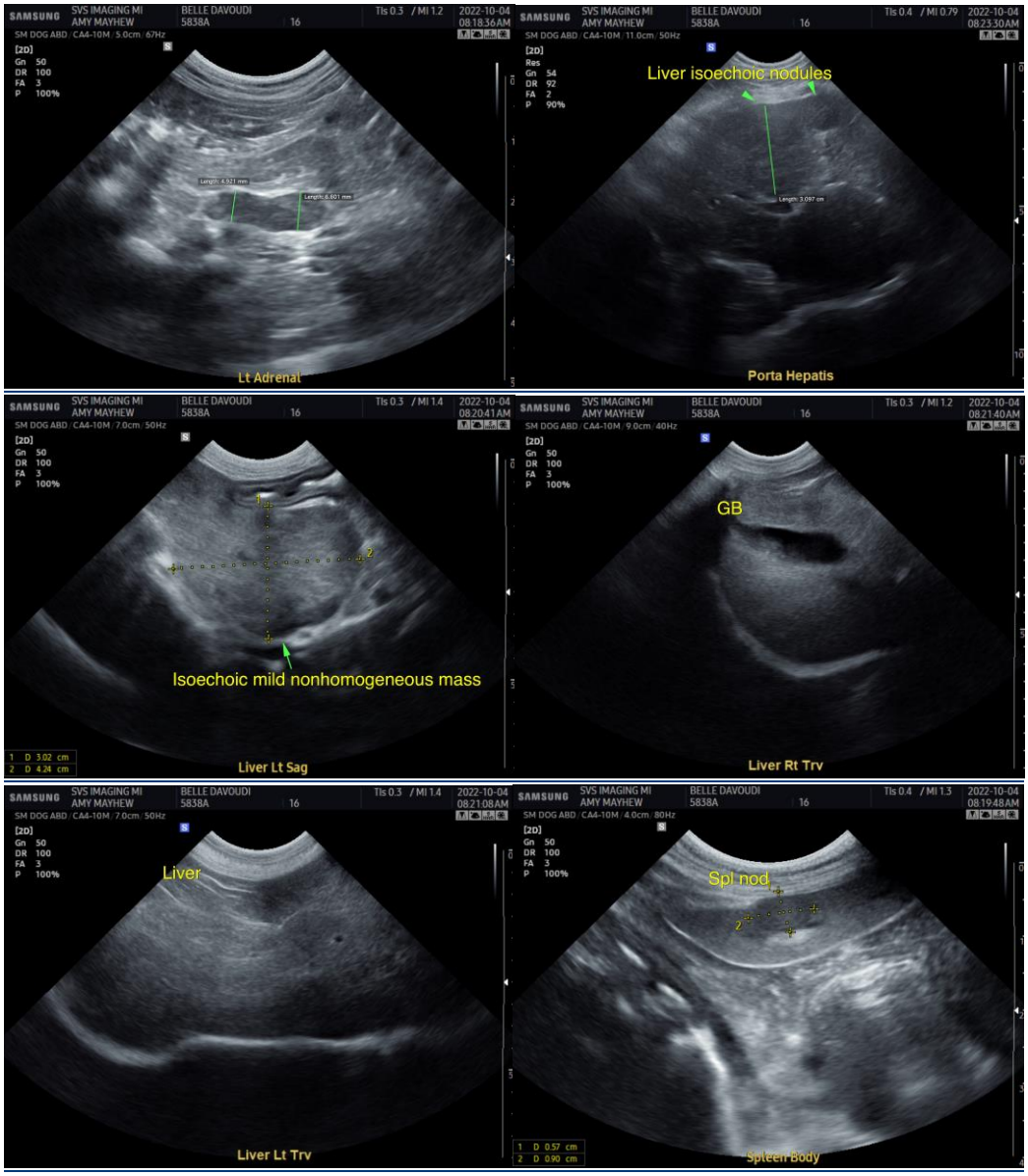
Hepatosplenic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment if not already done. Continued hepatosupportive medications are warranted. Sonographic monitoring of the hepatosplenic nodules / masses and bilateral adrenal glands, based on the clinical impression of the patient, would be reasonable.



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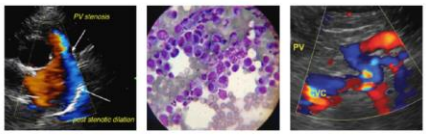

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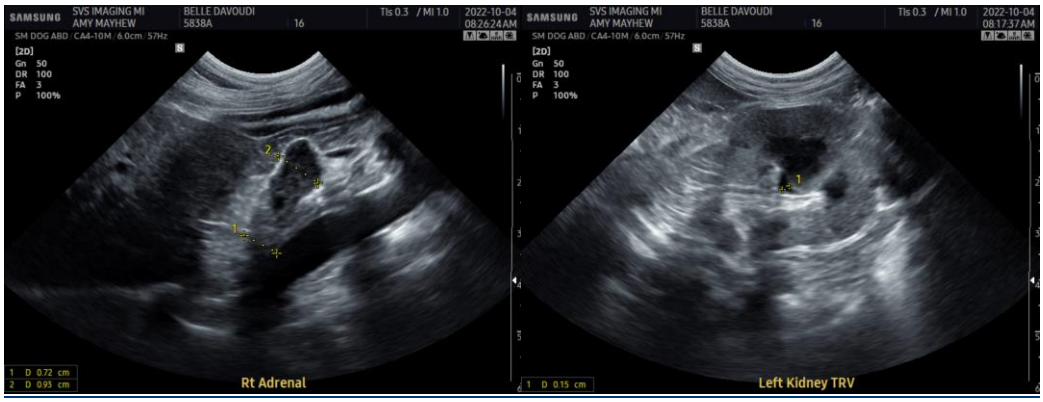

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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