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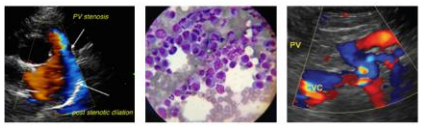
SVS IMAGING



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

PATIENT

Junior Crafton

SPECIES

Canine

BREED

Sharpei Mix

SEX

MN

AGE

11yr

WEIGHT

80lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

12112ag

DATE

11/07/2022

PRESENTING CLINICAL SIGNS

Bloated Abdomen and decreased appetite

Abnormal PE/Chem/CBC/UA Results: ALT 521, AST 193, ALP 1596, Bilirubin-conjugated 0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 7.7 cm in length. The right kidney measured 7.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 3.5 cm length and 0.84 cm width in the caudal pole. The right adrenal gland measured 2.6 cm length and 0.58 cm width in the caudal pole.

Spleen

The spleen exhibited normal size with asymmetrical lateral and medial capsule contour. Generalized splenic parenchyma heterogeneity with a mildly expansive nodule was present in the caudal spleen measuring 3.0 cm in diameter.

Liver

The liver was subjectively normal in size with generalized asymmetric capsule contour and irregular non-homogeneous to mixed echogenic parenchyma exhibiting intermittent cysts. A large non-homogeneous mass in the area of the right lateral to caudate liver measuring ~ 10 cm in diameter was present. No evidence of hepatic congestive criteria was observed.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic debris. 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 mild echogenic gastric ingesta 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.

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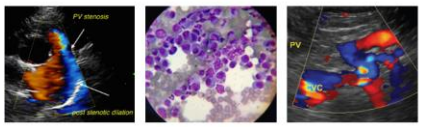

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Pancreas

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

Moderate to marked volume anechoic peritoneal free fluid was present. Generalized hyperechoic mesentery was present.

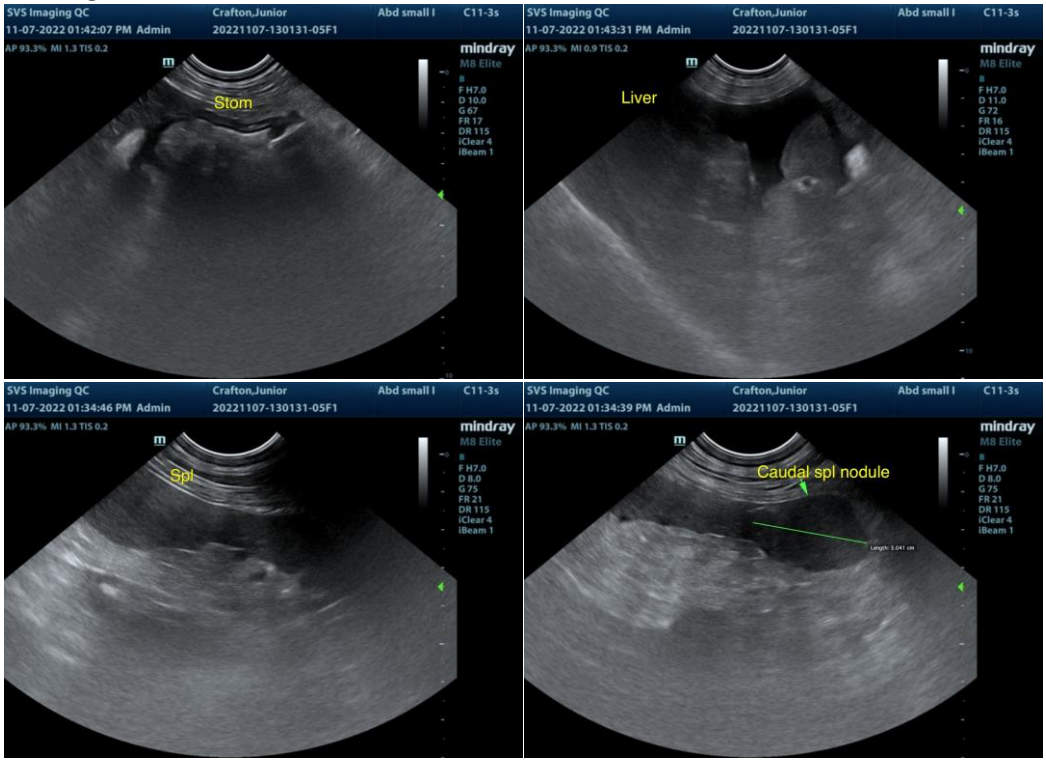
ULTRASONOGRAPHIC FINDINGS

- Severely heterogeneous irregular to nodular liver
- Asymmetrical mildly heterogeneous spleen with isoechoic caudal nodule-nonspecific
- Moderate to marked volume peritoneal free fluid
- Sonographically unremarkable GI tract with mild gastric ingesta
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal ALB level and no evidence of hepatic congestion, the peritoneal free fluid in this patient is suspected to be secondary or primary hepatic pathology and possible portal hypertension. Strong concern for advanced to chronic hepatic disease and chronic hepatic failure. Hepatic sampling is required for further definition. Effusion analysis cytology +/- C/S could be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic or cardiac pathology.

The presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.



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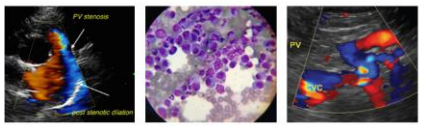

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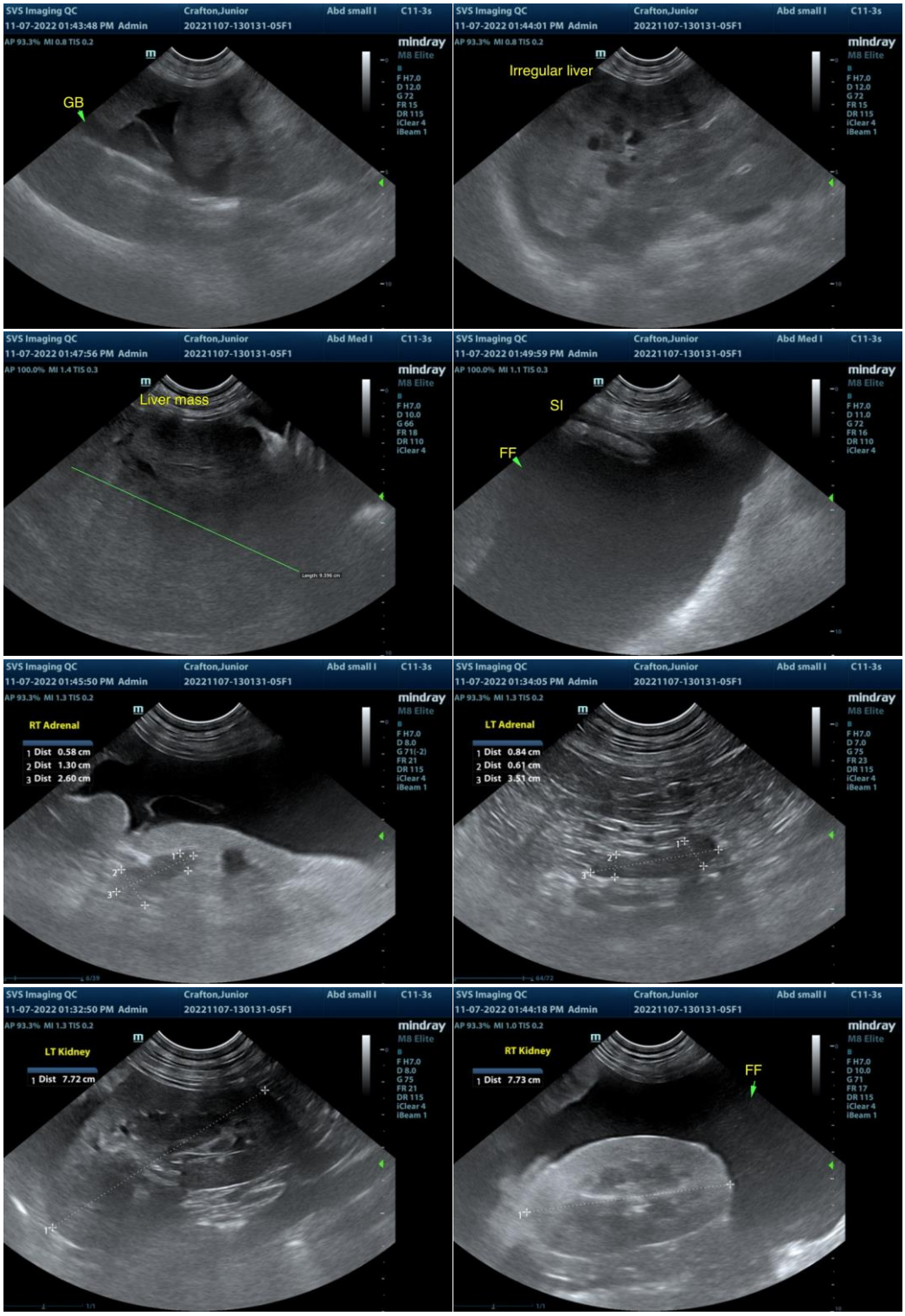
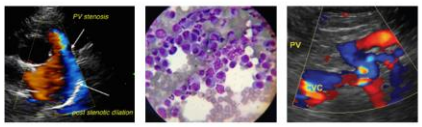


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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

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