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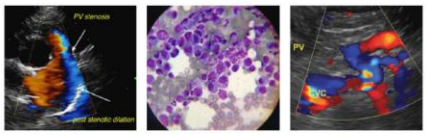

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Duke Kelley

SPECIES
Canine

BREED
Lab Mix

SEX
MN

AGE
12 yr

WEIGHT
60 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Union Lake VH

INVOICE
15418

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11/8/22

PRESENTING CLINICAL SIGNS

Duke presented for just an exam and episcleritis was noted-the eye was not bothering him. A pigmented mass was found on the medial aspect of the iris. He was then seen by an ophthalmologist and suspected uveal melanoma OD was diagnosed. He has a history of a subungual melanoma (left front digit 4) removed by toe amputation in January 2021-was narrowly excised. He also has a new potential mass- unable to get good cells with aspiration on digit 2 right front medial aspect of toe.

Abnormal PE/Chem/CBC/UA Results: The only physical exam findings were the episcleritis, uveal mass OD and the 2-3 mm mass on the medial aspect of digit 2 of the right front paw. Ocular pressures were normal. No heart murmur. Chest rads taken today.

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 was noted.

The residual prostate was free of overt pathology, measuring 1.1cm in diameter.

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 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 6.5 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole and 0.76 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.61 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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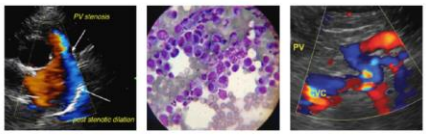

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was normal in overall parenchyma echogenicity with a moderate coarse echotexture and evidence of mild parenchymal remodeling. An intermittent, discrete, nondisruptive, subtly hypoechoic intraparenchymal nodule was noted. An example measured 2.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, nondependent, mildly organized, hyperechoic nonmineralized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria 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 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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatic parenchyma remodeling with intermittent discrete nondisruptive parenchymal nodule- subjective benign, suspect discrete areas of nodular to regenerative hyperplasia, hematopoiesis, small granulomas, or similar, emerging primary or metastatic nodular criteria considered unlikely
- Mild age-related splenic parenchyma changes - benign, no evidence of splenic primary or metastatic neoplastic criteria
- Mild nondependent gallbladder debris - possible early noninflamed mucocele
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology, including no overt evidence of intraabdominal primary or metastatic neoplastic criteria.

Screening hepatosplenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered primarily to ensure only benign changes are present prior to potential surgery. Sonographic monitoring of the discrete liver nodules for evidence of progression would be a more

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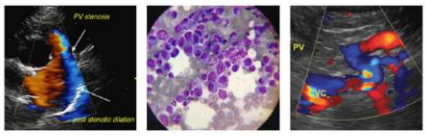

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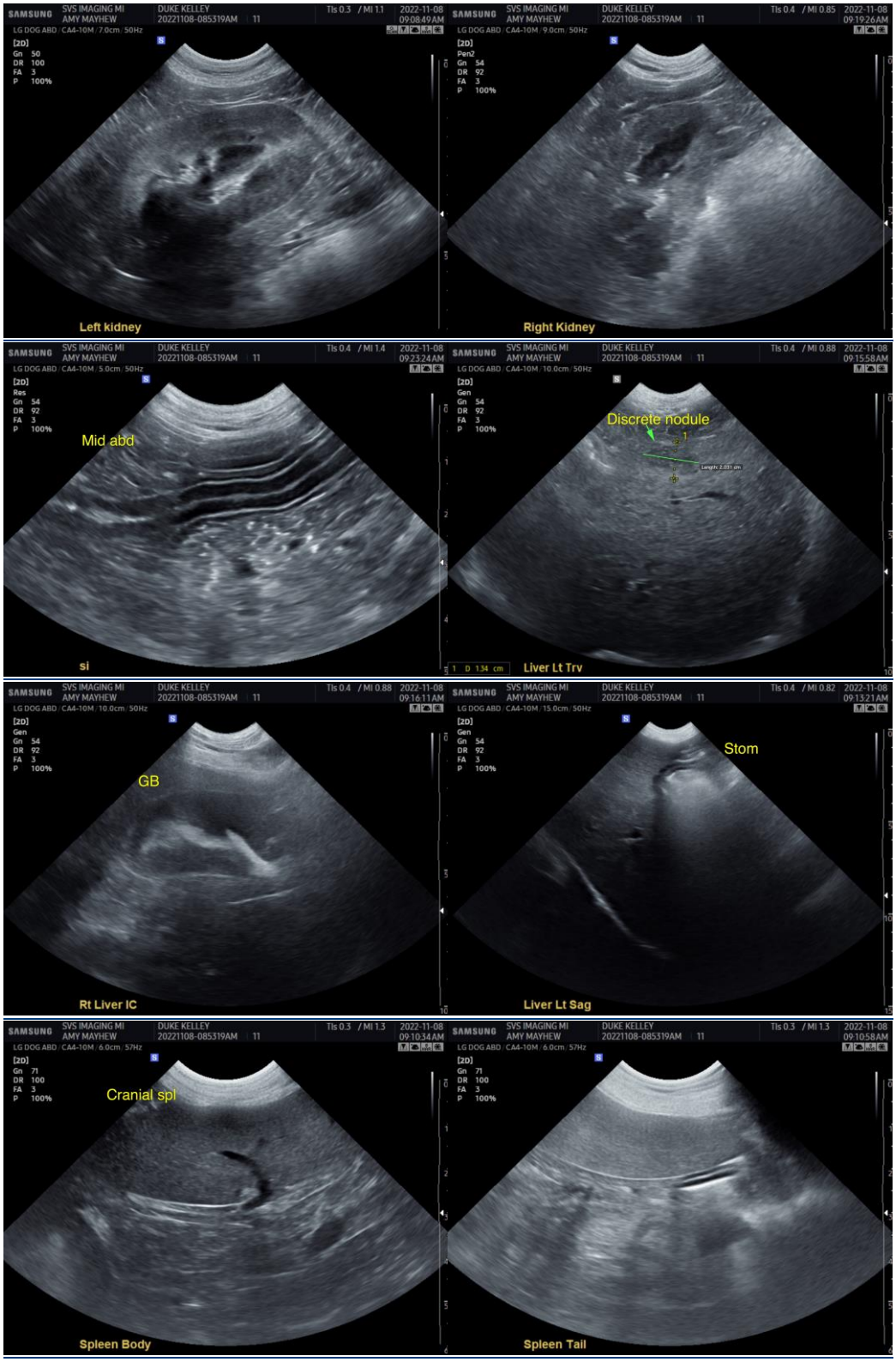
conservative approach. Assessment for evidence of cholestasis is suggested with potential for Ursodiol therapy.



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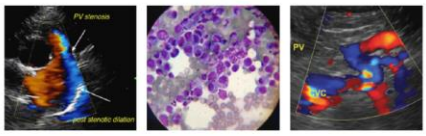

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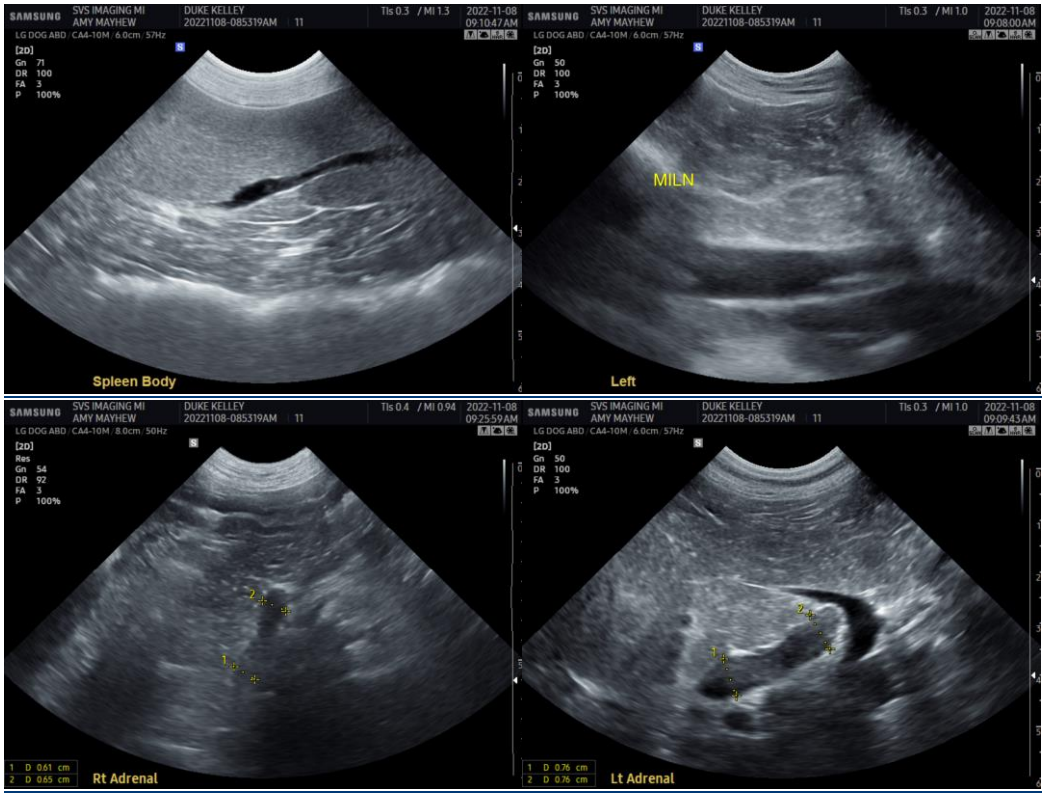

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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