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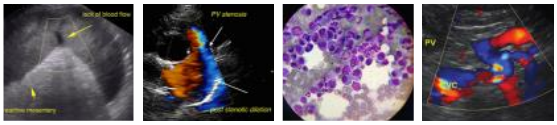


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Flight Martin

SPECIES

Canine

BREED

Greyhound

SEX

MN

AGE

8yr

WEIGHT

75lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Spangler

INVOICE

12483ag

DATE

12/19/2022

PRESENTING CLINICAL SIGNS

Weight/muscle loss, 15.7lbs in 4 weeks after starting prednisone at 2mg/kg/day for vasculitis Have started prednisone taper - no significant weight gain yet

Current Medications Prednisone 10mg SID - 0.29mg/kg/day Primary Question/Differential to Be Answered in This Exam Hepatopathy secondary to corticosteroid administration vs other pathology

Abnormal PE/Chem/CBC/UA Results: 11/17/22: ALT 180, ALP 80, GGT 39 12/13/22: ALT 829, AST 81, ALP 412

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 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. A solitary cranial right kidney cyst was present measuring 2.4 cm in diameter. The left kidney measured 7.5 cm in length. The right kidney measured 7.6 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

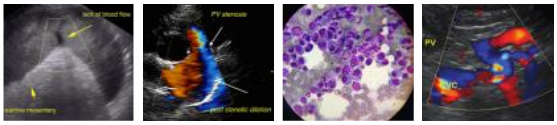
The left adrenal gland was not definitively visualized, likely owing to prednisone suppression. The right adrenal gland was subjectively mildly subnormal in size. The right adrenal gland measured 0.52 cm width at the caudal pole and 3.3 cm length.

Spleen

A moderately sized primarily spherical solid mass involving the spleen with secondary capsule expansion and disruption was present and measured ~ 9 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited primarily finely textured and subtly heterogeneous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver presented mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder



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was non-distended in size with primarily anechoic luminal content. 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 mildly echogenic fluid 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, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Uniform normoechoic perisplenic to generalized omentum was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Moderately sized solid to nodular splenic mass
- Hepatopathy with mild parenchyma hyperechogenicity
- Sonographically normal gallbladder
- Unremarkable GI tract with possible mild gastric hypomotility
- Right kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was non-specific and suggestive of benign hepatopathy. Considerations include vacuolar hepatopathy, inflammatory/immune mediated disease, non-obstructive cholestasis, hematopoiesis, hyperplasia or other hepatopathy possible. Neoplastic criteria considered less likely.

The splenic mass may indicate benign etiologies such as hyperplasia, hematopoiesis, hematoma or other, while neoplastic criteria is possible. No overt evidence of perisplenic, cardiac or intra-abdominal metastasis was present. Aside from the splenic mass, a definitive cause of the patient's weight loss was not overtly evident.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Laparotomy with splenectomy, hepatic and GI biopsies may be considered assuming normal clotting status.

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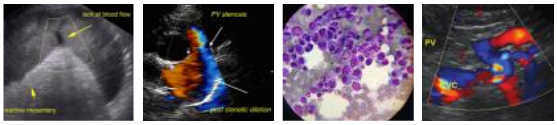

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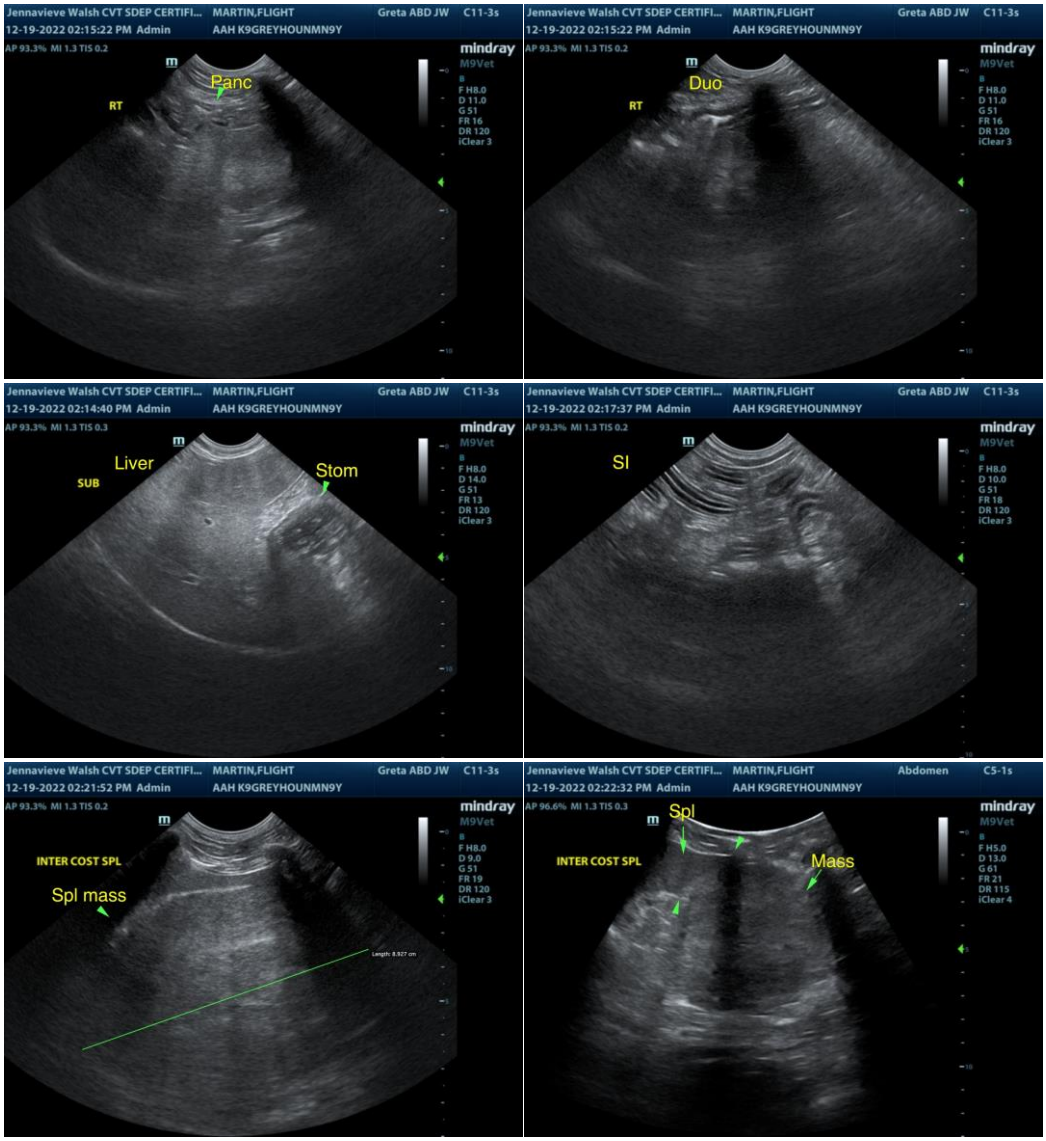

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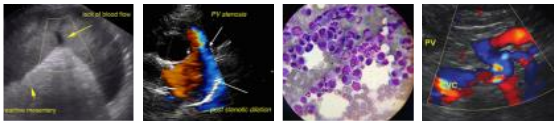

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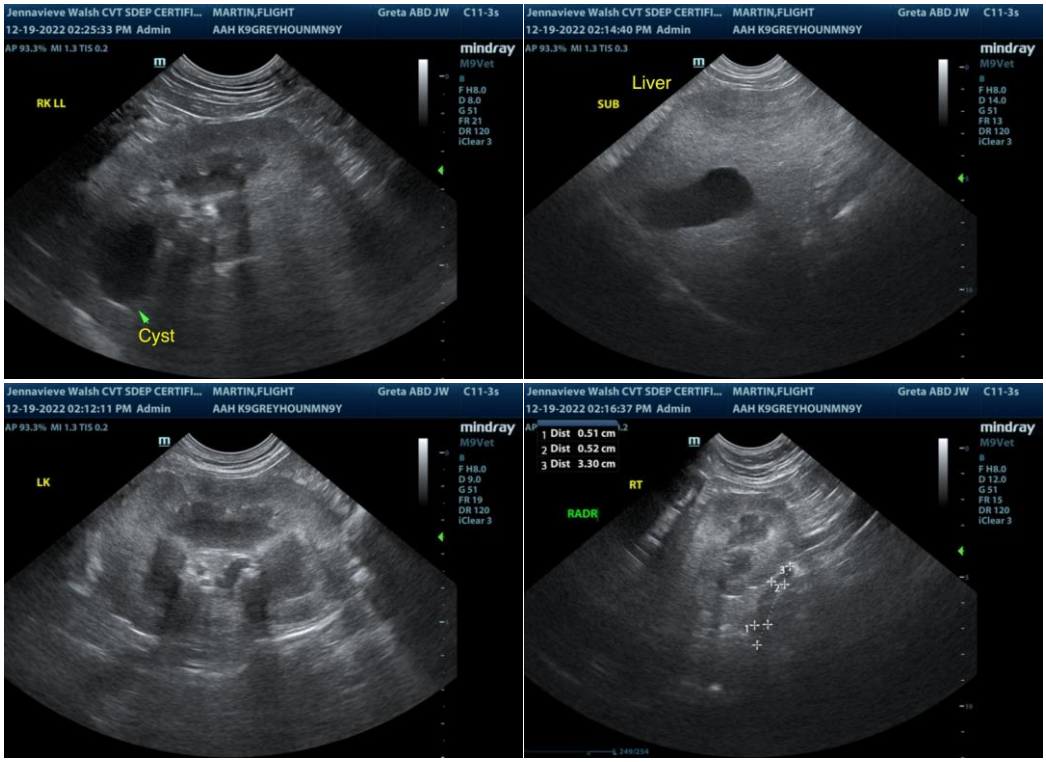

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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