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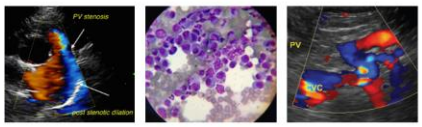

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Annie Foley

SPECIES

Canine

BREED

Goldendoodle

SEX

FS

AGE

9yr

WEIGHT

71lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Mulch

INVOICE

12577ag

DATE

12/30/2022

PRESENTING CLINICAL SIGNS

ADR, decreased appetite, chronic urinary issues. Has recently been on Baytril and ursodiol, benazepril and apoquel. Hx of off and on febrile episodes with lethargy and decreased appetite. Ultrasound at another hospital in 9/2021 showed a very enlarged lymph node. cytology results unspecific, possibly lymphoma, then ran PARR test which was non-supportive of lymphoma. Seemed to get better after round of antibiotics. 12/2021 not eating well, panting, vomiting, losing weight. After round of Doxycycline seemed to resolve again.

Abnormal PE/Chem/CBC/UA Results: Elevated Liver enzymes, Screening US in-house indicated a round lobulated liver.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 7.8 cm in length. The right kidney measured 7.7 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 2.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 3.3 cm length.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent discrete hypoechoic nodules were present, an example measuring 1.5 cm in diameter. 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.

Liver/Gallbladder

The liver exhibited moderate to marked yet variable enlargement including irregular lobar swelling. Diffuse severe non-homogenous irregular to nodular parenchyma was present with suspect areas of expansion. The liver appeared to extend caudally into the area of the area of the right kidney, right pancreatic limb and gastric axis. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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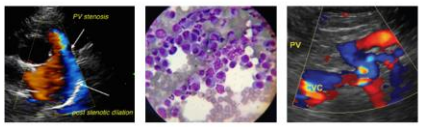

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained primarily anechoic fluid was present.

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

Regional mild perihepatic hyperechoic mesentery along with associated hepatic and cranial abdominal intermittent prominent to hypoechoic lymphadenopathy was present. An example of a cranial hepatic to omental lymph node measured 4.2 cm x 2.1 cm exhibiting borderline abnormal width:length ratio of ~ 0.5.

ULTRASONOGRAPHIC FINDINGS

- Irregular moderate to marked hepatomegaly exhibiting variable lobar swelling with severe diffuse non-homogenous irregular to nodule parenchyma
- Associated perihepatic to cranial omental lymphadenopathy exhibiting borderline abnormal width:length ratio
- Regional perihepatic to perilymphatic hyperechoic mesentery
- Non-specific yet suspicious splenic nodule/s
- Mild gastritis/gastroenteritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation is strongly suggestive of neoplastic criteria while the possibility of non-neoplastic etiology is thought less likely. Strong concern for regional perihepatic to cranial abdominal omental lymphatic involvement with high concern for early splenic metastasis.

Assuming normal clotting status and using a 25g needle, a hepatic +/- accessible lymph node and splenic nodule FNA for screening cytology is warranted for further assessment and potential oncology consult. This case appears to be non-surgical.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A very guarded to unfavorable prognosis is indicated pending sampling.

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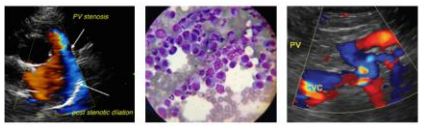

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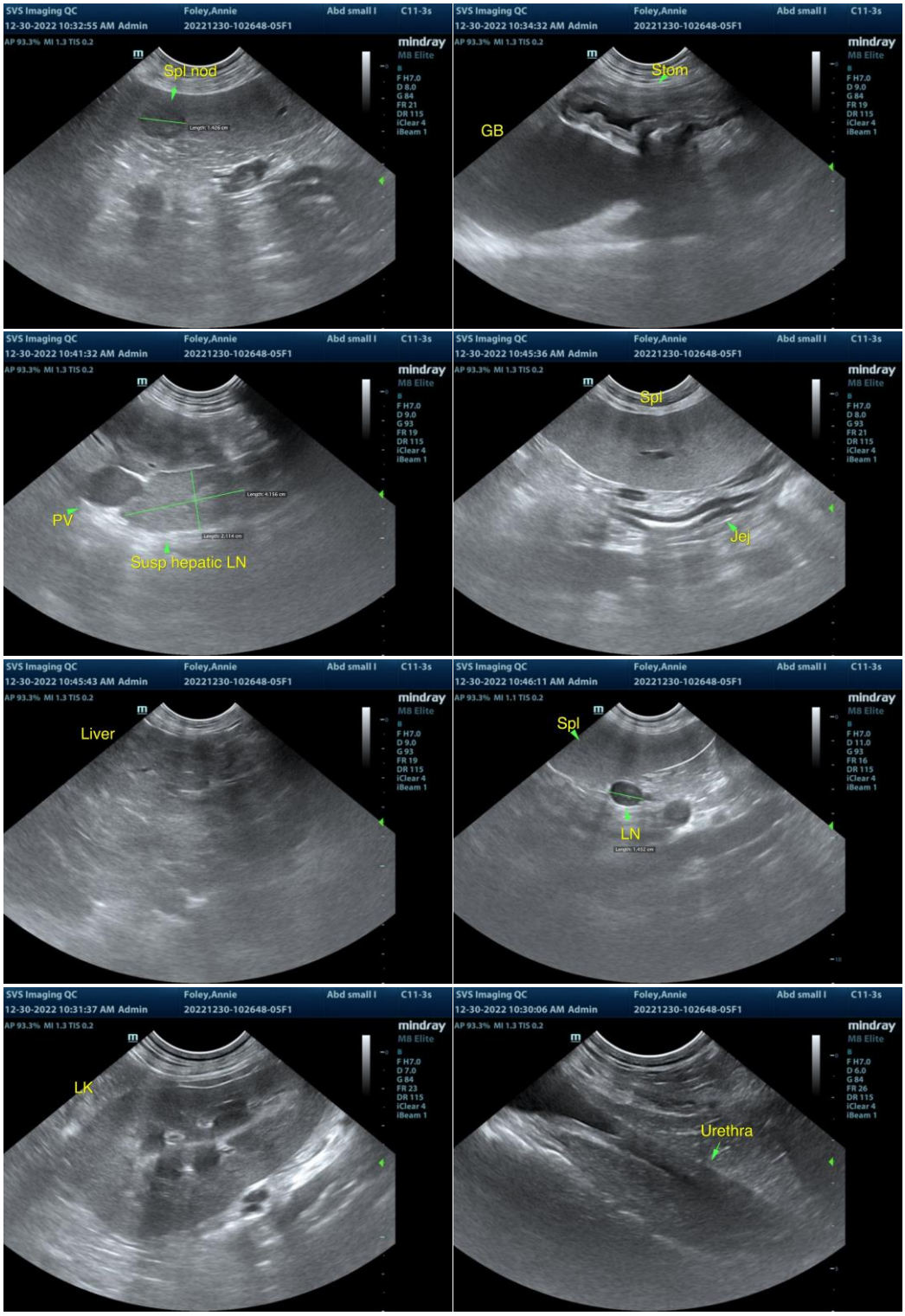

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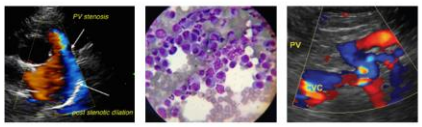

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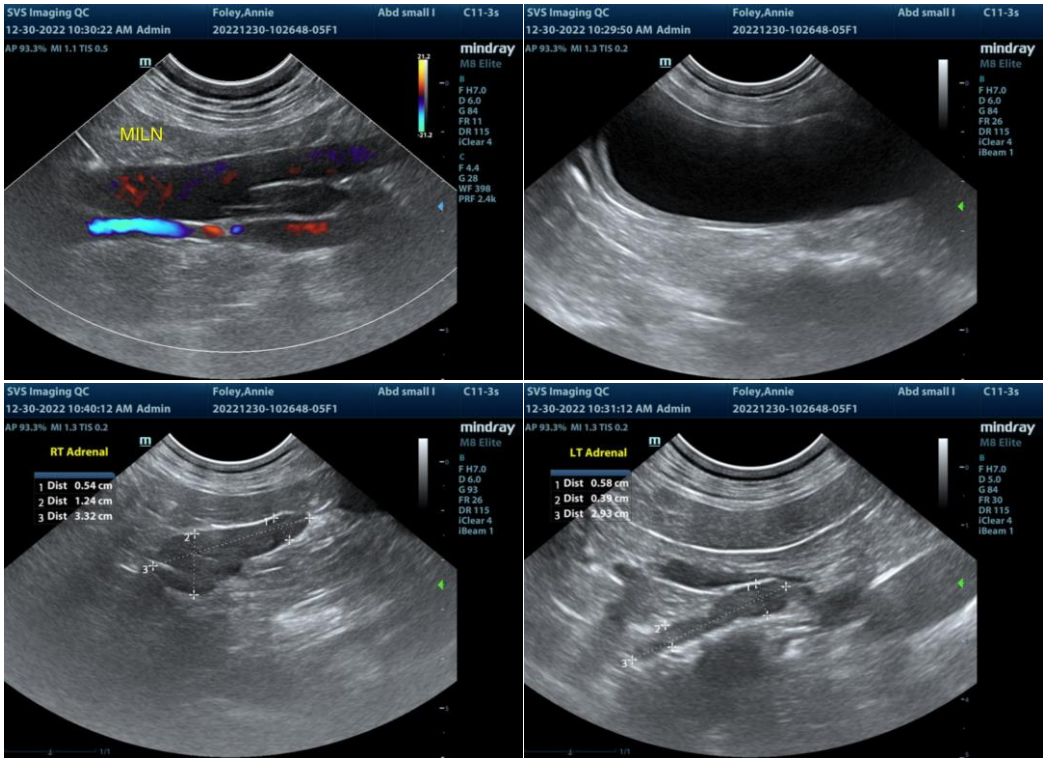

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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