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Clinical Sonography & Telecytology
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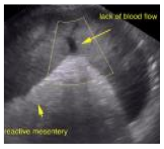
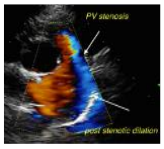
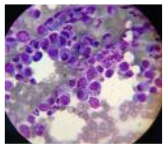
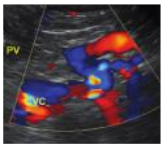

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kodi DeGroot

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

11 Years

WEIGHT

70 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

13924

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Elevated liver value

Abnormal PE/Chem/CBC/UA Results: ALK PHOS 426. LDDS pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 6.0 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 were noted. Aortic trifurcation was normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.9 cm in diameter.

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. The left kidney measured 6.6 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized, subjectively measuring 0.46 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder 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 primarily non-shadowing ingesta. The stomach was otherwise normal.

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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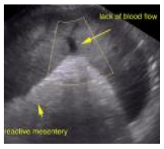
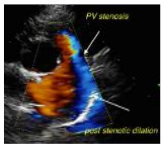
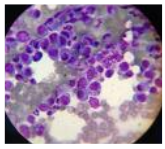
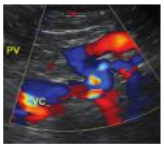

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Pancreas

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

An unspecified, spherical to non-homogeneous mass lesion was present in the mid abdomen, measuring 5.8 cm x 5.0 cm. No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern- subjectively benign
- Sonographically unremarkable gallbladder
- Gastric ingesta
- Mild age-related renal changes
- Unspecified spherical to non-homogeneous mid abdominal mass lesion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious origin of the mid abdominal mass lesion was not definitively evident. The mass lesion may indicate neoplasia, granuloma, lymphadenopathy or other. Pending additional diagnostics and assuming normal clotting status, hepatic +/- unspecified mass FNA, for screening cytology, could be considered. However, if positive LDDST in this case, potential for adrenal origin of the mass may be considered prior to potential FNA. Abdominal CT may be ideal, in this scenario, for further assessment of the mass as well as assessment of potential surgical resectability, if surgical options are a possibility in this case.

Empirically, hepatosupportive medications may prove beneficial.

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services

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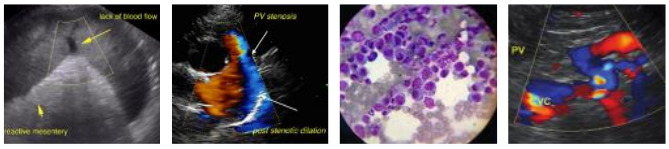

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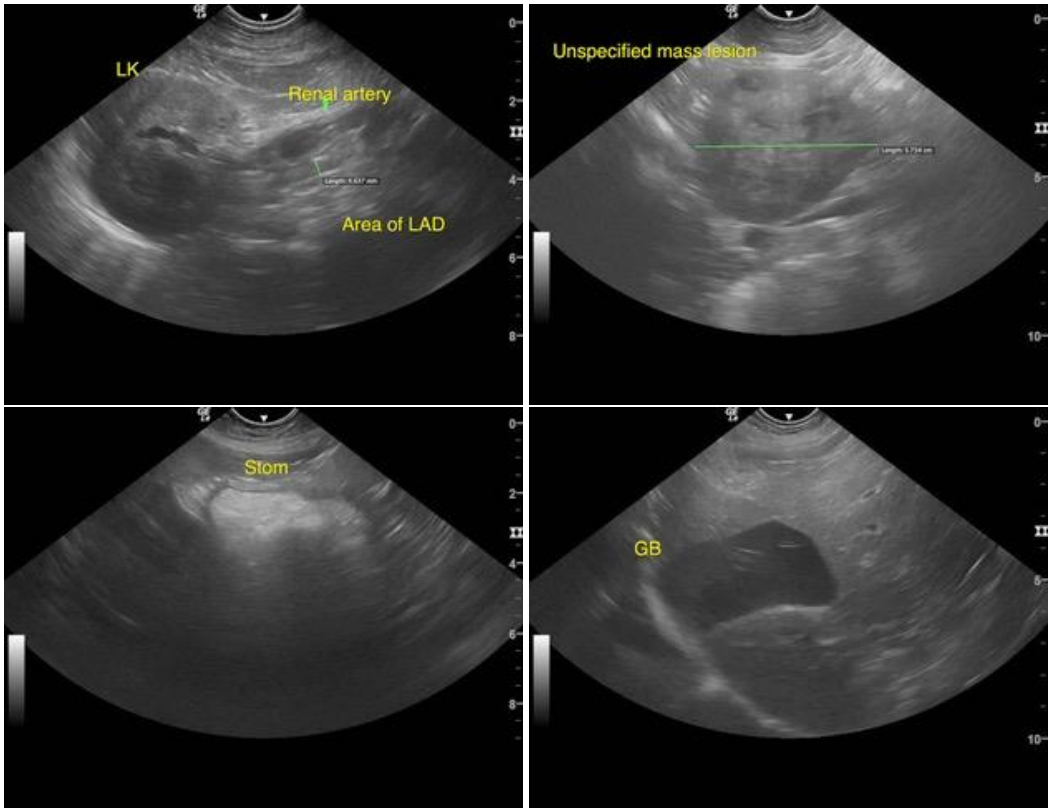

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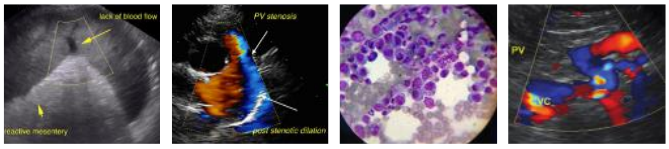

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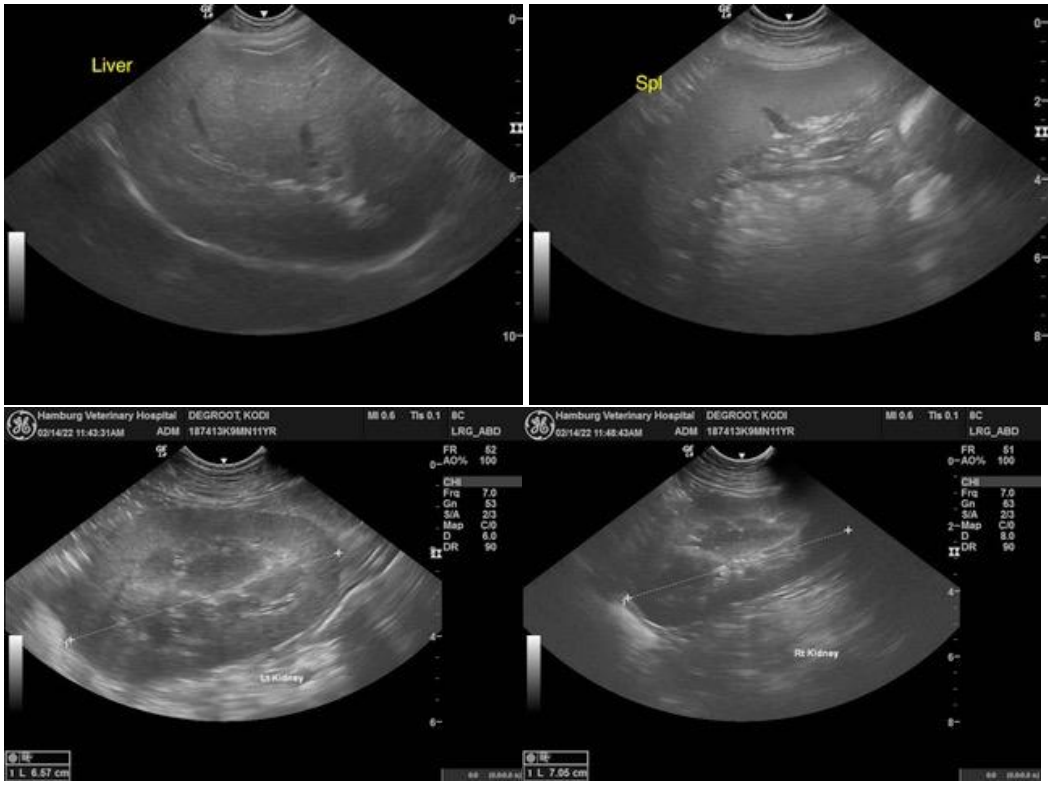

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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