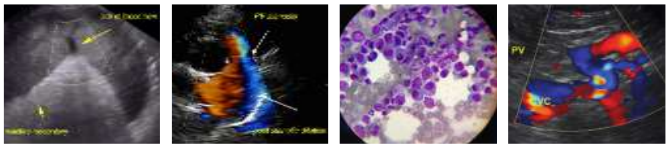
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jackson Kane

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

9 years

WEIGHT

40

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

13341

DATE

2/15/22

PRESENTING CLINICAL SIGNS

Follow up ultrasound from 11/22/21 Had liver/adrenal nodules Looking for progression etc

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 area of the residual prostate was free of overt pathology.

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 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 6.2 cm in length. The right kidney measured 5.9 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 2.4 cm length x 0.58 cm width at the caudal pole. The right adrenal gland was mildly prominent in size specifically in the mid to cranial aspect exhibiting mild nonhomogeneous to indistinct nodular changes. The right adrenal gland measured 2.6 cm length x 1.2 cm width at the cranial pole and 0.9 cm width at the caudal pole.

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/ Gallbladder

The liver exhibited generalized enlargement with mild nonuniform parenchyma exhibiting evidence of mild parenchymal remodeling. Previously noted, mildly nonhomogeneous to isoechoic macro-nodules to small masses were present in the left mid to right liver. An example of a nodule in the left liver measured 6.3 cm in diameter. An example of a macro nodule to small mass in the caudal mid liver measured 5.0 cm in diameter. The macro-nodules to small masses appeared to mildly distort the ventral and caudal regional hepatic capsule. Mild, nondependent yet nonorganized gallbladder debris was present.

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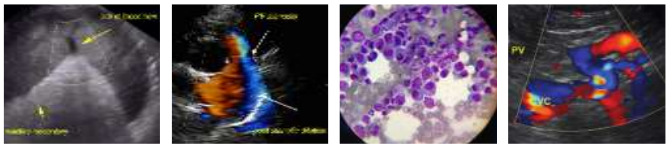

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Gastrointestinal

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Persistent to mild subjective progressive hepatic macro-nodules to small masses
- Mild gallbladder debris (non-mucocele)
- Mildly prominent to indistinctly nodular right adrenal gland - no overt evidence of significant progression compared to previous ultrasound, benign hyperplasia, adenomatous change, potential for slow-growing neoplasia such as pheochromocytoma, carcinoma still possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, and assuming normal clotting status, ultrasound-guided FNA of the hepatic parenchyma, as well as macro-nodule or small mass is recommended for screening cytology. Monitoring of blood pressure is still advised. Continued sonographic monitoring of the hepatic changes, as well as the right adrenal gland, would be a more conservative approach.

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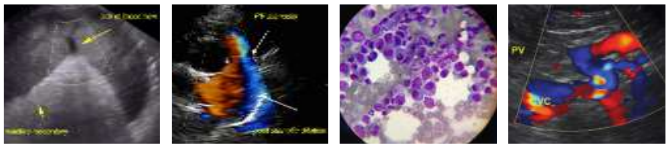

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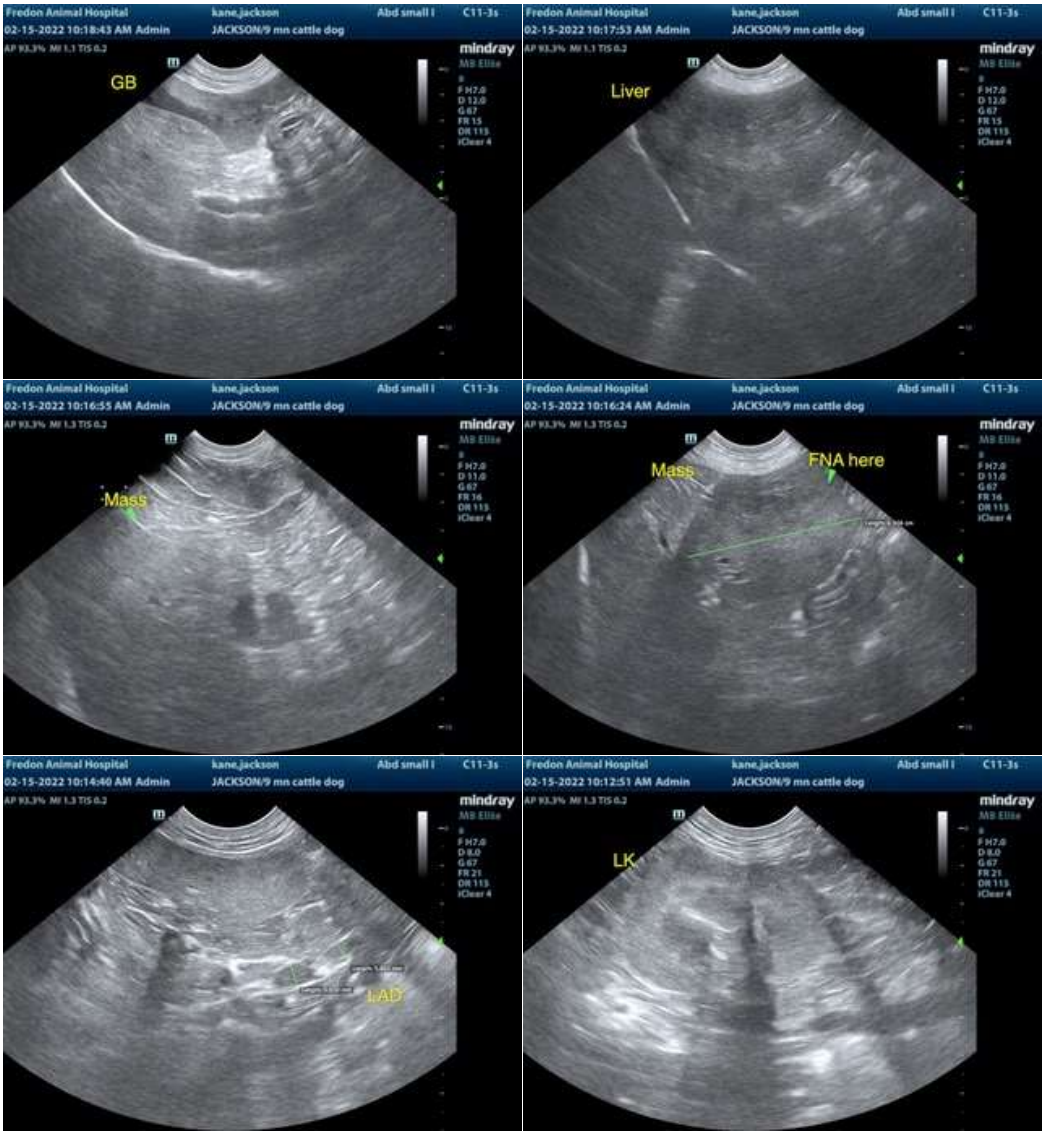

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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