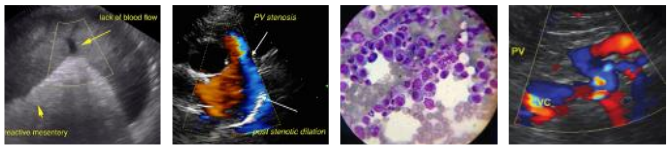
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Louis Zapata

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

11yr

WEIGHT

82lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

13053ag

DATE

02/21/2023

PRESENTING CLINICAL SIGNS

Reason for Visit: hair loss/ pu/pd-- shaking as if painful even at rest History: 11 y pit bull mix presented for PU/PD. loosing hair. Growths on belly onset 3-4 months ago. O thinks pet may have had a stroke 1-2 months ago because pet was drooling and the left eye was dialated. Pet has not been to a vet in a very long time.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate dental tartar Musculoskeletal: BCS = 4/9. Ambulatory x 4, very stiff on hindlimbs. Moderate generalized muscle atrophy Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. Distended, suspected cranial organomegaly and fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: RH: bruising from dorso-caudal aspect along the medial aspect to the dorsal aspect of the paw. Multiple suspected cutaneous hemagiomas on ventral abdomen. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N 1) CBC: RBC 5.62 (5.65-8.87), LYM 0.73 (1.05-5.10) 2) Chem: Alt - 191 (10-125), AlkP - 1894 (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 8.0 cm in length. The right kidney measured 8.2 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

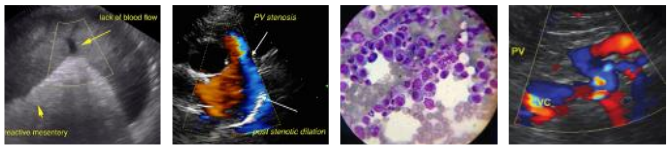
A small irregular non-homogenous mass/lesion was present in the area of the left adrenal gland measuring 1.9 cm in diameter. Evidence of mild peripheral hyperechoic tissue around the mass lesion was noted.

The right adrenal gland was not definitely visualized with potential for mild non-homogenous right adrenomegaly. The right adrenal gland potentially measured 4.3 cm x 2.8 cm.

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



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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 and minor echogenic debris in the caudal lumen area and gallbladder neck. 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 moderate variably echogenic non-shadowing ingesta and luminal gas 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.

A large cystic appearing structure with possible evidence of peripheral inflammation was present in the area of the caudate liver lobe and pancreas base/right pancreatic limb subjectively containing anechoic fluid measuring 7.2 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Moderately sized to large cystic appearing structure with possible peripheral inflammation in area of the caudate liver lobe/pancreas-right lateral liver vs pancreatic cyst, potential for abscess/necrosis
- Small non-homogenous mass/lesion area of left adrenal gland
- Possible concurrent right adrenomegaly
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full adrenal workup with LDDST is recommended given the patient's clinical signs and hair loss. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., pheochromocytoma. The overall liver appeared to be primarily benign in sonographic appearance. Potential FNA/centesis of the cyst like structure may be considered for further clarification, fluid analysis +/- C/S if evidence of purulent exudate or inflammatory cells.

Abdominal CT if possible, would be ideal given the potential pathologies for further assessment.

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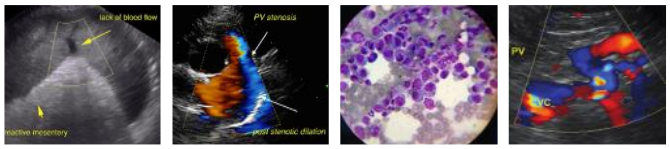

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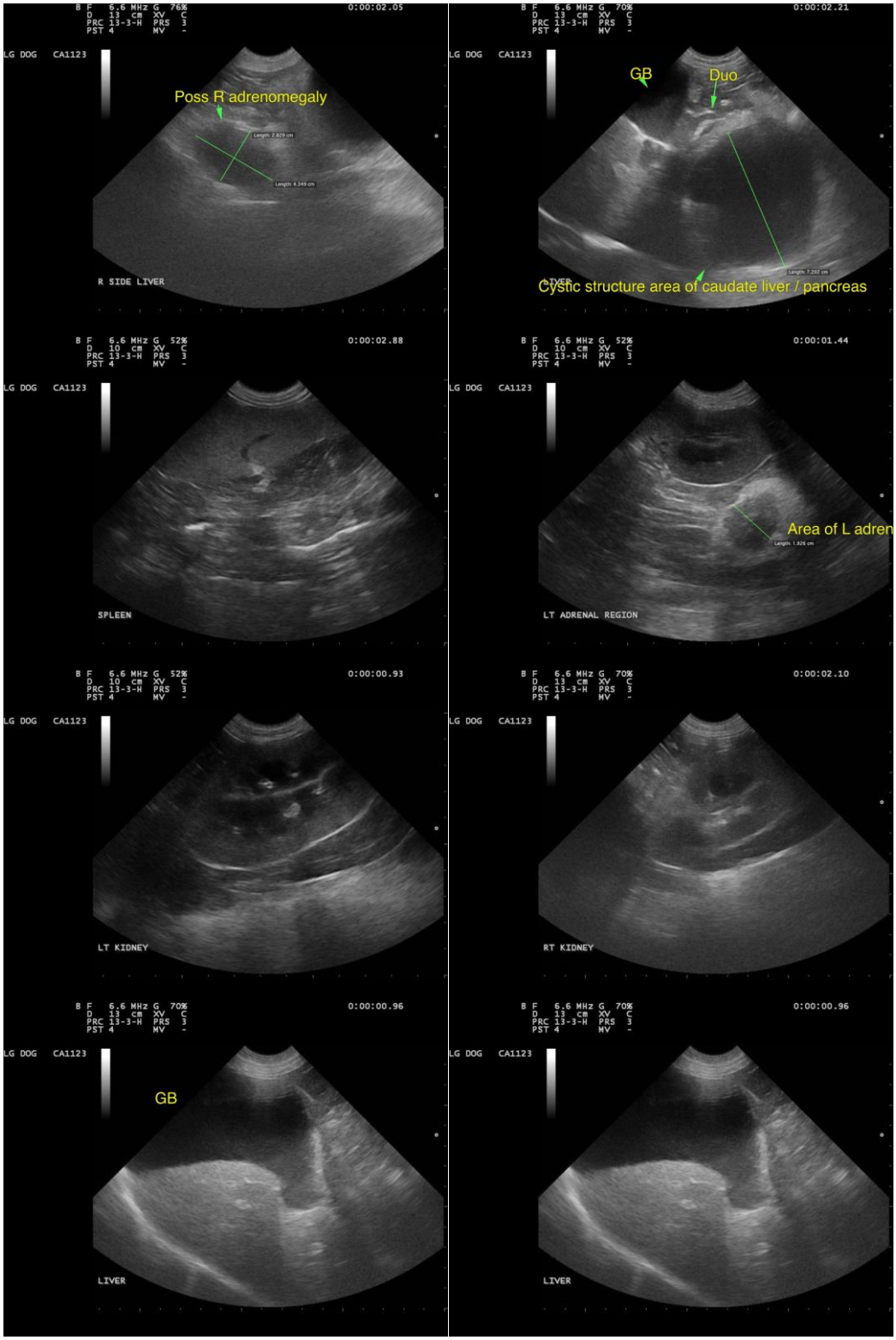

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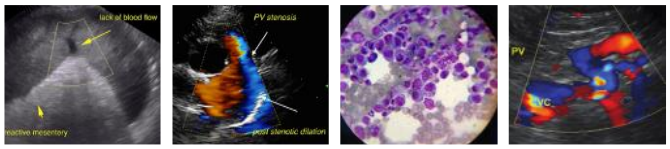

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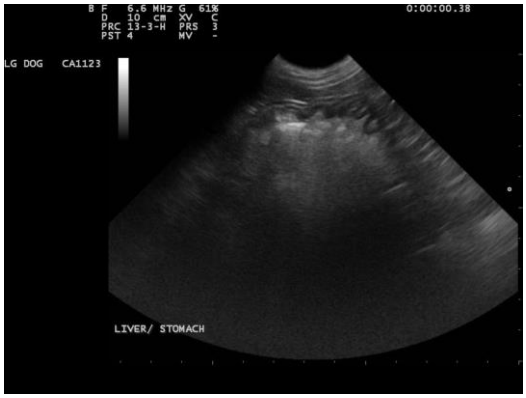

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com