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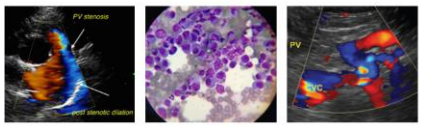
SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tank Pottebaum

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered male

AGE

14 years

WEIGHT

84 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Phil Olsen

INVOICE

10182ag

DATE

03/16/2022

PRESENTING CLINICAL SIGNS

History: weight loss

Abnormal PE/Chem/CBC/UA Results: amorxia, ALT and ALK levels are off scale, anemia 30.6%, BUN 46 lymyhopenia, increase cholesterol, increased amylase

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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild to moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral and small cortical cysts were observed in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 8.1 cm in length. The right kidney measured 8.2 cm in length.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 4.6 cm length by 1.7 cm width in the cranial pole and 1.1 cm width at the caudal pole. The right adrenal gland measured 3.7 cm in length by 1.3 cm width in the cranial pole and 1.1 cm width in the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement. The capsule was smooth and regular without apparent expansion. Mild heterogeneous splenic parenchyma exhibiting several subtly expansive hyperechoic intra parenchymal nodules with focal areas of distal acoustic shadowing were observed. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was subjectively moderately enlarged with areas of caudal capsule asymmetry and swollen capsule contour were noted. Nonhomogeneous to irregular generalized parenchyma with a nonuniform mildly hyperechoic mass was present in the caudate liver lobe measuring 10 cm in diameter.

The gallbladder was non-distended in size with mildly prominent to hyperechoic walls containing primarily anechoic luminal content with mild particulate sediment. The cystic and common bile ducts were normal.

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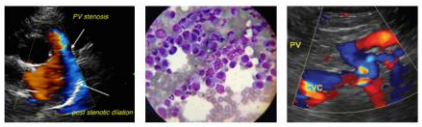

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.64 cm width. Mild gastric distension with primarily anechoic fluid and minor retained chyme was present. No evidence of mechanical obstruction or gastric foreign material observed.

The duodenum was intact with subjectively prominent wall layering and subtle duodenal ileus (non-obstructive) the duodenum wall measured 0.72 cm. The jejunum and ileum to the level of the colon were normal.

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

A small pocket of scant peritoneal free fluid noted adjacent to the lateral spleen. No overt lymphadenopathy was observed.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting nonhomogeneous to irregular parenchyma, non-homogeneous mild hypoechoic caudate liver mass-vacuolar hepatopathy, inflammatory/immune mediated disease, nodular hyperplasia, hematopoiesis, fibrosis with hepatic neoplasia favored.
- Subjective splenomegaly exhibiting nonspecific hyperechoic to pinpoint mineralized parenchymal nodules-myelolipomas, precious infarct, mineralization or possible neoplasia
- Gastroduodenitis pattern with mild retained gastric chyme.
- Nonspecific bilateral adrenomegaly.
- Mild to moderate chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an ultrasound guided hepatosplenic FNA is warranted for screening cytology. Leptospirosis titers/PCR may be considered if clinically indicated.

The overall clinical presentation is not overtly consistent with hyperadrenocorticism yet adrenal workup including screening BP to assess for evidence of hypertension may be considered.

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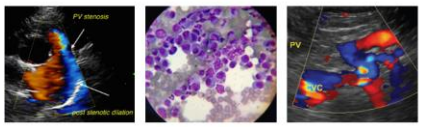

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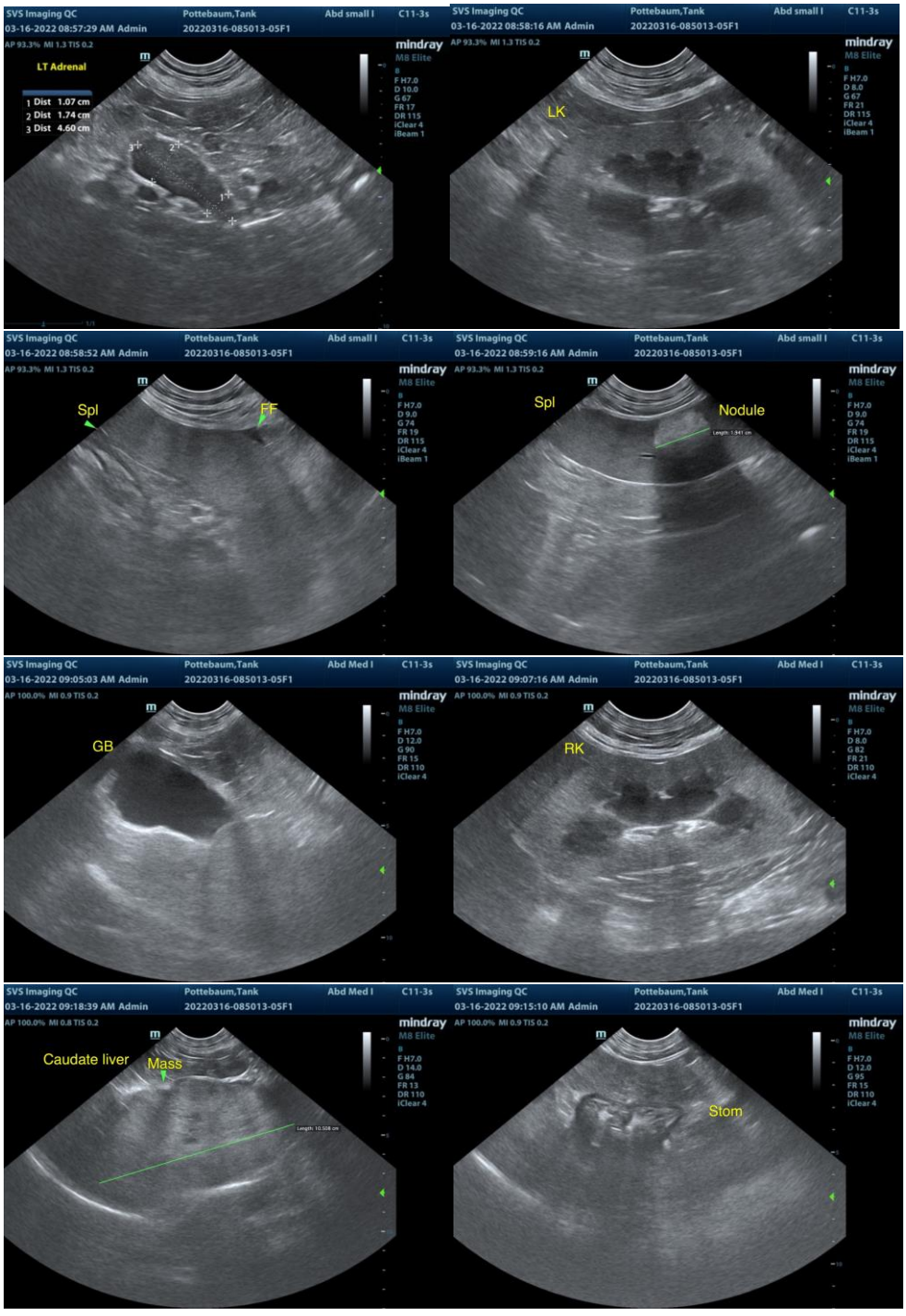

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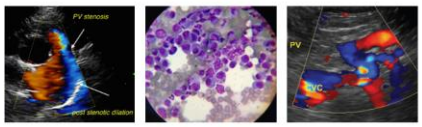

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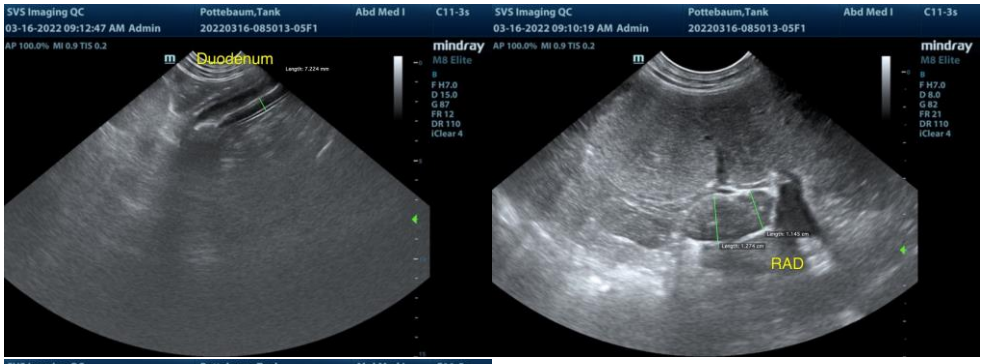

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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