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Clinical Sonography & Telecytology
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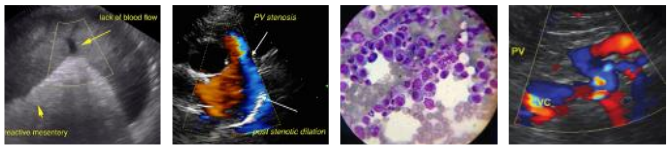

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tasha Jones

SPECIES

Canine

BREED

Greater Swiss Moutain Dog

SEX

FS

AGE

2016

WEIGHT

94lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Baxter

INVOICE

13494ag

DATE

04/16/2023

PRESENTING CLINICAL SIGNS

Presented 4/7 for hind end weakness, labwork showed elevated liver enzymes with elevated WBC, rads normal. Lepto vs. hepatitis vs other - RX amoxi, metro, denamarin, treated outpatient. P did better per owner and then started declining last 24-48 hours. Presents today for lethargy, adr, anorexia since Friday - PE shows fluid wave on abd. palp with pale pink mm's, dull mentation 7-7% dehydration.

Abnormal PE/Chem/CBC/UA Results: See attached labwork from 4/7 - elevated liver enzymes and elevated WBC; Lepto PCR negative See attached radiographs from 4/7 - WNL per DVM at that time WBC 17.4 w/neutrophilia ALP 839 ALT 382

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 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 8.0 cm in length. The right kidney measured 8.4 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the residual prostate appeared normal and 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 0.82 cm width at the caudal pole and 0.75 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole.

Spleen

The visualized spleen exhibited overall normal size and minor capsule asymmetry. Generalized mild parenchyma heterogeneity was present. No overt or obviously connected splenic masses or nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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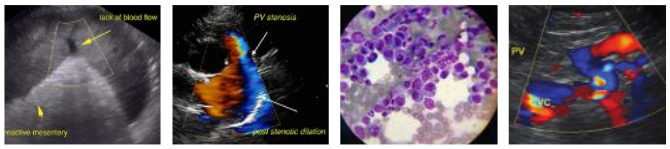

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic non-shadowing ingesta sonographically suggestive of food with no signs of ileus, obstruction or foreign material.

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. The small intestinal wall measured 0.40 cm in width.

Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.

Pancreas

The pancreas was indistinctly visualized owing to peritoneal effusion and increased peri pancreatic omental artifact.

Free Abdomen

Moderate volume peritoneal effusion exhibiting effusion echogenic changes suggestive of effusion cellularity. Generalized mild non-uniform hyperechoic omentum was present.

An unspecified non-homogenous mildly hyperechoic mass like lesion was present in the mid to right abdomen measuring ~ 6.0 cm in diameter.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Heterogenous spleen-hyperplasia, hematopoiesis, patient variant, early infiltrative neoplasia possible.
- Hepatopathy with parenchyma hypoechogenicity-subjectively acute or acute on chronic, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, non-cardiogenic congestion, occult infiltrative neoplasia possible.
- Unremarkable gallbladder.
- Moderate volume peritoneal effusion exhibiting echogenic changes, generalized mild non-uniform hyperechoic omentum-consistent with hemoabdomen.
- Unspecific non-homogenous hypoechoic mass like lesion mid right abdomen.
- Variably echogenic gastric ingesta, sonographically unremarkable small bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A coag profile is suggested if not to assess for underlying coagulopathy. Assuming normal clotting status a hepatic FNA for screening cytology is warranted for further assessment. The unspecific mass lesion is strongly suspicious for neoplastic criteria such as sarcoma or other with benign etiologies such as blood clot, granuloma or reactive lymphadenopathy possible yet thought less likely. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Pending additional diagnostics, exploratory laparotomy for further clarification +/- as needed sampling to include the liver could be considered however an extremely guarded prognosis is indicated.

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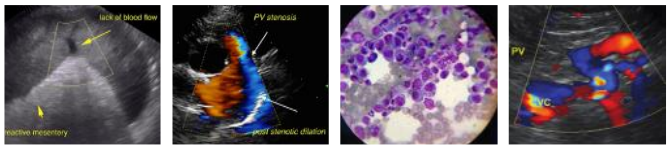

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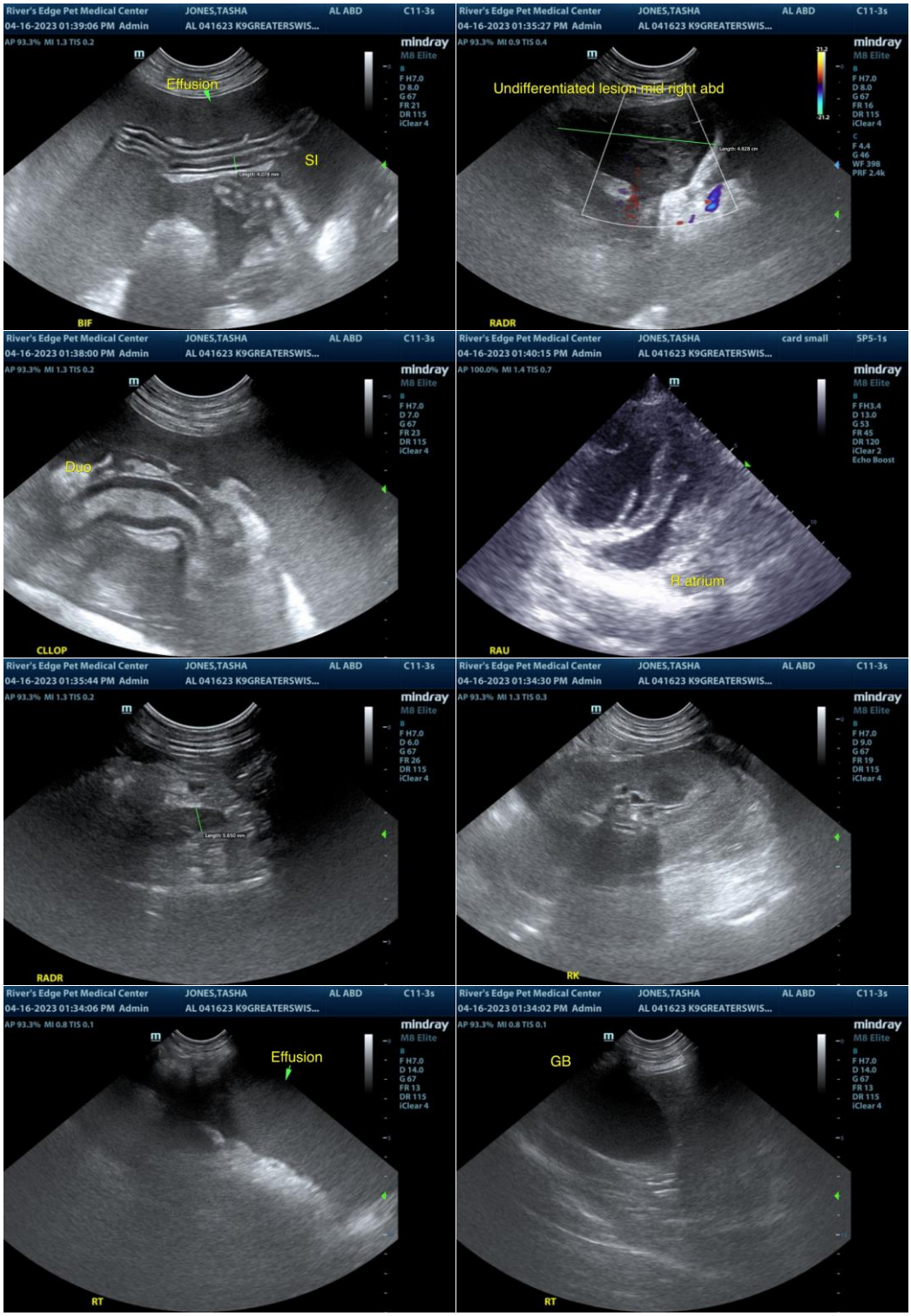

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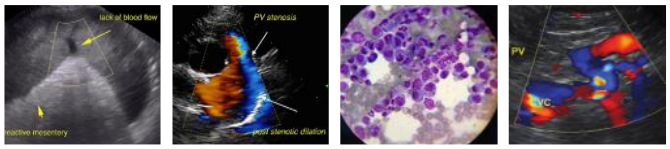

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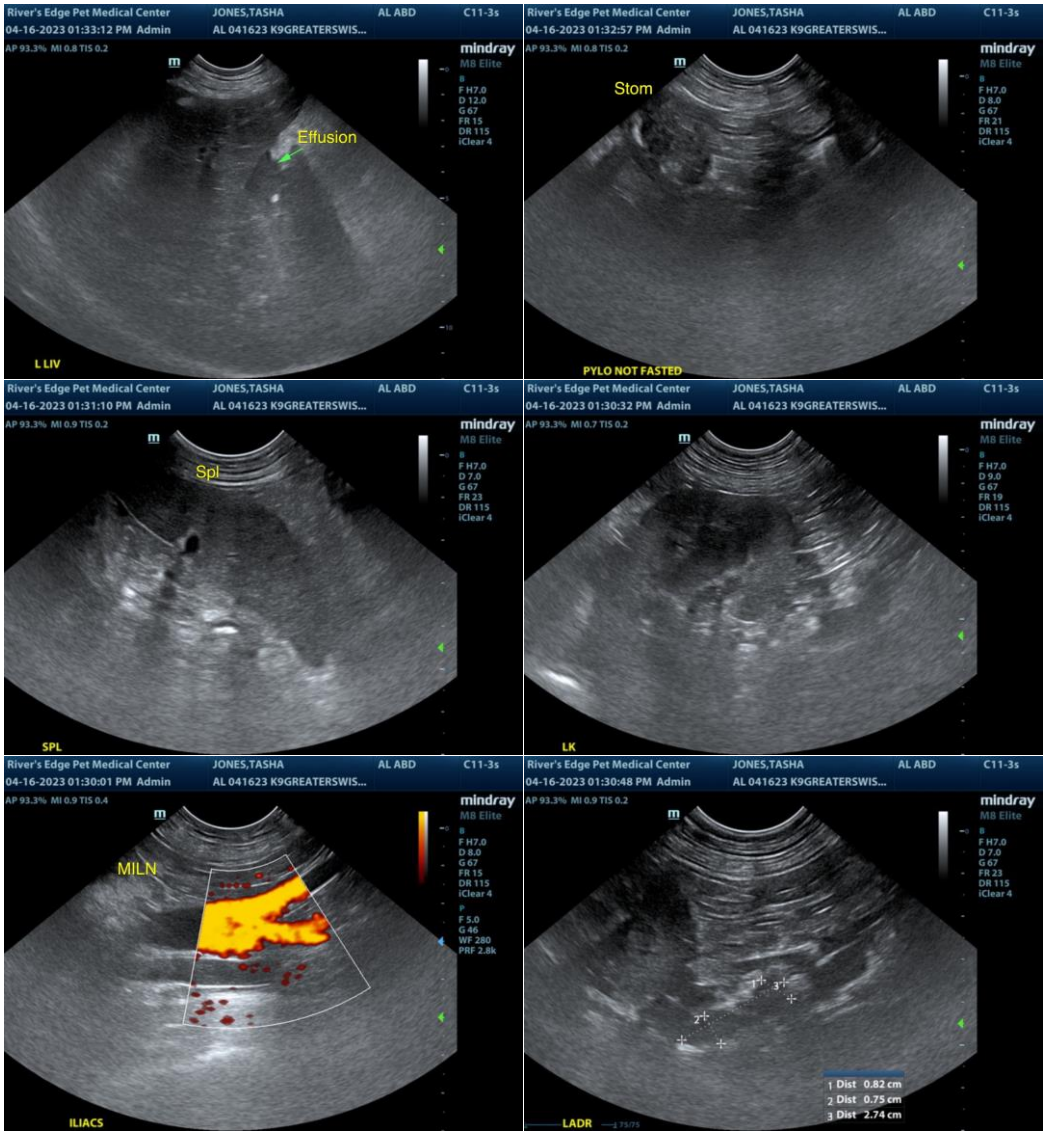

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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