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VETERINARY ULTRASOUND SERVICES
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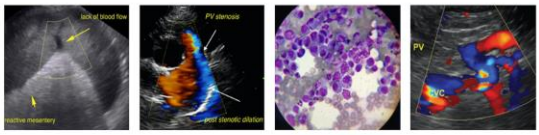

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Oscar Guilday

SPECIES
Canine

BREED
Golden Retriever

SEX
NM

AGE
11 years

WEIGHT
72 pounds

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Littlestown Veterinary Hospital

REFERRING VET
Dr. Jennings

INVOICE
10484ag

DATE
04/29/2022

PRESENTING CLINICAL SIGNS

History: Weight loss, decreased appetite for 2 months, increased GI signs, tachycardia Entyce

Abnormal PE/Chem/CBC/UA Results: Chem wnl, HCT 39.0 WBC 9.2 diff wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 was 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 6.9 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology measuring 1.1 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.79 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 0.71 cm width at the caudal pole.

Spleen

The spleen exhibited subtle parenchyma heterogeneity with a mildly expansive nonhomogeneous cranial splenic nodule measuring 2.2 cm in diameter. 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.

Liver

The liver was subjectively overall normal in size with areas of capsule asymmetry and nonuniform to subjective mild hypoechoic parenchyma with increased prominence of the portal vascular borders. Several mildly expansive mixed echogenic intraparenchymal macronodules to masses were noted, an example measuring approximately 6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nondependent hyperechoic sludge. 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 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.

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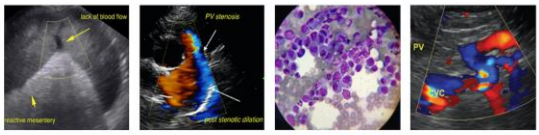

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Pancreas

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

A uniform subcutaneous mass consistent with fat echogenicity/subcutaneous lipoma was present.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Nonuniform liver exhibiting several nonhomogeneous mixed echogenic macronodules/masses
- Mild nondependent gallbladder sludge, possible very early mucocele
- Nonspecific mildly expansive to nonhomogeneous cranial splenic nodule
- Overtly normal GI tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary suspicion for hepatic neoplastic masses is warranted although non neoplastic etiologies for this presentation i.e. hyperplasia, granulomas, lipogranulomas or hematopoiesis could be present. The splenic nodule was nonspecific with etiologies including hyperplasia, hematopoiesis, small hematoma, granuloma while the possibility of concurrent multicentric hepatosplenic neoplasia could be present. Assuming normal clotting status and using a 25g needle a hepatosplenic FNA could be considered for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to rule out occult pancreatic or GI disease as a contributing factor to the patient's GI signs and weight loss.

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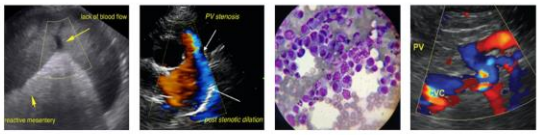

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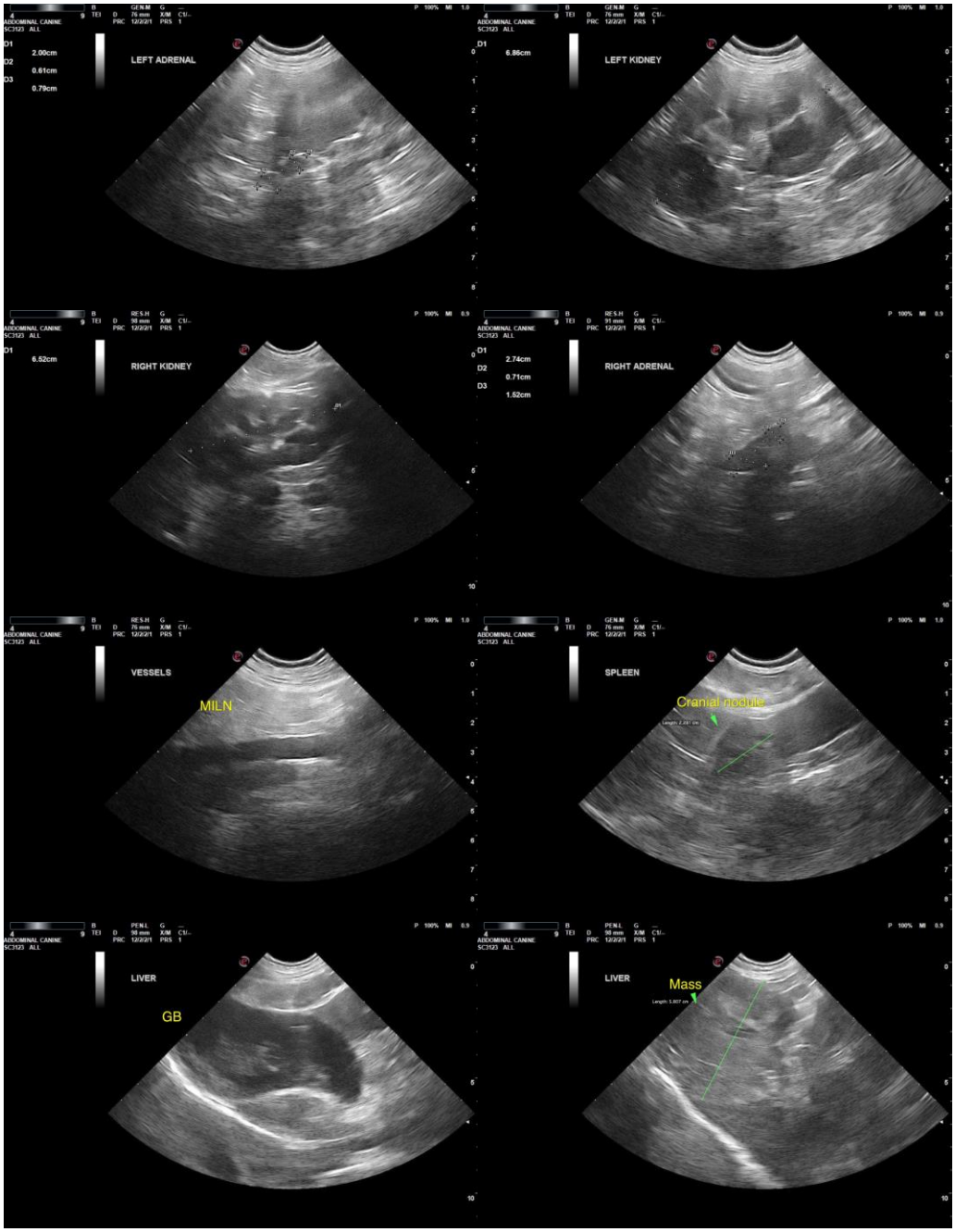

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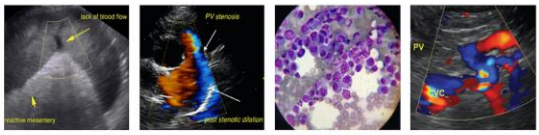

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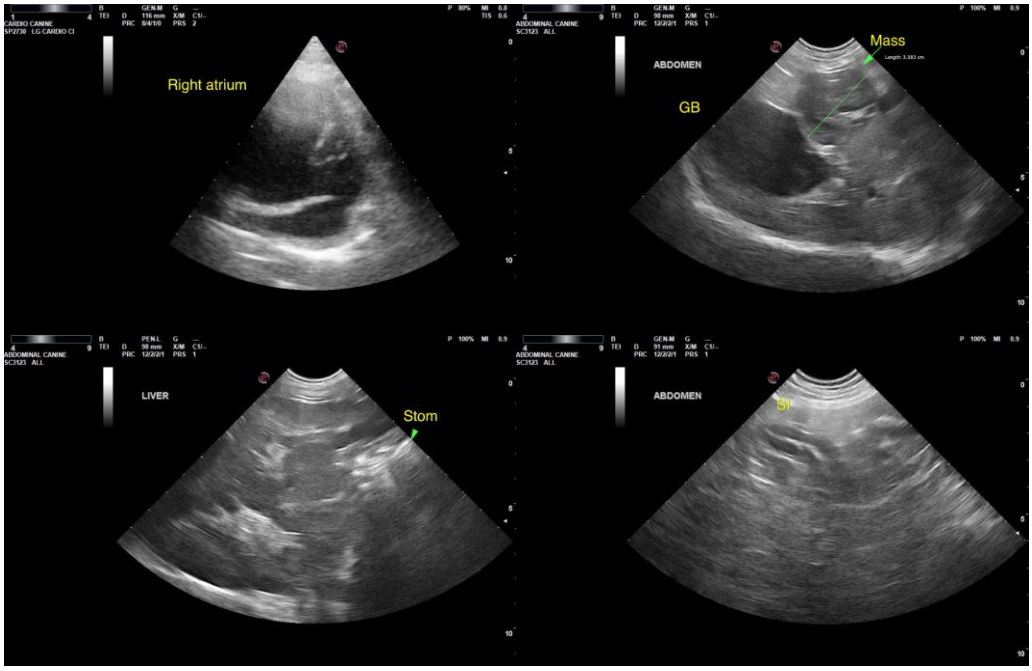

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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