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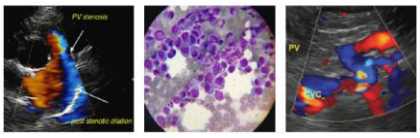

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Tucker Higgins

SPECIES
Canine

BREED
Maltese

SEX
MN

AGE
11 years

WEIGHT
12 lbs.

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

IMAGING PERFORMED BY
Rachel Runnells, RVT

HOSPITAL NAME
SVS Imaging Kansas City

REFERRING VET
Dr. Jonathon Renfro

INVOICE
13607

DATE
4/5/22

PRESENTING CLINICAL SIGNS

Hard, distended abdomen. Radiographs show large mass located in abdomen.
Abnormal PE/Chem/CBC/UA Results: Decreased albumin. Increased ALKP 669 (20-150), ALT 220 (10-118). Decreased HGB, HCT, MCV, MCHC.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology was noted in the area of the residual prostate.

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 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 4.6 cm in length. The right kidney measured 5.4 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 0.74 cm width at the caudal pole and 0.57 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 0.53 cm width at the caudal pole and 0.41 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour and primarily maintained a finely textured homogeneous parenchyma with intermittent, non-expansive, discrete hypoechoic splenic nodules.

Liver/ Gallbladder

The liver exhibited marked enlargement extending ventrally past the level of the gastric axis. Generalized nonhomogeneous parenchyma exhibiting multifocal variably sized yet primarily large to expansive cystic to nonhomogeneous masses were present. The cystic masses, as well as the concurrent nonhomogeneous masses, appeared to distort the hepatic capsule contour. The cystic masses appeared to contain primarily anechoic fluid with mild cellular component. An example of a cystic mass measured 8.0-9.0 cm in diameter. An example of a smaller, nonhomogeneous yet expansive mass measured 3.0-4.0 cm in diameter. Intermittent non-expansive nonhomogeneous to hypoechoic intraparenchymal nodules were noted In the deep mid-liver. No overt evidence of gallbladder pathology was noted although discernment of the gallbladder from adjacent cystic nodules was difficult. The common bile duct was not definitively visualized owing to regional hepatic cystic pathology.

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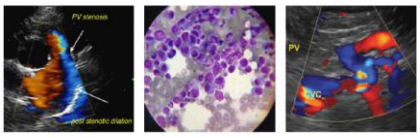

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Gastrointestinal

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. Potential for mild gastric displacement owing to the hepatomegaly is suspected.

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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

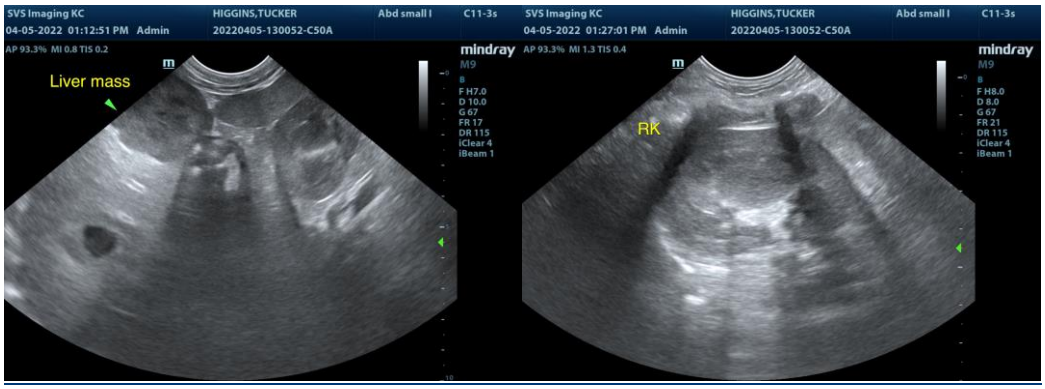
ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting multifocal primarily large cystic to nonhomogeneous intraparenchymal masses
- Intermittent discretely hypoechoic splenic nodules
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma, nonhomogeneous mass, as well as ultrasound guided centesis for cystic mass fluid analysis, cytology, +/- culture and sensitivity Is recommended for further clarification. However, given the extent of hepatic pathology in this patient, surgical options appear to be precluded.

The concurrent splenic nodules were nonspecific yet not overtly consistent with concurrent primary vs. neoplastic criteria with areas of discrete splenic hyperplasia, hematopoiesis, or potential incidental splenitis suspected. Concurrent splenic FNA could be considered if hepatic FNA is elected.



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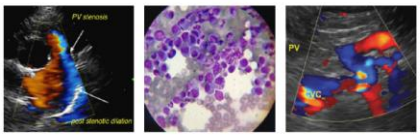

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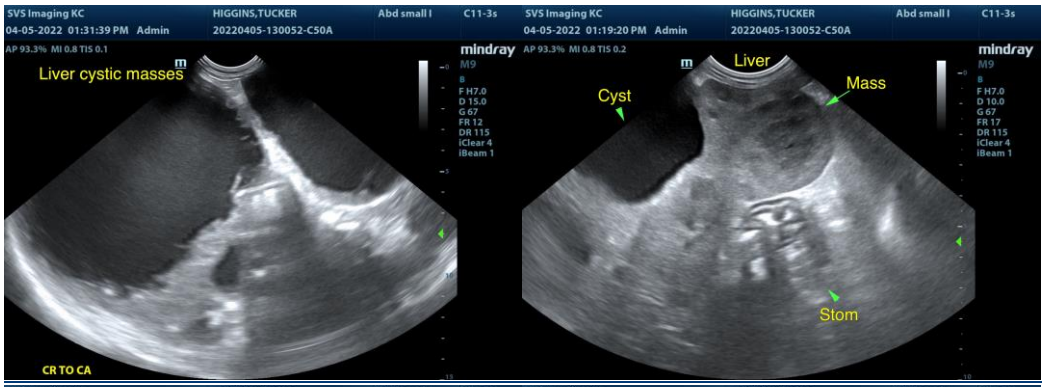

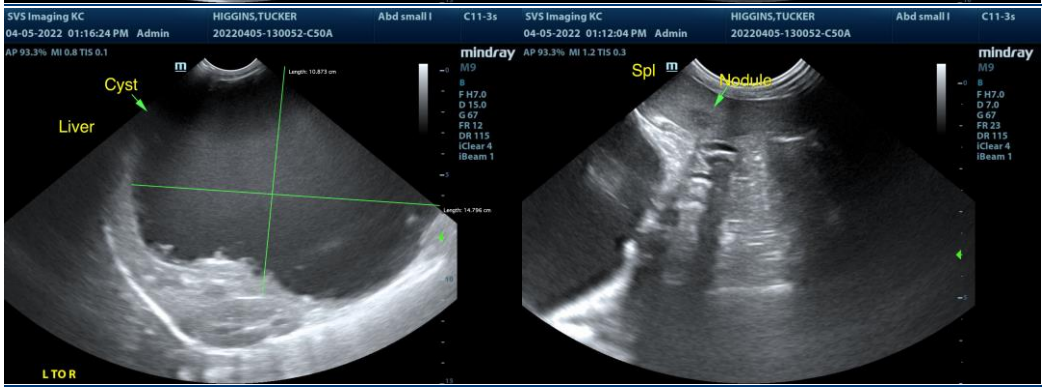

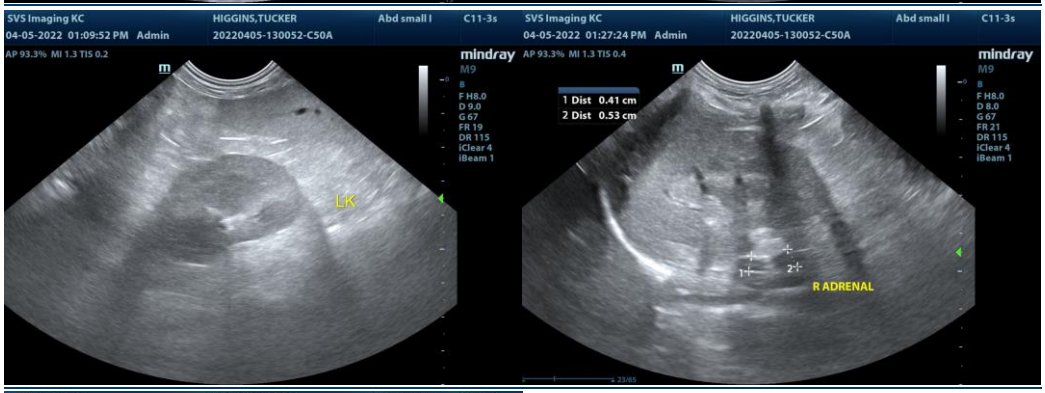

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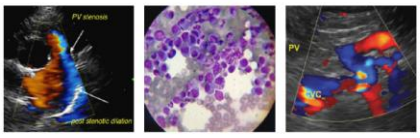

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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