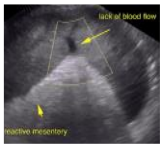
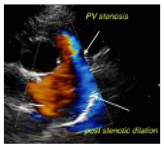
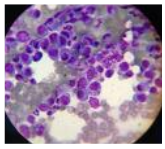
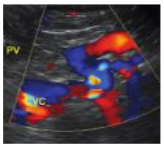
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Molly Venema

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

9 years

WEIGHT

22 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Keri

INVOICE

13642

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Presented with 4 days of inappetence and drinking very little.
Abnormal PE/Chem/CBC/UA Results: SDMA 18 ALKP 610 TT4 low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

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 4.9 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

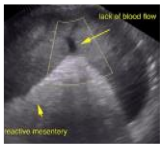
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.36 cm width at the caudal pole.

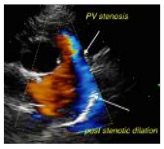
Spleen

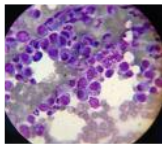
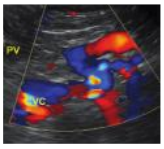
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, nonexpansive, echogenic nodules were present throughout the medial parenchyma adjacent to the hilus. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver exhibited generalized enlargement with areas of capsule asymmetry exhibiting hyperechoic parenchyma with multifocal, variably sized to expansive nonhomogeneously hypoechoic to asymmetrical intraparenchymal nodules to masses. An example of a mass measured 3.0-4.0 cm in diameter. The gallbladder was non-distended in size with mild, nondependent yet nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.





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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.

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 left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting multifocal variably sized to expansive, hypoechoic intraparenchymal nodules to masses
- Mild gallbladder debris (non-mucocele)
- Possible concurrent low-grade pancreatitis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is the multifocal hepatic intraparenchymal nodules to masses. Although sampling is required for further clarification, these nodules to masses are consistent with neoplastic criteria. Non-neoplastic etiologies such as areas of nodular hyperplasia, hematopoiesis, or granulomas are possible yet thought less likely.

Assuming normal clotting status, ultrasound-guided FNA of the hepatic parenchyma and mass is recommended for screening cytology and potential for oncology consultation. Spec cPL could be considered for further assessment of potential concurrent low-grade pancreatitis.

A very guarded to potentially unfavorable long-term prognosis, pending hepatic cytology, is indicated.

Empirically, continued gastrointestinal supportive care is recommended.

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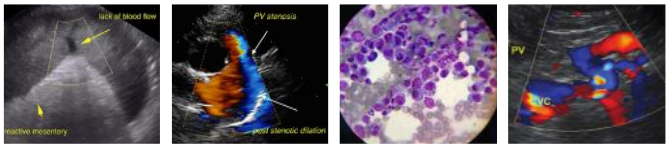

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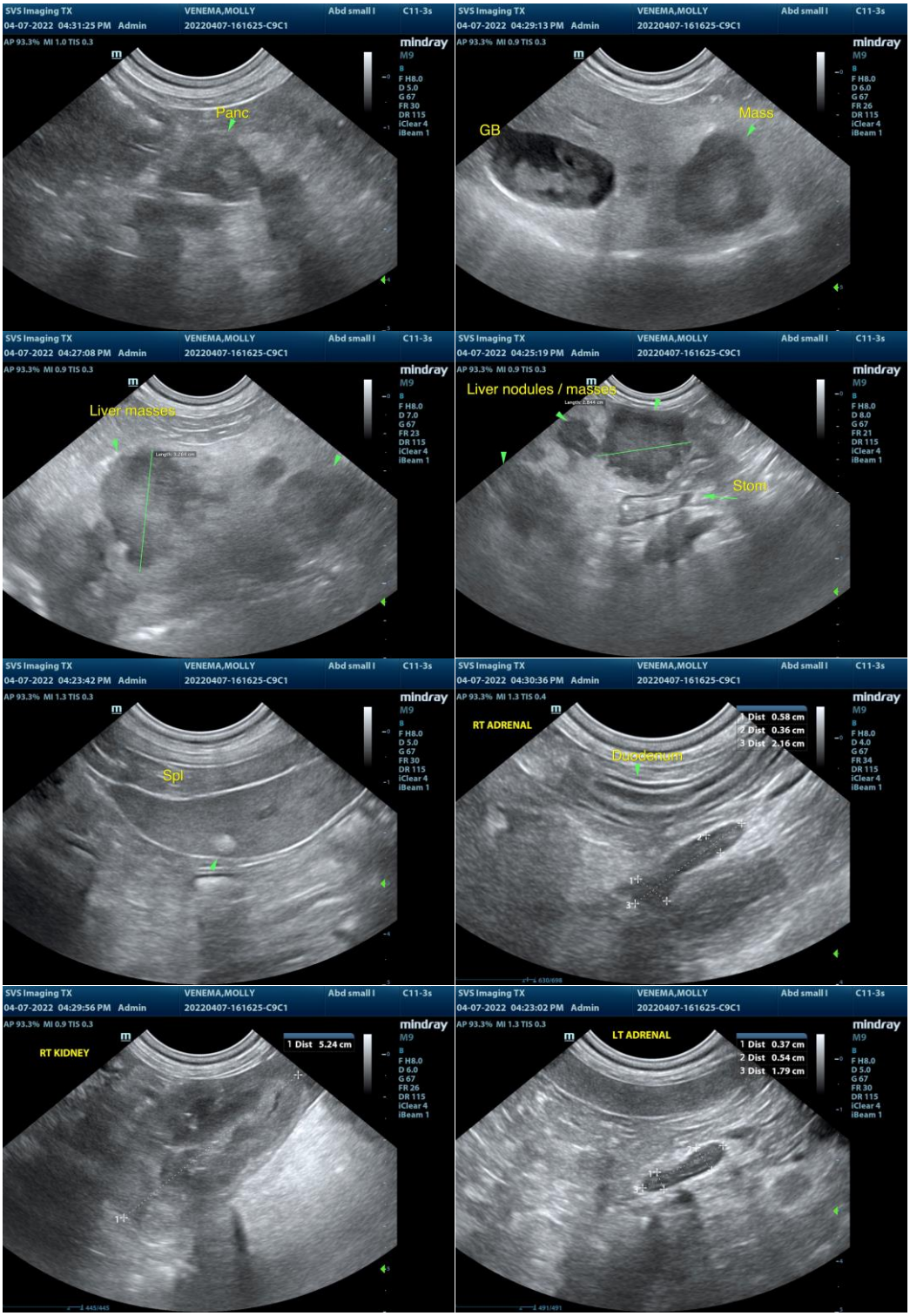

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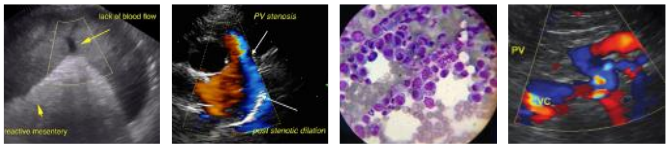

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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