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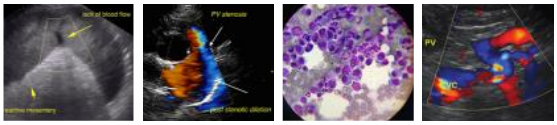


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Max Christensen

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

8yr

WEIGHT

104lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Q street Animal Hospital

REFERRING VET

Dr Hoerauf

INVOICE

13684ag

DATE

05/01/2023

PRESENTING CLINICAL SIGNS

Examined on 4-18-23 for weight loss, lethargy and icterus. Patient has lost 18lbs in the past 10 months.

Current Medications Gabapentin for joint pain

Radiographic Findings No radiographs obtained. Primary Question/Differential to Be Answered in This Exam Looking for cause of hepatitis, screen for neoplasia.

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes and monocytosis. Will email copy of lab results.

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 minor particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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 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 8.5 cm in length. The right kidney measured 8.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 0.9 cm.

Adrenal Glands

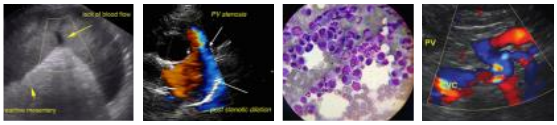
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 3.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 cm width at the caudal pole and 2.9 cm length.

Spleen

The spleen was normal in size with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No splenic masses.

Liver/Gallbladder

The liver exhibited generalized enlargement with rounded to swollen contour. Normal to mildly non-uniform parenchymal echogenicity exhibiting mild to moderate coarse echotexture was present. Overtly normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size with thin walls and primarily anechoic luminal content with mild to moderate non-organized mildly hyperechoic debris. No



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evidence of gallbladder or peripheral gallbladder inflammation was present. The common bile duct was not definitively visualized without overt post hepatic obstruction.

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 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

No omental masses or overt lymphadenopathy was present.

Moderate volume peritoneal effusion was present. Generalized increased omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- Discretely mottled/micronodular spleen-hyperplasia, hematopoiesis, infiltrative neoplasia possible.
- Hepatomegaly exhibiting mild non-uniform parenchyma-vacuolar hepatopathy, cholestasis, cholangiohepatitis, hyperplasia, hematopoiesis, infiltrative neoplasia all potentials.
- Distended gallbladder with moderate non-organized sludge-not consistent with mucocele criteria.
- Moderate volume peritoneal effusion.
- Heterogenous pancreas-not sonographically consistent with significant/active pancreatitis.
- Sonographically unremarkable GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for infiltrative hepatic or hepatosplenic neoplasia is warranted. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. Effusion analysis cytology +/- C/S is recommended.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Empirically, therapy for non-specific hepatitis/cholangiohepatitis with as needed GI support would be reasonable. An extremely guarded prognosis is indicated.

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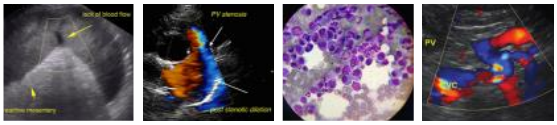

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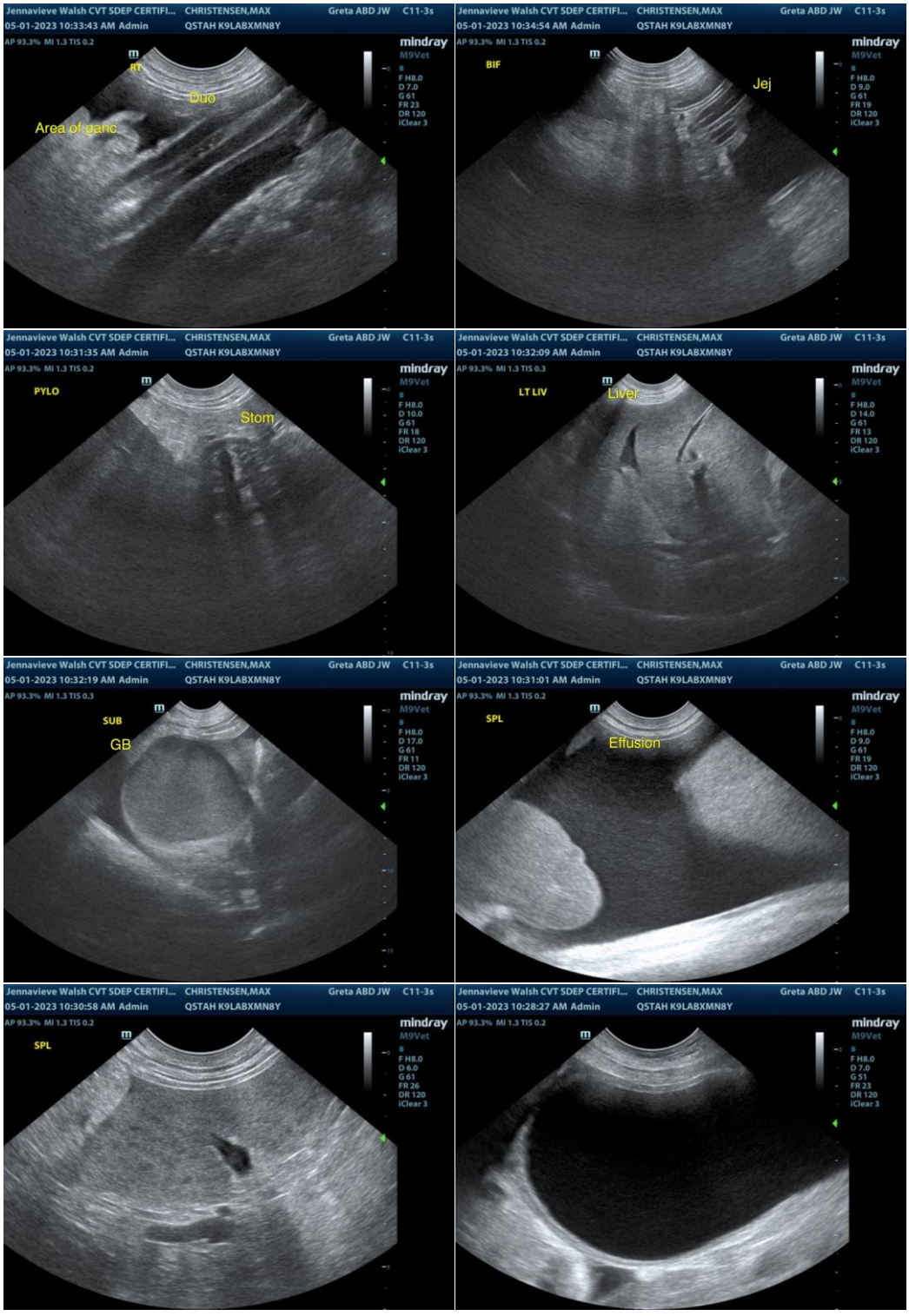

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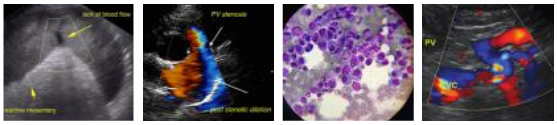

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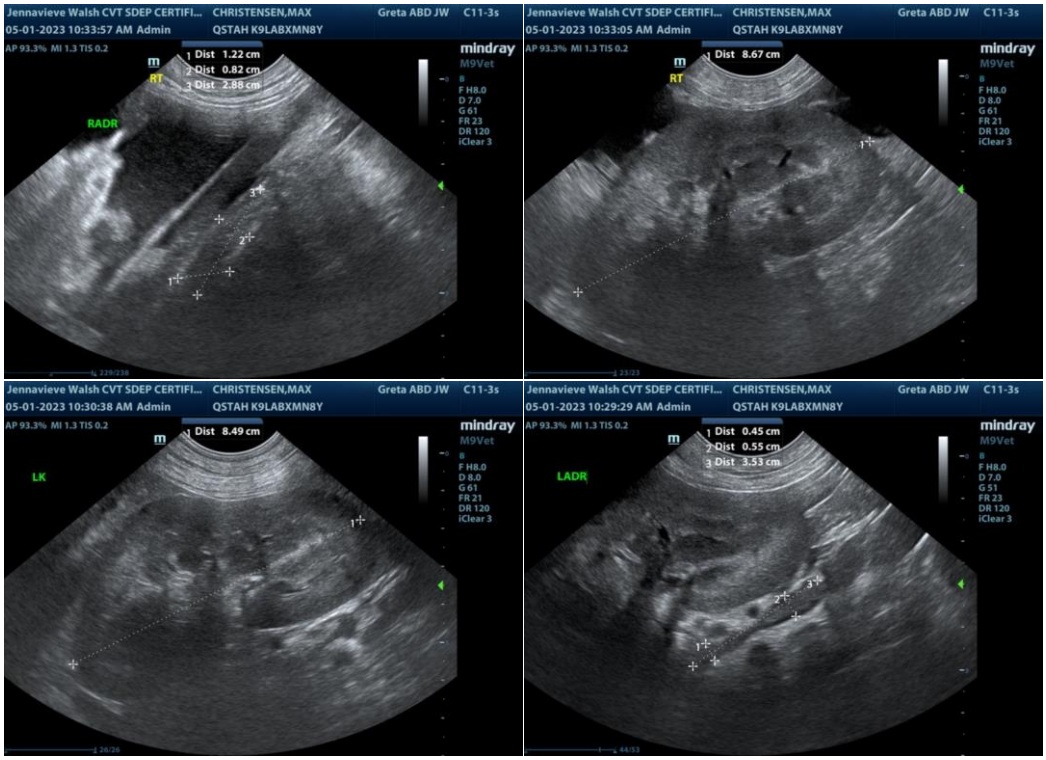

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com