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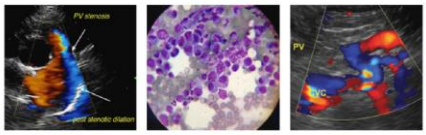
fredgromalak@gmail.com



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PATIENT

Lola Elmer 50582A

SPECIES

Canine

BREED

Retriever Mix

SEX

FS

AGE

15Y

WEIGHT

24.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists-Dr. Maller

INVOICE

10571ag

DATE

05/11/2022

PRESENTING CLINICAL SIGNS

History: On Monday evening Lola consumed some baby bunnies from a nest in their backyard. 10pm Monday evening Lola started vomiting and became very lethargic and seemed very uncomfortable per owner. Yesterday Lola was seen at Monticello vet for bloodwork and IV fluids, but after returning home last night Lola was still very lethargic and refusing food and water. Owner noted that Lola had softer stool yesterday. Prior to Monday evening Lola had been eating/drinking and eliminating normally with no signifigant health history.

Abnormal PE/Chem/CBC/UA Results: HCT 32.6, Alb 3.9, ALP 678, ALT did not read, K 3.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 6.7 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the uterine remnant or evidence of medial iliac or sublumbar lymphadenopathy.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size yet without overt evidence of significant hyperplasia or neoplastic criteria. Mild parenchyma heterogeneity and mild capsule asymmetry was present. The left adrenal gland measured 0.98 cm width in the cranial pole and 0.90 cm width in the caudal pole. The right adrenal gland measured 1.0 cm width in the cranial pole and 0.87 cm width in the caudal pole.

Spleen

The spleen exhibited potential for mild generalized enlargement and maintained primarily symmetrical capsule contour. Generalized parenchyma heterogeneity with intermittent indistinct isoechoic to mildly hypoechoic nonexpansive nodules were observed, an example measuring 0.52 cm in diameter.

Liver

The liver exhibited generalized enlargement primarily in the mid to left liver extending ventrocaudally past the level of the gastric axis. A moderately sized nonhomogeneous mass exhibiting evidence of intra mass areas of fluid as well as gas reverberation artifact measuring approximately 7.5 cm in diameter was present. The parenchyma not involved with the mid to left mass exhibited mild parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild luminal debris. No evidence of cholecystitis or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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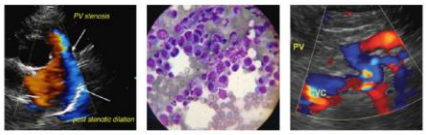

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Gastrointestinal

The stomach was indistinctly visualized yet with overtly normal visualized gastric walls with potential for minor retained ingesta/chyme. No signs of ileus, obstruction or foreign material were observed.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with minor segmental nonobstructive ileus pattern to the level of the colon.

Normal visible colon wall layers were present, the proximal colon to transverse colon were subjectively empty.

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

Regional peri hepatic reactive mesentery and small pockets of mild volume anechoic peritoneal free fluid were present.

Intermittent focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.9 cm x 0.64 cm. Not consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous mass lesion mid to left liver exhibiting subjective intra mass areas of fluid and gas reverberation artifact-consistent with hepatic abscess, possible necrotic granuloma or neoplasia
- Mild gallbladder debris (non-mucocele)
- Regional peri hepatic reactive mesentery and mild volume peritoneal free fluid-potential for associated peritonitis
- Splenic parenchyma heterogeneity with intermittent nonexpansive indistinct nodules-nonspecific
- Acute gastroenteritis pattern with minor segmental small bowel nonobstructive ileus
- No overt of mechanical GI obstruction or obvious foreign material was observed
- The pancreas was indistinctly visualized yet without overt evidence of active inflammation or neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status an ultrasound guided FNA of the hepatic mass for screening cytology +/- C/S could be considered. The splenic presentation may indicate age related changes including hyperplasia, hematopoiesis or incidental splenitis with neoplastic criteria considered less likely yet cannot be definitively excluded. Concurrent screening splenic FNA using a 25g needle is warranted. If possible abdominocentesis for peritoneal effusion analysis, cytology +/- C/S and assessment for septic effusion is suggested. Continued as needed GI support is recommended.

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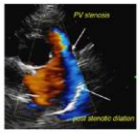
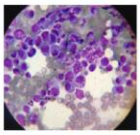
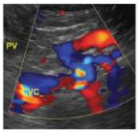

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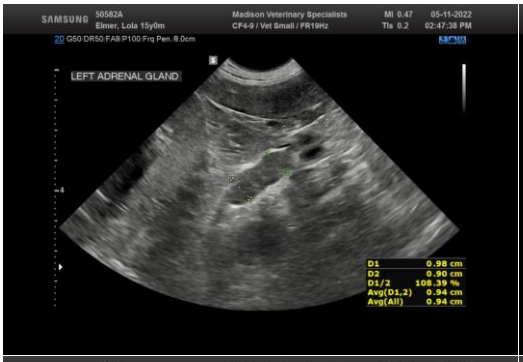

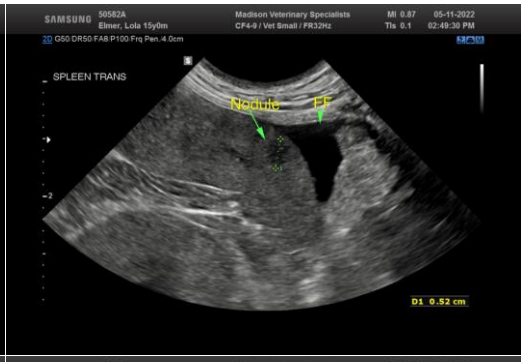

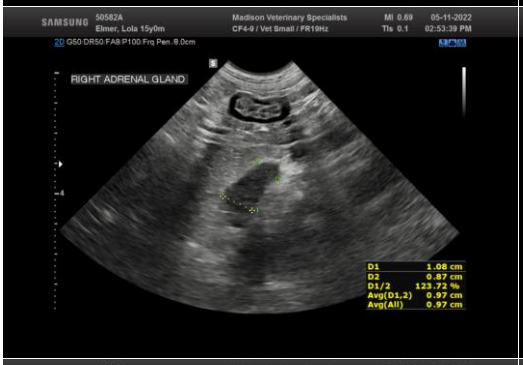

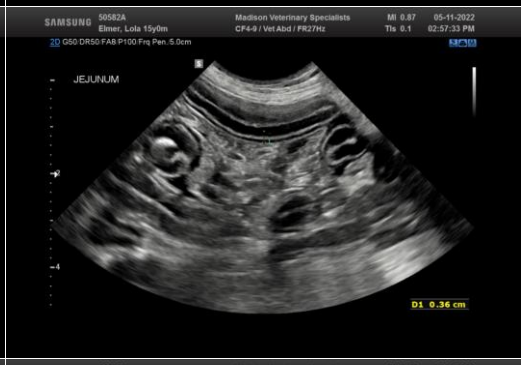

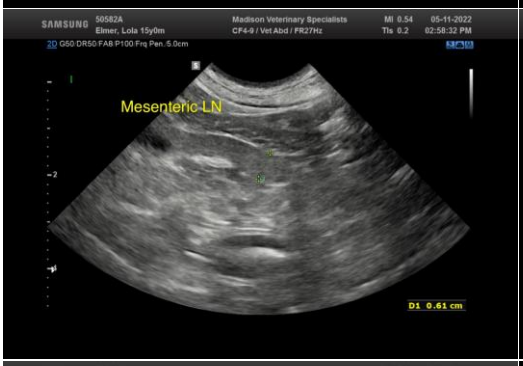

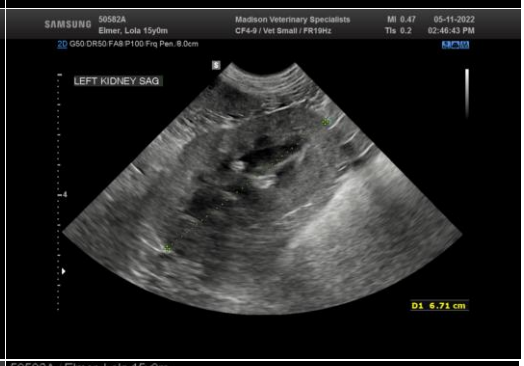

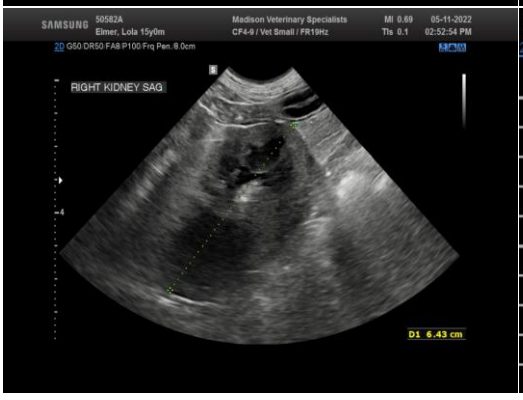

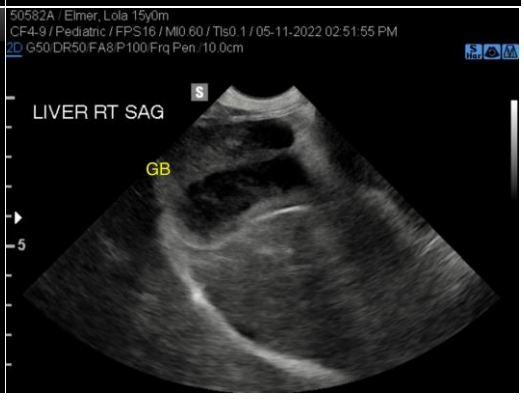

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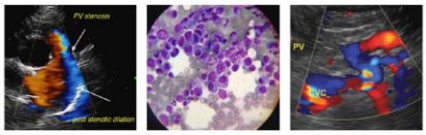

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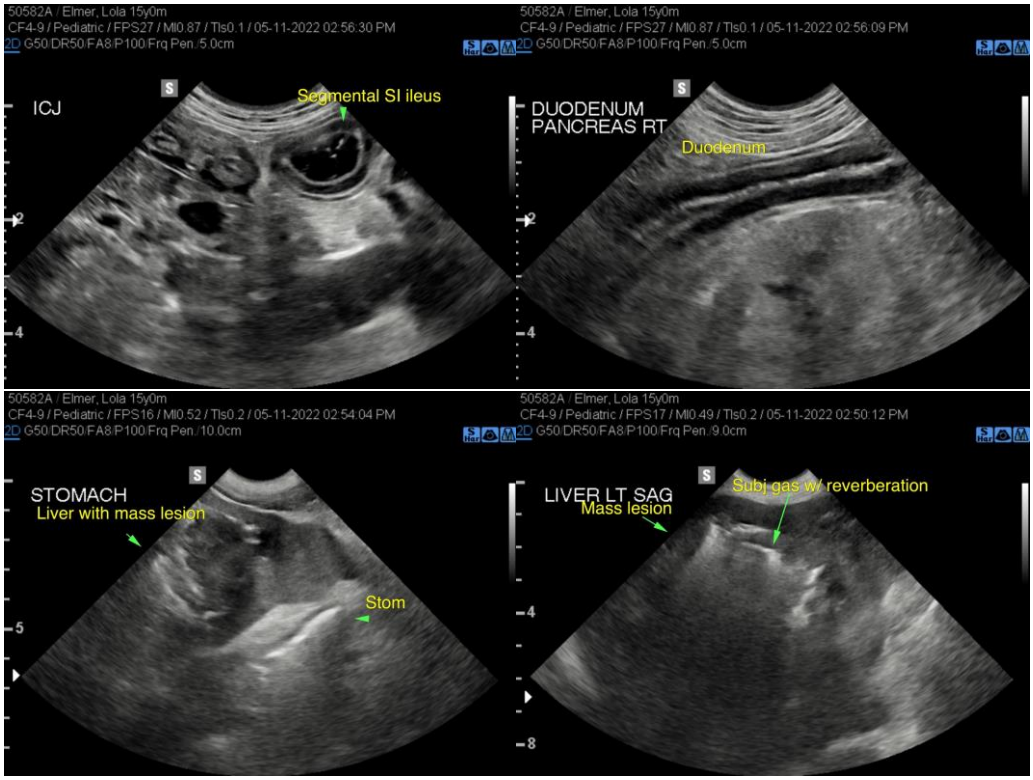

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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