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Clinical Sonography & Telecytology
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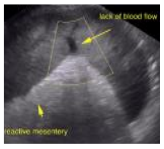
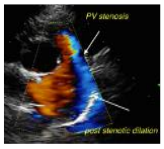
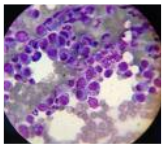
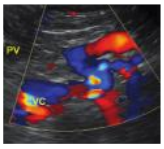





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Melody Smid

SPECIES

Canine

BREED

Collie Mix

SEX

Female

AGE

16 Years

WEIGHT

101 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Jonathan Moss

INVOICE

15734

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: Pt presented for not being able to stand, lethargy, weakness and anorexic. O said pt hasn't moved much or done anything for about 2 days. Pt was treated for some allergy issues in Feb. Abnormal PE/Chem/CBC/UA Results: Pt is QAR, but very lethargic but will stand but not walk. CBC: HCT-36, hemo-11.7, retics-5.2, WBC-17.9, Nuets-15.8, lymphs-0.78, monos-1.13, eos-0, baso-0.13, Chem: Gluc-434, Pot-3.3, ALP-412, AMyl->2500, Lipa-5170. UA 4+ glucose, 3+ ketones, 4+ blood, USG1.035.

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 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 6.0 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.5 cm in width. The right adrenal gland measured 0.61 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The spleen was not definitively visualized. This may potentially be owing to volume contraction or splenic displacement.

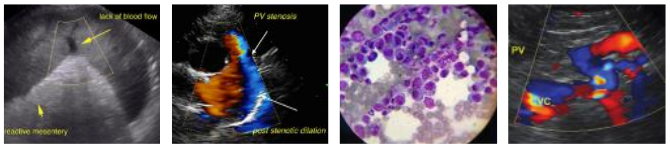
Liver

The liver exhibited subjective mild generalized enlargement, primarily uniform increased hepatic parenchyma echogenicity, exhibiting mild to moderate coarse echotexture. Intermittent, subtle hypoechoic non-expansive nodules were noted in the left liver. An example of liver nodule measured 0.68 cm. Nonhomogeneous, spherical appearing mass was present in the area of the caudate liver lobe, caudal to the gallbladder and cranial to the level of the right kidney, measuring 6-7 cm in diameter.

The gallbladder was mildly distended with primarily anechoic content with mild nondependent nonorganized debris. No overt evidence of inflammatory gallbladder or peripheral gallbladder criteria. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Mildly prominent yet intact gastric wall layering owing to mild subjective prominent gastric mucosa. The ventral gastric body wall measured 0.51 cm. Mild retained fluid/chyme and luminal gas was present in the stomach.



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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. The small intestinal wall measured 0.40 cm.

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 was evident.

Free Abdomen

No evidence of pathology in the area of the iliac trifurcation. No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly, exhibiting generalized mild parenchyma hyperechogenicity with intermittent subtle hypoechoic intraparenchymal nodules- subjective nonhomogeneous mass in the area of the caudate liver lobe
- Mildly distended gallbladder containing mild nondependent yet nonorganized debris (non-mucocele)
- Sonographically unremarkable pancreas
- Mild gastritis pattern with suspect mild gastric stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized hepatic presentation, including the nonhomogeneous mass in the area of the caudate liver lobe, were nonspecific with multiple etiologies possible, including metabolic/reactive/vacuolar hepatopathy, inflammatory/immune mediated disease, areas of hematopoiesis, nodular hyperplasia, granuloma, neoplasia, specifically in the area of the caudate liver lobe or other hepatopathy. The possibility of non-hepatic origin of the mass in the area of the caudate liver lobe (i.e., pancreatic, non-obvious splenic origin, etc.) cannot be definitively excluded, yet thought less likely.

Assuming normal clotting status, hepatic parenchyma and mass FNA (if accessible) recommended for screening cytology. Fructosamine level and empirical therapy for diabetes is suggested, if clinically indicated. Hepatosupportive medications, including Denamarin and ursodiol may prove beneficial. Guarded prognosis pending additional diagnosis.

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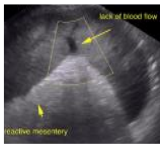
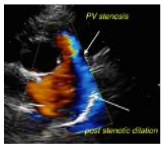
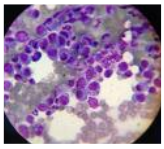
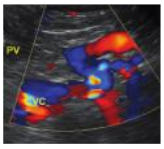

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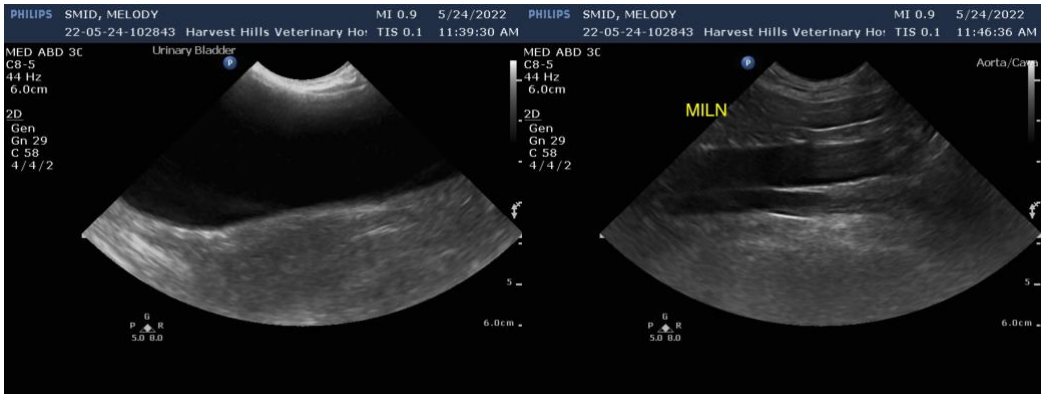

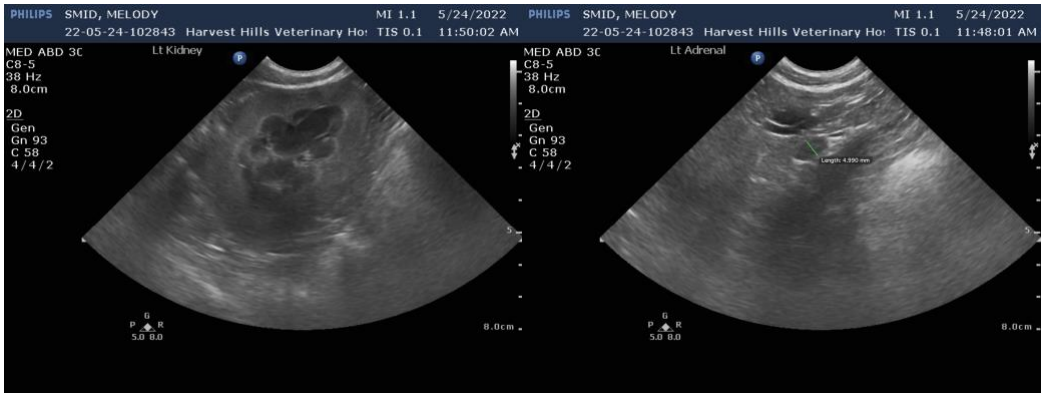

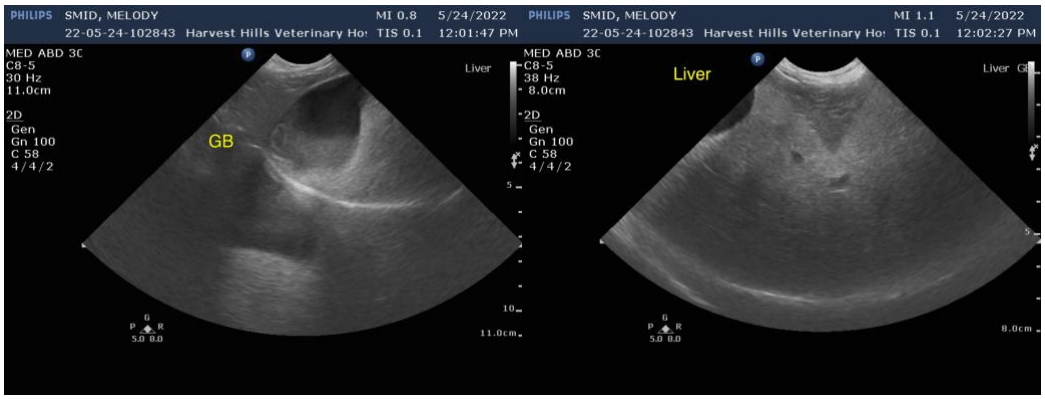

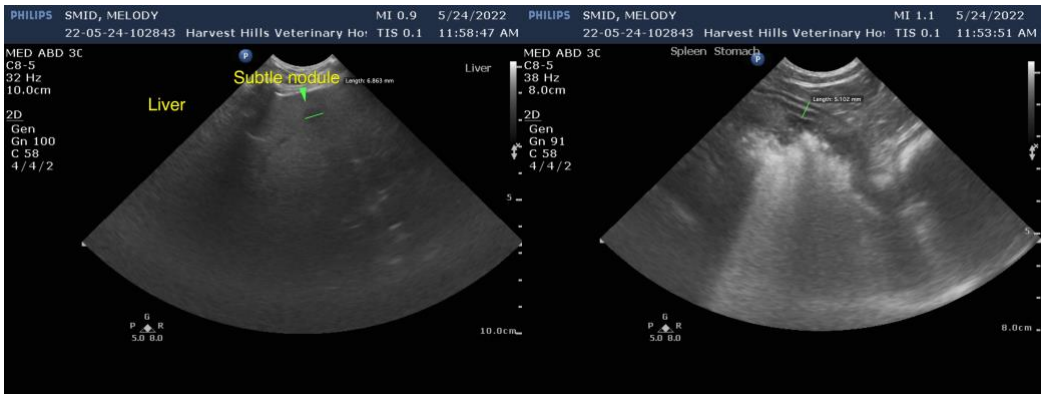

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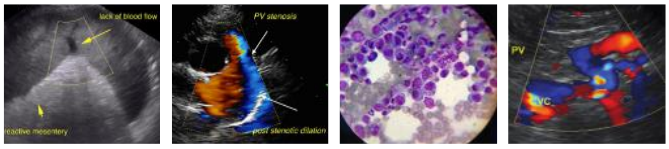

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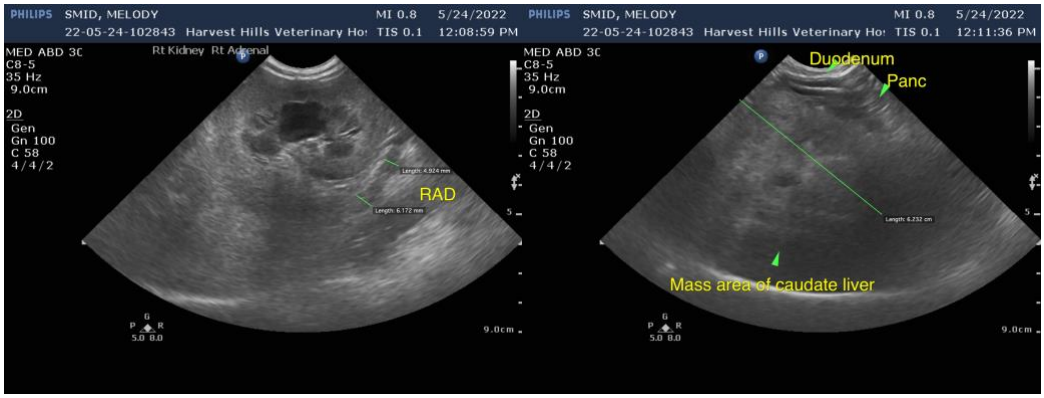

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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