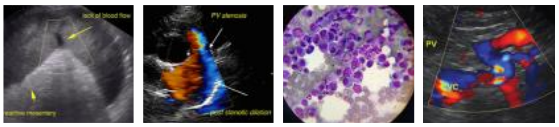


PATIENT

Bo Nyleen

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

11y

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Eugene AH

REFERRING VET

Dr. Wiktorowski

INVOICE

16760

DATE

5/4/23

PRESENTING CLINICAL SIGNS

weight loss, nausea, grass eating

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual prostate was free of pathology.

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 5.8 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

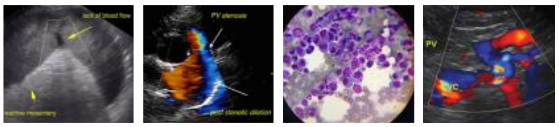
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.59 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was generally enlarged with the ventral caudal liver extending past the level of the gastric axis. Generalized mild nonuniform hepatic parenchyma was present with irregular nonhomogeneous hypoechoic to mixed echogenic mass in the right lateral to caudate liver lobes measuring approximately 7.0-8.0 cm in diameter. A concurrent, similar-appearing, small, nondisruptive nodule was present in the ventral caudal aspect of the mid to left liver measuring 0.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Transdiaphragmatic view revealed a mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, primarily non-shadowing ingesta without signs of 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 formed to semi formed fecal matter.

Pancreas

The pancreas was normal in size exhibiting minor asymmetrical contour with heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

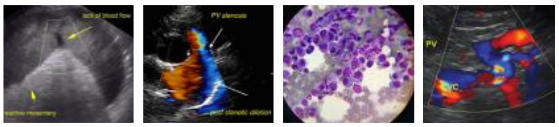
No evidence of overt or significant omental lymphadenopathy was present. Intermittent scant pocket of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with right intraparenchymal mass and left intraparenchymal nodule
- Mild transdiaphragmatic comet tail artifact
- Sonographically normal gallbladder
- Mild chronic renal changes
- Possible low-grade pancreatitis
- Structurally unremarkable gastrointestinal tract with mild nonshadowing gastric ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the right hepatic mass is suggestive of neoplastic criteria with benign etiology i.e., hyperplasia, hematopoiesis, granuloma, etc., possible yet thought less likely. The concurrent left intraparenchymal nodule, likewise, may indicate benign etiology with potential for intrahepatic metastasis. Assuming normal clotting status, FNA cytology of the right hepatic mass is recommended for further clarification. Potentially, the right hepatic mass may be extending into the area of the porta hepatis, which may preclude surgical resection.



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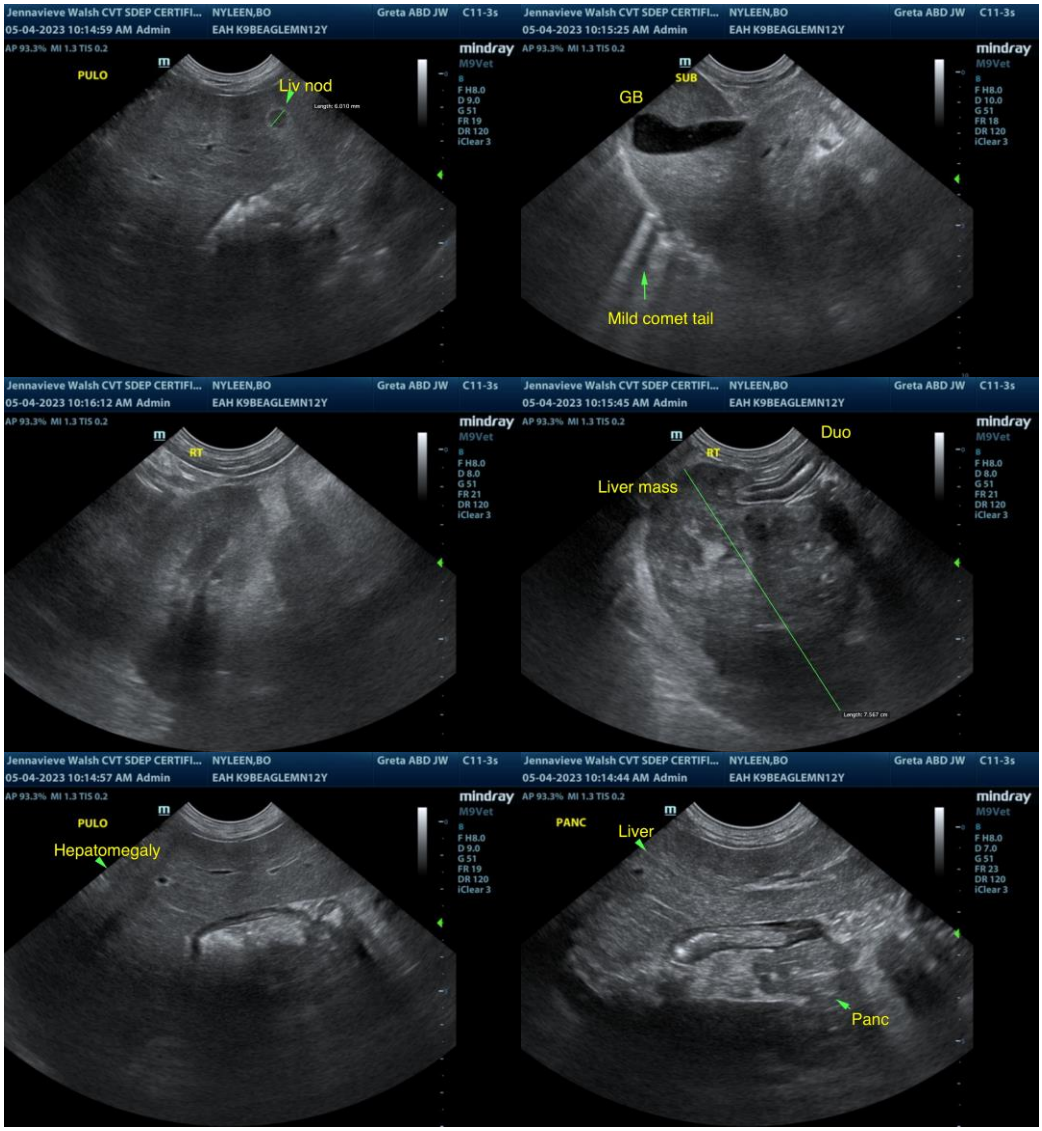
A Spec cPL may be considered to assess for evidence of low-grade concurrent pancreatitis as a contributing factor to the patient's gastrointestinal signs. Some degree of potential mild metabolic or functional gastric stasis is possible if documented NPO. Three-view chest radiographs +/- a GI panel to include PLI/TLI/Cobalamin/Folate to assess for additional occult pathology as a contributing factor may be considered.



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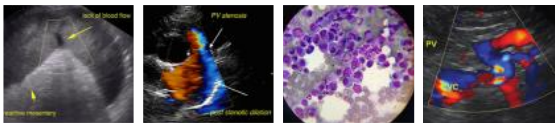

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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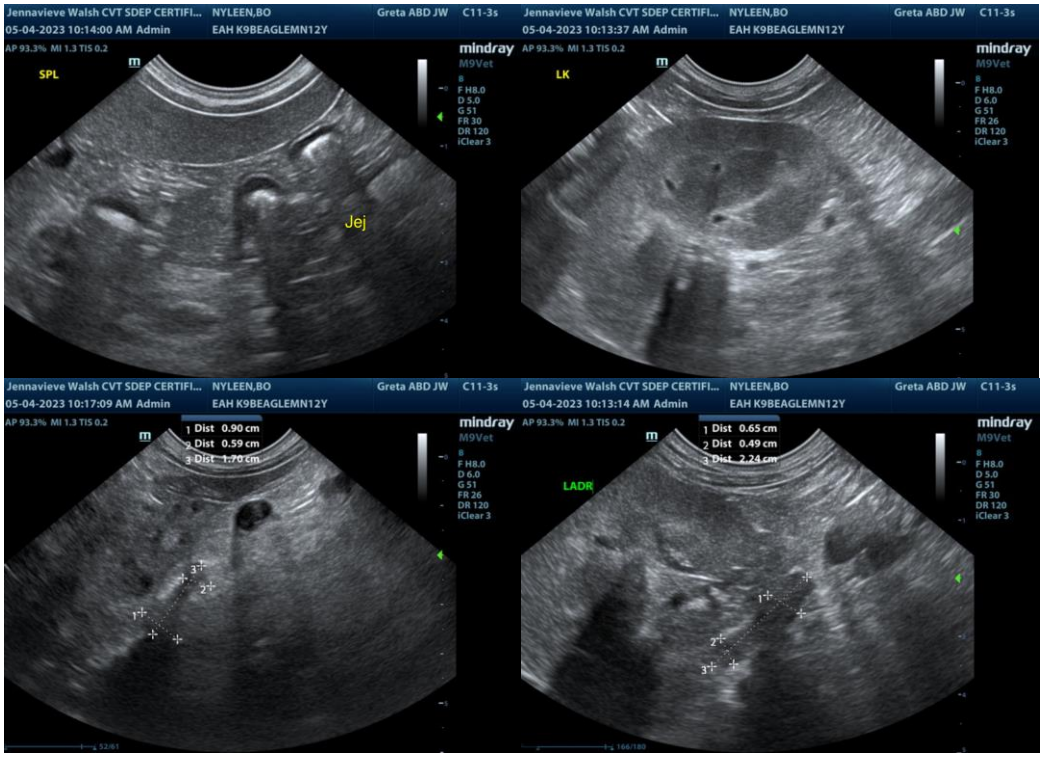

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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