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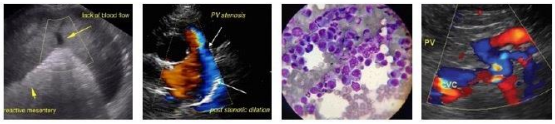

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Larry Caldwell

SPECIES
Canine

BREED
Yorkie

SEX
MN

AGE
10 yr

WEIGHT
9 lb

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

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
St. Catharines AH

REFERRING VET
Dr. Boctor

INVOICE
10928ag

DATE
06/23/2022

PRESENTING CLINICAL SIGNS

History: rads showed ovoid shaped soft tissue mass opacity caudal to stomach (see attached rad report)

Abnormal PE/Chem/CBC/UA Results: BUN 13, SDMA 17

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent adhered yet mobile mineral. 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Non obstructive renolithiasis was noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 1.9 cm. The right adrenal gland measured 0.51 cm width in the cranial pole and 1.9 cm.

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

The liver was subjectively normal in size, structure, and contour. A solitary ventrocaudal uniform to symmetrical nodule appearing to extend caudally from the ventrocaudal liver measuring 2.3 cm in diameter. No other evidence of hepatic masses noted. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild debris. The cystic and common bile ducts were normal.

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.

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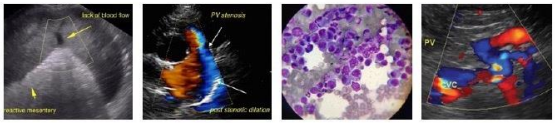

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder mineral
- Chronic renal changes with nonobstructive bilateral renolithiasis
- Hepatic parenchyma remodeling with solitary hepatoma like nodule
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable GI tract/pancreas/free abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only possible abnormality noted in the study in conjunction with the soft tissue opacity in the cranial abdomen noted on radiographs is the small hepatoma like liver nodule. This did not overtly suggest neoplastic criteria and is suspected to be benign. Aside from this finding, largely a geriatric abdomen without signs of significant visceral pathology.

Assuming normal clotting status, a screening FNA of the liver nodule could be considered for cytology, otherwise monitoring for evidence of progression would be reasonable.

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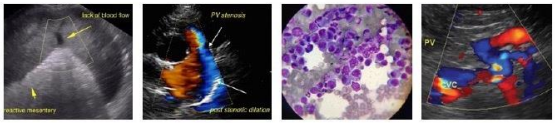

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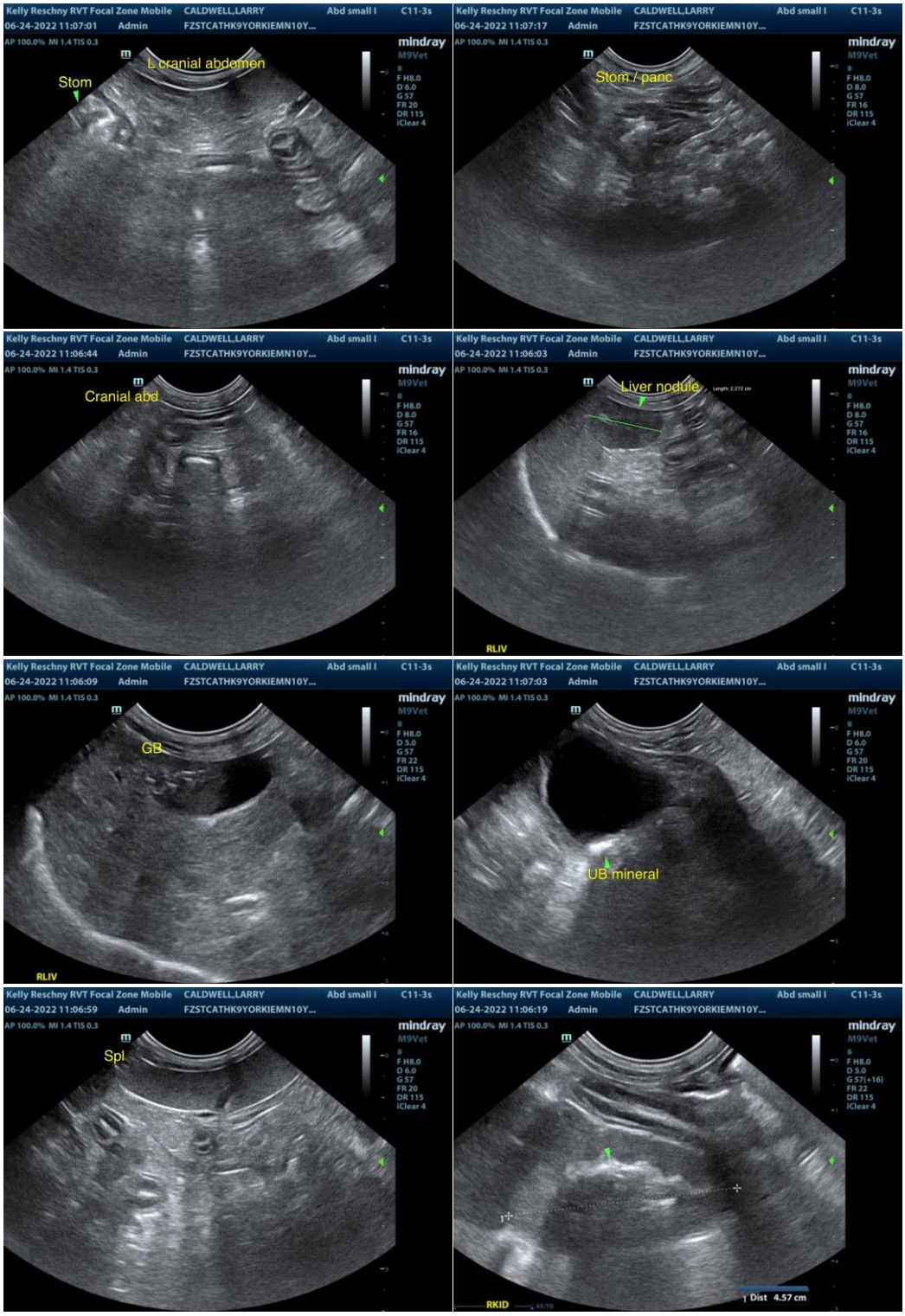

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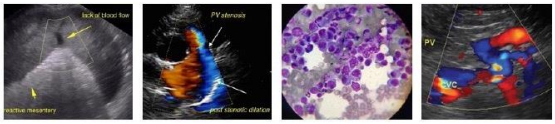

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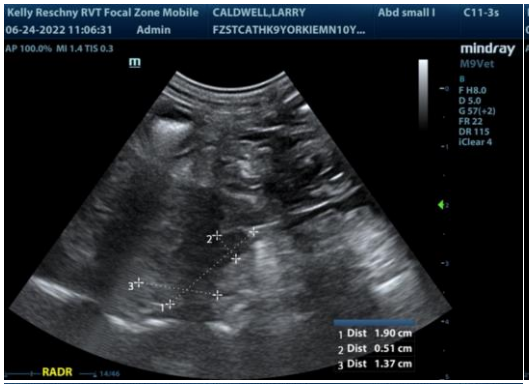

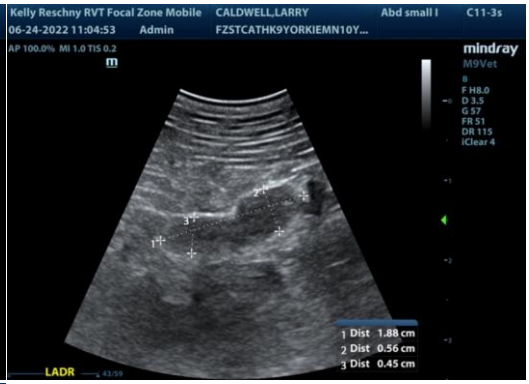

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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