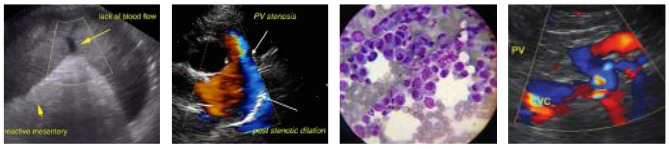
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dakota Leavy

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

12 years

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Riedel

INVOICE

14158

DATE

6/30/22

PRESENTING CLINICAL SIGNS

weight loss, muscle atrophy, sporadic diarrhea. Abnormal PE/Chem/CBC/UA Results: ALKP 1701, GGT 20, ALT 174, CPL normal

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. Minor dependent mineral and nondependent particulate sediment were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild focal medullary mineral was noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 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 1.7 cm length x 0.64 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 1.5 cm length x 0.52 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 exhibited generalized enlargement. A large, nonhomogeneous, mildly expansive, asymmetrical mass occupying the majority of the mid to left liver measuring approximately 8.0 cm In diameter was present. Potential extension of the mass into the right lateral and caudate liver with suspected multiple liver masses was present. The mass in the right lateral to caudate liver measured approximately 8.0 cm in diameter. Nonuniform hepatic parenchyma was noted in the deep liver. The gallbladder was non distended in size with moderate nondependent yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder inflammatory criteria was noted.

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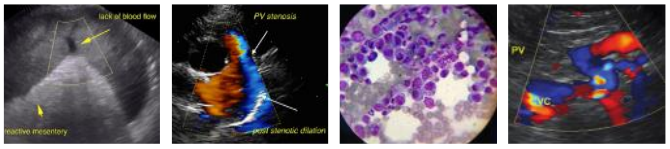

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact yet prominent wall layering owing to a propensity for generalized mildly prominent muscularis layer.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size with mild asymmetrical contour and uniform, mildly hypoechoic pancreatic parenchyma.

Free Abdomen

No overt lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder mineral and particulate sediment
- Chronic renal changes with mild medullary mineral
- Large liver mass to potential multiple masses
- Gallbladder debris (non-mucocele)
- Possible low-grade pancreatitis
- Intact yet generalized prominent small bowel walls

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ultrasound-guided FNA of the liver mass, assuming normal clotting status and using a 25-gauge needle, could be considered for screening cytology. The liver mass does not appear to be amendable to surgical resection, given its size, suspected multiple masses, and extension into the area of the porta hepatis.

The small Intestine exhibited mural changes suggestive of underlying inflammatory enteropathy such as IBD. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Three view chest radiographs are suggested if not done to rule out occult thoracic pathology as a contributing factor to the patient's weight loss and assess for evidence of metastatic disease.

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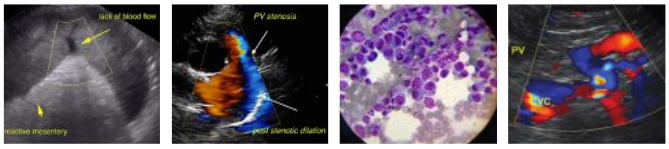

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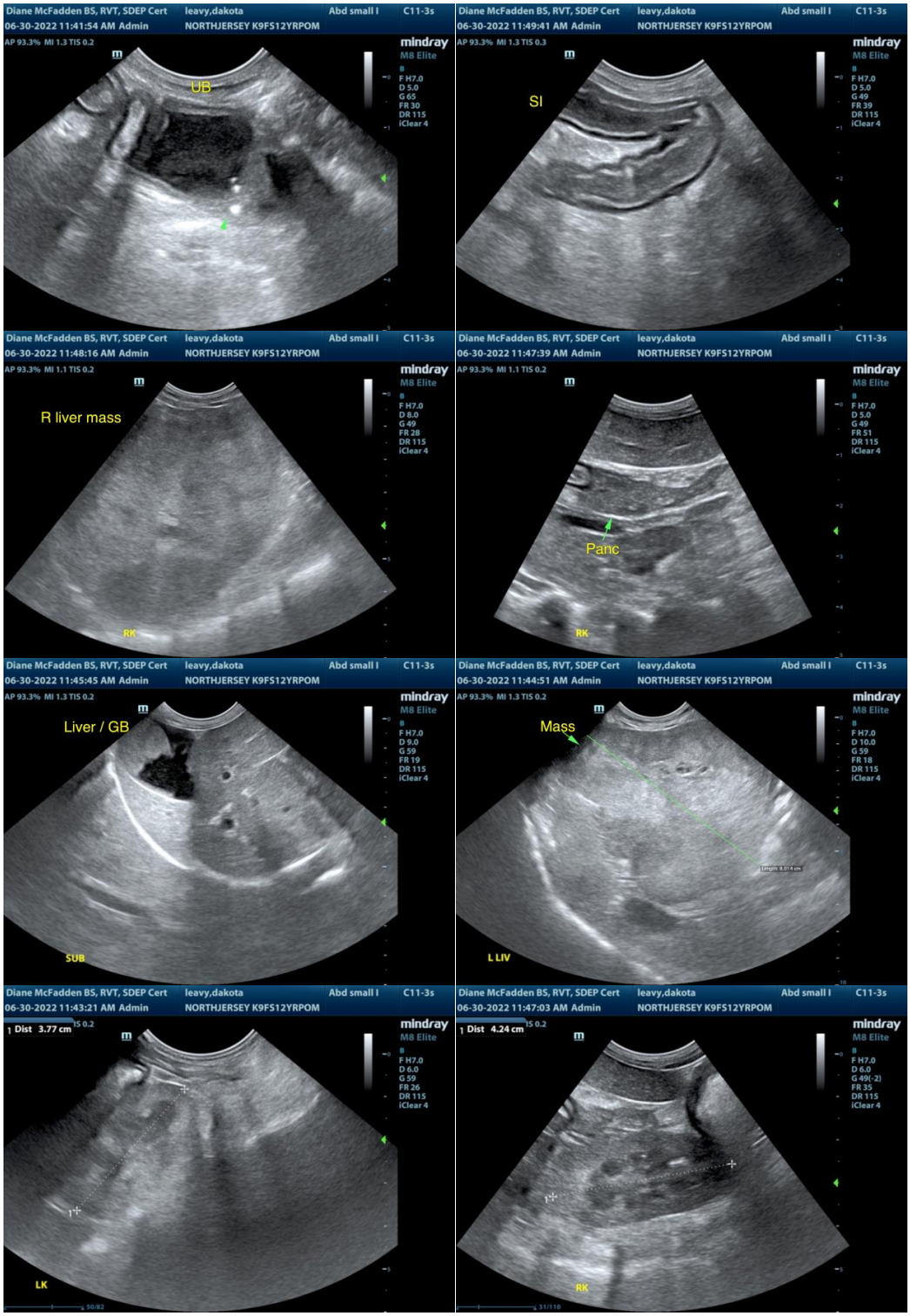

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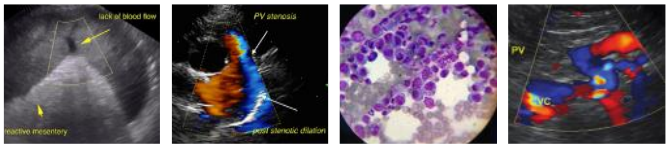

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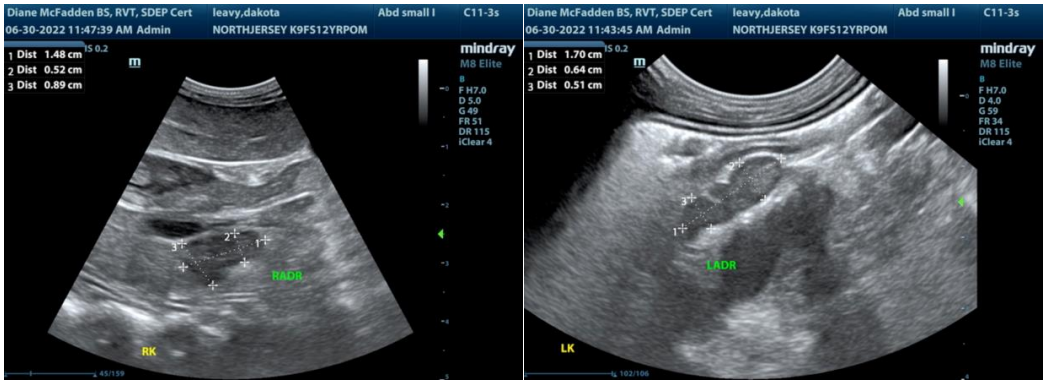

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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