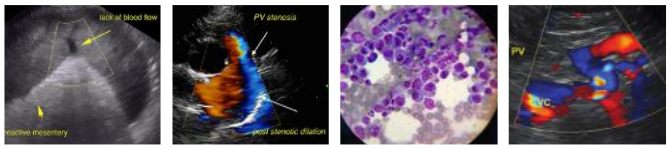
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Winnie Hiltz

SPECIES
Canine

BREED
PitBull Mix

SEX
FS

AGE
8yr

WEIGHT
69lb

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
The Gentle Vet

REFERRING VET
Dr. Dulude

INVOICE
14440ag

DATE
07/28/2023

PRESENTING CLINICAL SIGNS

Recheck liver, spleen, adrenals - PUPD. Last U/S Feb 10 - Hx mast cell tumor trunk

Abnormal PE/Chem/CBC/UA Results: ALKP >2000, ALT 356, ACTH Stim normal

ULTRASONOGRAPHIC RECHECK EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.9 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were within normal limits for size based on caudal pole width measurement in light of body weight. Mild asymmetrical contour was present with non-homogenous focally hyperechoic parenchyma. The focal hyperechoic areas of parenchyma may suggest focal areas of dystrophic mineralization. No overt adrenal tumors or neoplastic criteria. The left adrenal gland measured 0.75 cm width at the caudal pole and 3.1 cm length. The right adrenal gland measured 0.62 cm width at the caudal pole and 3.4 cm length.

Spleen

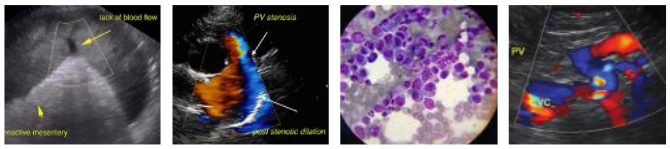
Previously noted mildly progressive irregular non-homogenous/nodular cranial splenic mass measuring 3.7 cm in diameter was present. The remainder of the spleen exhibited symmetrical contour and subtle parenchyma heterogeneity with pinpoint hyperechoic splenic foci suggestive of areas of microinfarction, fibrosis or mineralization.

Liver/Gallbladder

The liver exhibited generalized variable enlargement with minor asymmetry. Mild to moderate non-homogenous parenchyma with indistinctly marginated non-homogenous to cystic mass to masses was present in the mid to right liver adjacent to the gallbladder measuring 5-10 cm in diameter. The gallbladder mildly displaced owing to the mid to right liver mass/masses and was non-distended in size with thin walls and primarily anechoic luminal content. Minor non-organized gallbladder sediment was present. 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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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 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogenous liver with indistinctly demarcated mid to right non-homogenous to cystic mass/masses.
- Previously noted mildly progressive non-homogenous/nodular small cranial splenic mass.
- Mild gallbladder sediment (non-mucocele).
- Mild chronic renal changes.
- Overtly normal bilateral adrenal size with mild non-homogenous focally hyperechoic parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjective mildly progressive previously noted hepatosplenic mass to masses compared to previous study. Previously mentioned etiologies are still applicable. Recheck hepatosplenic sampling with histopathology required for a definitive diagnosis.

The ill-defined mid to right liver mass is not suspected to be completely resectable given likely involvement of more than one liver lobe and location adjacent to the porta hepatis. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. If strong clinical concern for Cushing's syndrome, recheck LDDST compared to previously normal ACTH stim could be considered.

Recheck UA +/- further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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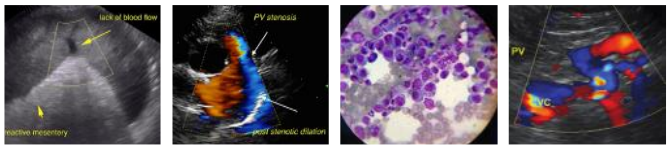

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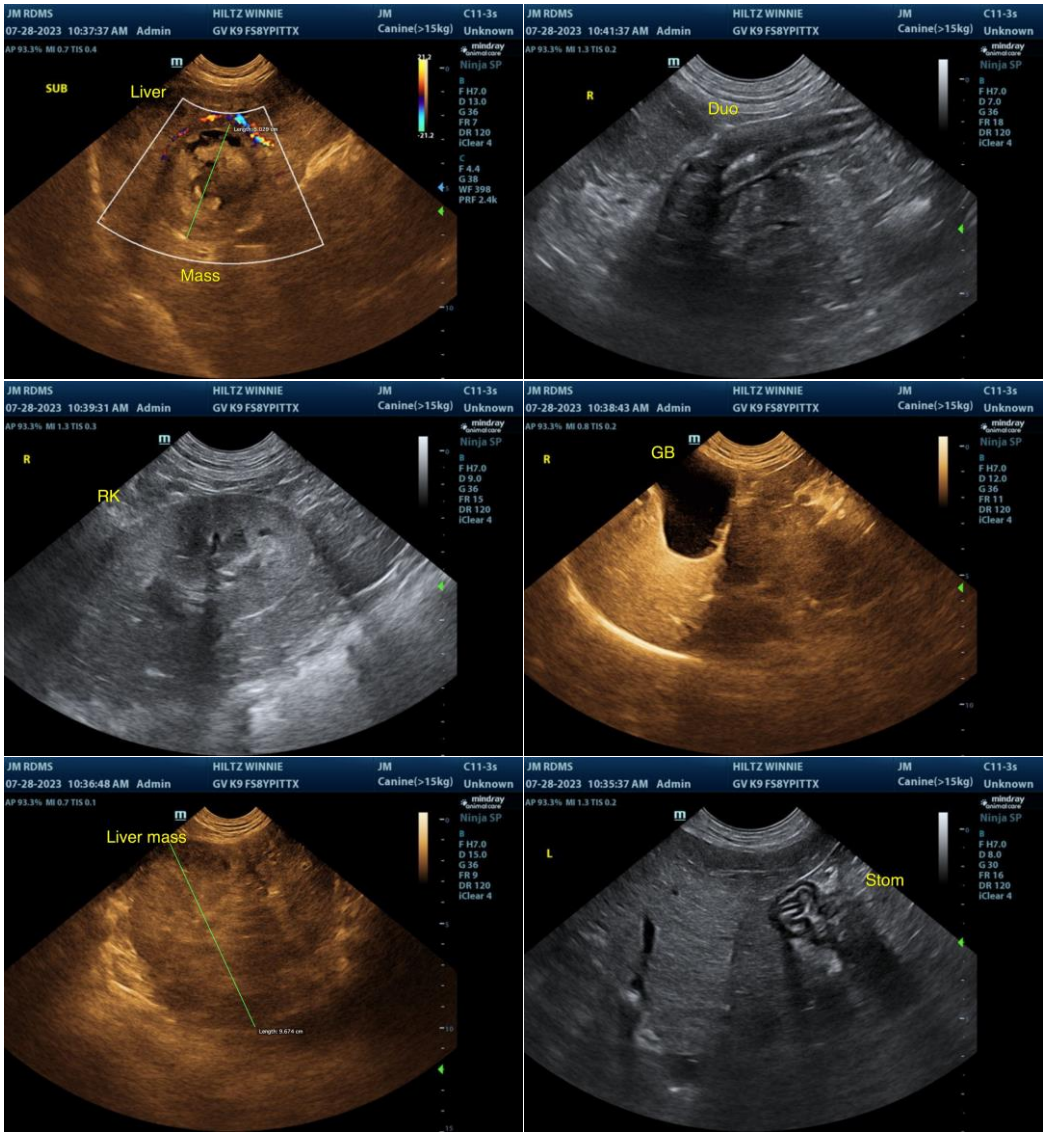

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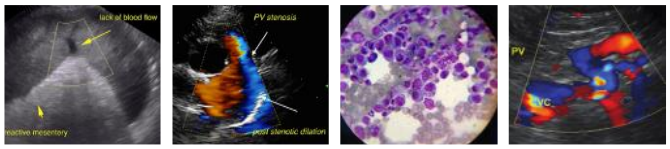

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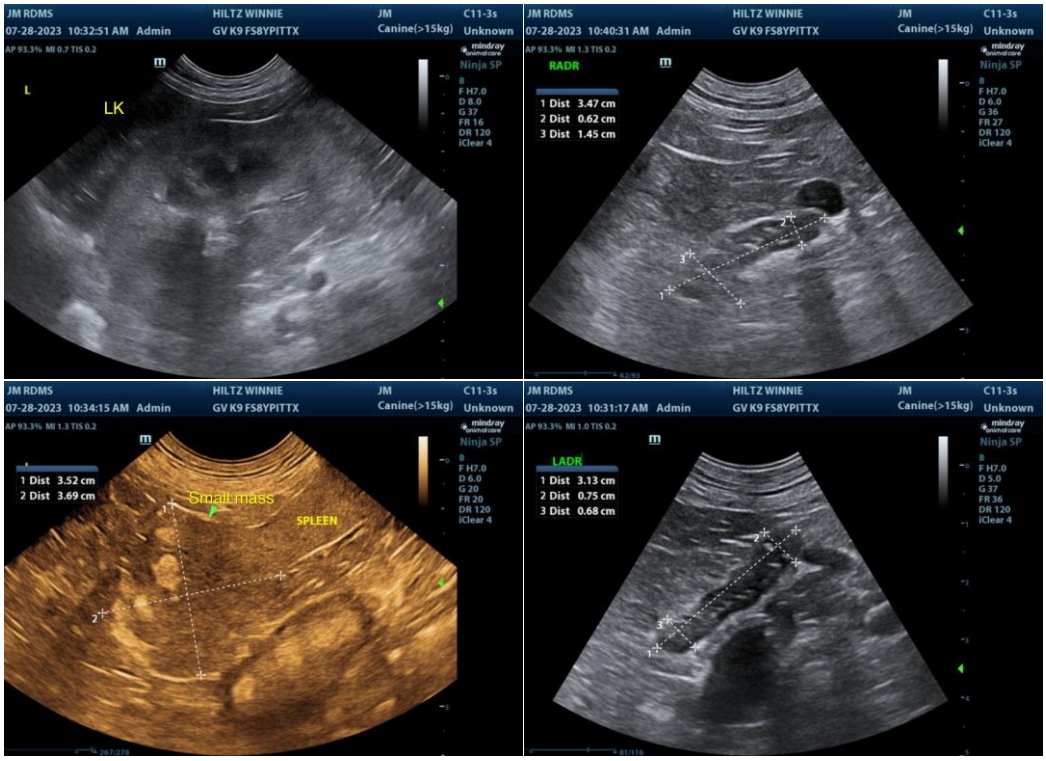

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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