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Clinical Sonography & Telecytology
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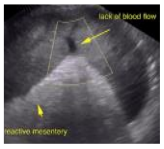
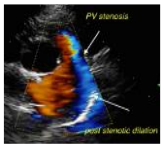
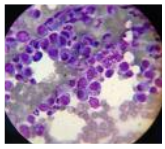
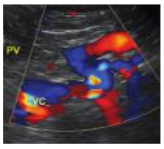

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Riley Friesen

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

11

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Glamorgan AH

REFERRING VET

Dr. Murphy

INVOICE

14562

DATE

8/10/22

PRESENTING CLINICAL SIGNS

Weight loss and muscle wasting last 60 days lethargic and anorexic
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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 was noted.

The area of the residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

Both kidneys were similar in size exhibiting mild asymmetrical renal margination more prominent In the left kidney with multiple left kidney cortical Infarcts. Moderate loss of corticomedullary border demarcation was present with pinpoint medullary mineral. Minor bilateral pyelectasia was noted. The left kidney measured 6.1 cm in length. The right kidney measured 6.1 cm in length.

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 0.75 cm width in the cranial pole and 0.92 cm width in the caudal pole. The right adrenal gland measured 0.7 cm width in the cranial pole and 0.58 cm width in the caudal pole.

Spleen

The spleen exhibited potential generalized enlargement with areas of capsule asymmetry. Hypoechoic splenic parenchyma exhibiting moderate coarse echotexture was present with a solitary hyperechoic, nondisruptive nodule in the medial spleen adjacent to the hilus. Overall normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited subjective enlargement with areas of capsule asymmetry. Diffuse irregular to nodular hepatic parenchyma were present. A moderately sized lobulated to nodular, primarily homogeneous mass appearing to originate from the caudoventral liver extending caudally past the level of the gastric axis, measuring approximately 6.0-7.0 cm in diameter, was present. Focal cystic component was present. The gallbladder was non-distended in size containing primarily anechoic content with mild, dependent to nondependent, nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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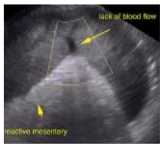

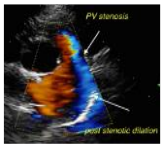

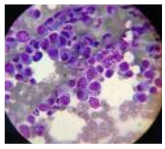
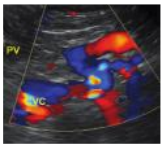

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering owing to prominent gastric rugal folds and mildly prominent gastric mucosa. The ventral gastric body wall width measured 0.60 cm. The stomach was primarily empty with mild luminal gas and retained chyme.

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 duodenum wall measured 0.52 cm width. The jejunum wall measured 0.44 cm width.

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

Pancreas

The pancreas base and right pancreatic limb exhibited generalized mild enlargement, areas of capsule asymmetry, and hypoechoic to nonhomogeneous parenchyma compared to mildly hyperechoic peripancreatic omentum.

Free Abdomen

No omental masses, evidence of overt lymphadenopathy, or peritoneal effusion were noted.

Heart

Brief subjective sonographic assessment of the heart revealed overtly normal cardiac structure and function without evidence of left or right heart chamber enlargement, potential for mild decreased LV hypocontractility and without evidence of pericardial effusion or cardiac / pericardial masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Irregular to nodular liver with moderately sized asymmetrical nodular to lobulated mass extending caudally past the level of the gastric axis
- Mild splenomegaly exhibiting parenchyma hypoechogenicity with focal nonspecific hyperechoic medial nodule
- Intact yet mildly prominent to thickened gastric walls, overtly normal small bowel
- Hypoechoic to enlarged pancreas base and right pancreatic limb

Secondary Findings

- Moderate chronic renal changes with multifocal left kidney cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, concern for hepatosplenic neoplasia is warranted. Potential for concurrent active pancreatitis in the pancreas base and right pancreatic limb is suspected. Potential for concurrent pancreatic neoplasia cannot be definitively excluded. Assuming normal clotting status ultrasound-guided hepatosplenic FNA +/- pancreatic FNA are warranted for cytology.

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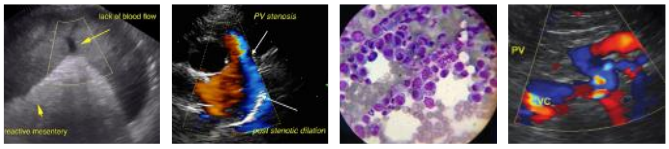

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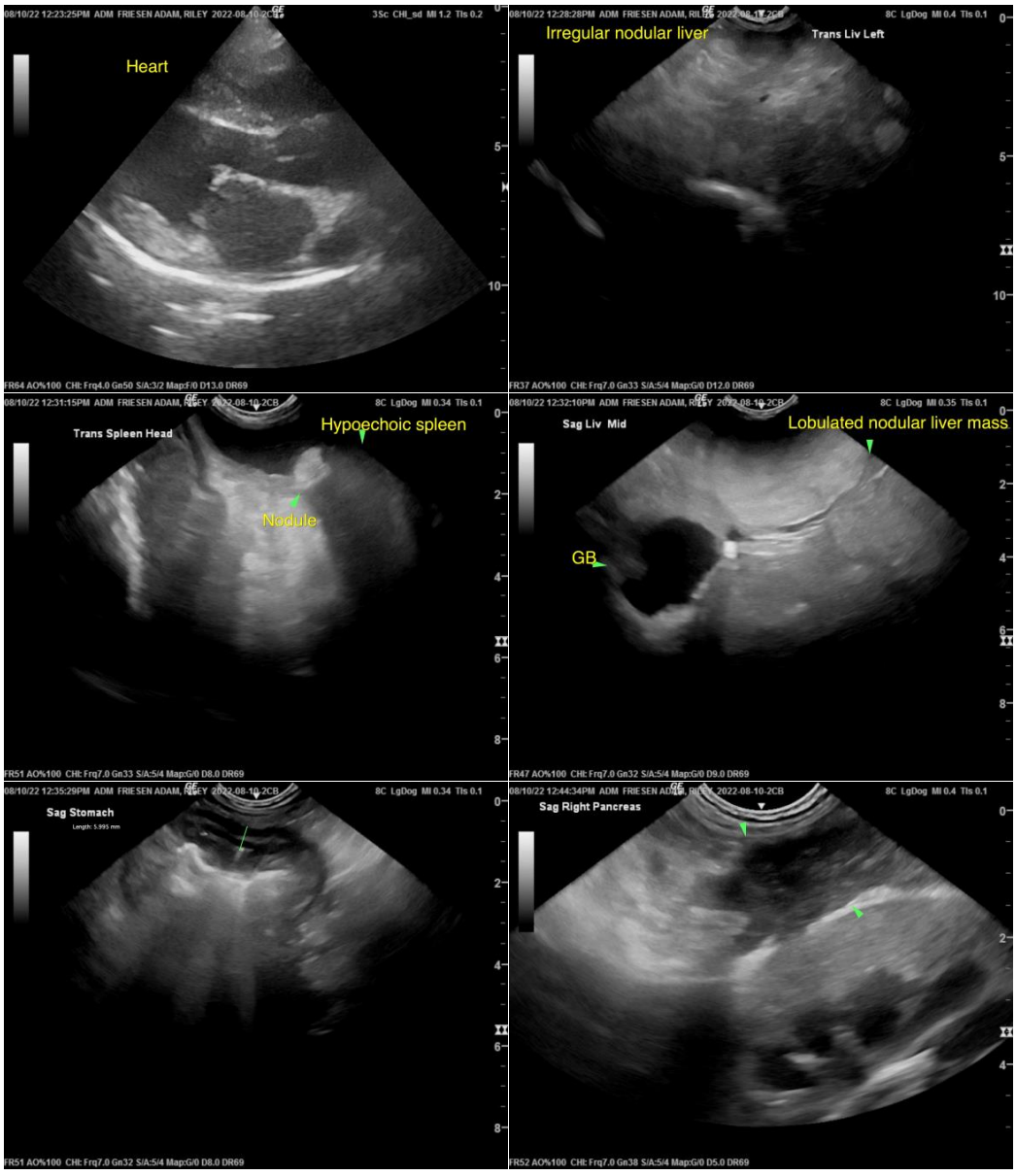
A GI panel to include PLI/TLI/Cobalamin/Folate as well as three-view chest radiographs to assess for occult disease as a contributing factor to the patient's weight loss may be considered.

A very guarded prognosis is warranted.



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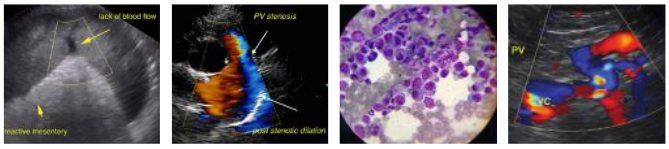

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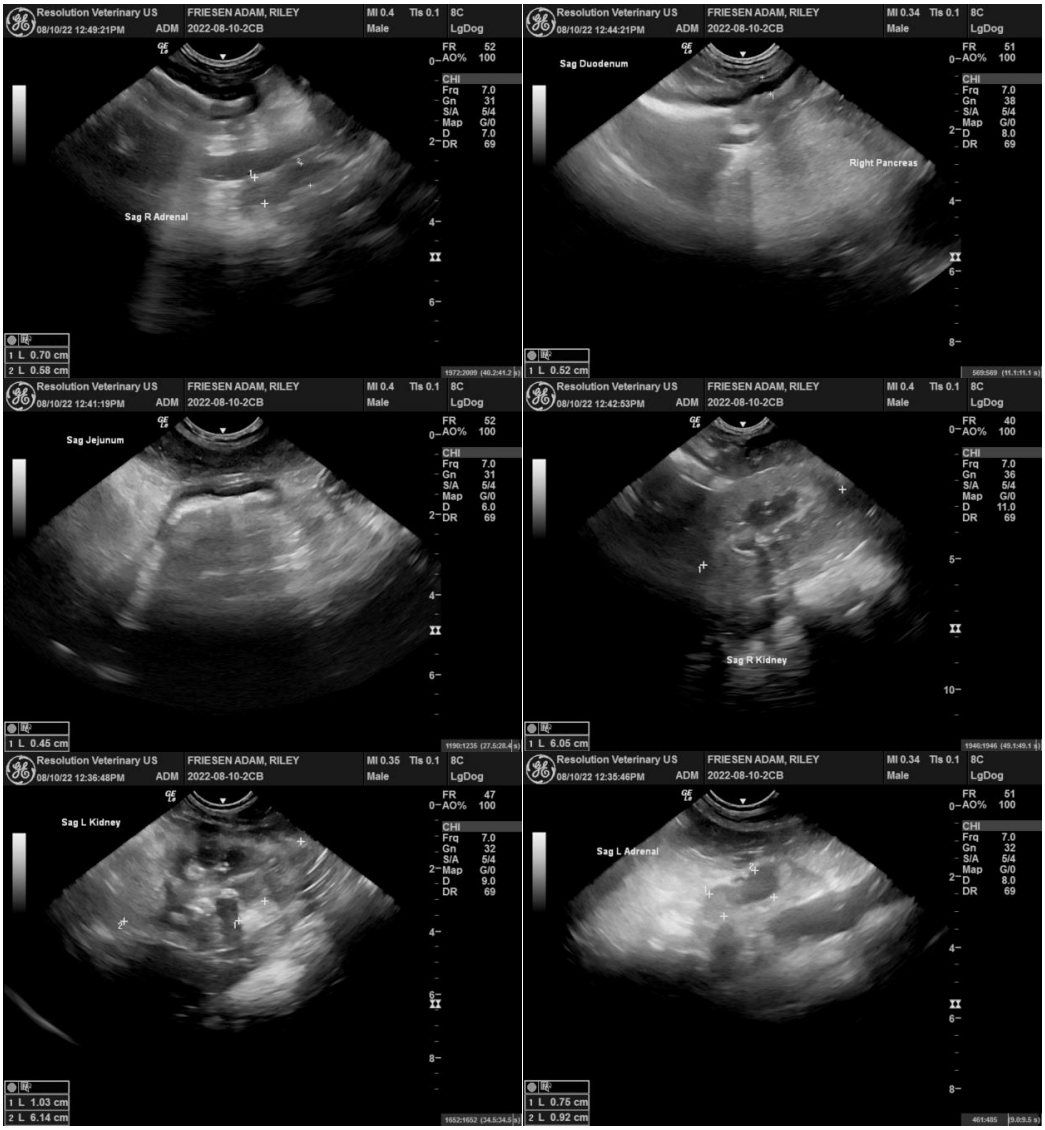

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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