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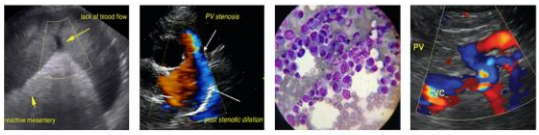


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sadie Riley

SPECIES

Canine

BREED

Bassett Hound

SEX

FS

AGE

2011

WEIGHT

47

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Jennings

INVOICE

14609

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Elevated liver values

ALT 236, ALP 140, GGT 65

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the iliac 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

A focal, well defined, hyperechoic nodule was present in the mid to caudal left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The left adrenal nodule measured approximately 1.5 cm x 1.1 cm. The overall left adrenal gland measured 2.6 cm length x 0.84 cm width in the cranial pole and 1.22 cm width in the caudal pole.

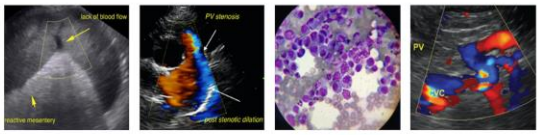
A focal, well defined, hyperechoic nodule was present in the mid to cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The mid to cranial right adrenal nodule measured 2.1 cm x 1.7 cm. The overall right adrenal gland measured 3.7 cm length x 2.1 cm width in the cranial pole and 0.72 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 mildly enlarged in size primarily in the mid to right liver. Generalized normal hepatic parenchyma echogenicity exhibiting mild increased prominence of the portal vascular border and moderate coarse parenchyma echotexture was present with mild parenchymal remodeling. Ill-defined nonhomogeneous mass in the area of the right to caudate liver lobes measuring approximately 8.0 cm



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in diameter was present. Within the mass, multiple variably sized, well-demarcated nonhomogeneous hyperechoic intraparenchymal nodules were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting ill-defined nonhomogeneous to nodular mass In right to caudate liver lobes
- Bilateral adrenal nodules - suspect adenoma
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver including the nonhomogeneous to nodular mass In the area of the right to caudate liver is nonspecific with considerations Including vacuolar hepatopathy, chronic Inflammatory / immune-mediated disease, nodular hyperplasia, hematopoiesis, fibrosis, or neoplastic criteria. Correlation with pending hepatic cytology is suggested.

Potential for emerging neoplastic nodules in either the left, right, or bilateral adrenal glands such as pheochromocytoma, adenocarcinoma, or other cannot be excluded. Screening BP to assess for evidence of hypertension, which may allude to a pheochromocytoma, is suggested. Sonographic monitoring of the liver mass and bilateral adrenal nodules for evidence of progression pending hepatic cytology would be ideal.

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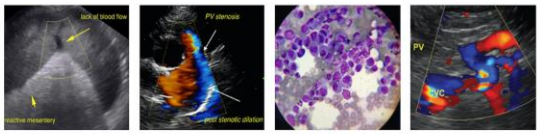

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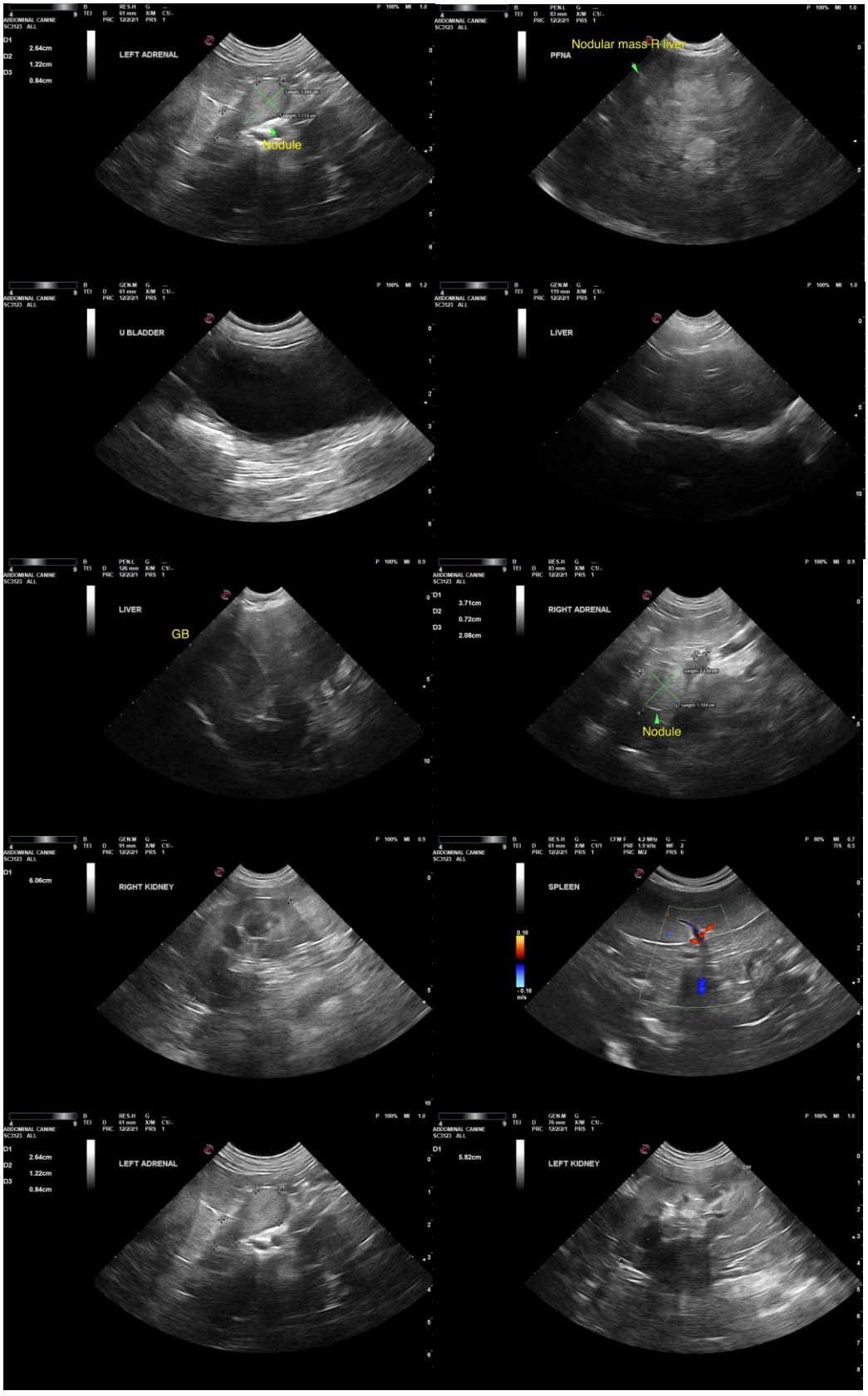

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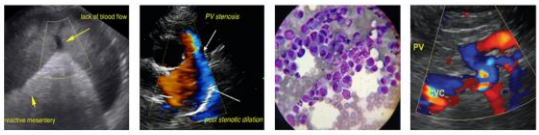

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The information and recommendations provided are based on the images presented by the referring veterinarian and sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com