IMAGING PERFORMED BY
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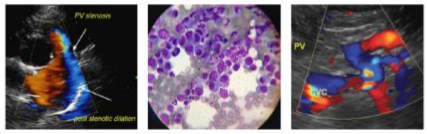
fredgromalak@gmail.com



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

PATIENT

Cody Wright 278128

SPECIES

Canine

BREED

Goldendoodle

SEX

M/N

AGE

10 y

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC- Dr. Jochman

INVOICE

17077

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Cody presented today for an abdominal ultrasound. Cody presented to his vet today for a decreased appetite over the past 10 days and not defecated for 2 days, prior to that is was diarrhea. PE was unremarkable except for a fever (103.8) LABS (not available for review) 8/26 CBC: WBC - 24K; MONS - 2.5 (H); HCT - 31% (L); RBCS - 5.32 (L) CHEM:ALT - 718 (H); ALKP - 847 (H); AMYL - 1510 (H) ABX: possible splenic mass RT LAT THROACIC RAD: NSF Cody was diagnosed with chronic, active hepatitis in 2018 at LVS via liver biopsy. Meds: Ursodiol (250 mg SID) and budesonide (1 mg EOD) +/- denamarin Hepatic support diet 2/3/22 labs: ALT - 228 (H); ALKP - 1507 (H); CHOL - 350 (H)

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. Mild asymmetrical luminal surface to micropolypoid changes were present likely associated with age related mural changes. Mild anechoic urine was present in the lumen, which prohibited full evaluation of the urinary bladder walls. Mild primarily dependent to possibly adhered luminal mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No overt evidence of urethral luminal mineral.

No overt pathology was present in the area of the residual prostate.

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 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 6.6 cm in length. The right kidney measured 6.3 cm in length. Pinpoint to focal areas of nonobstructive medullary mineral present.

Adrenal Glands

The left adrenal gland was enlarged in size with areas of capsule asymmetry and nonhomogeneous nonmineralized parenchyma. Evidence of soft tissue echogenicity was present in the area of the phrenicoabdominal vein. The left adrenal gland measured 4.7 cm in length x 2.2 cm at the cranial pole in width and 1.8 cm at the caudal pole in width.

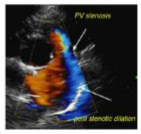
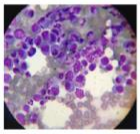
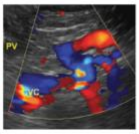
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.71 cm width at the cranial pole.

Spleen

The spleen was indistinctly visualized potentially owing to suspected volume contraction. Subjective normal splenic contour and maintained finely textured homogenous parenchyma was noted.

Liver/ Gallbladder

The liver exhibited subjective borderline to mild generalized enlargement. The liver parenchyma was mild nonuniform to remodeled. The hepatic and portal vasculature were normal in appearance without

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signs of congestion. Indistinct to discreet intraparenchymal nodules were present. A large expansive irregular mass was noted, appearing to arise from a caudal hepatic stalk like projection, extending into the cranial to mid abdomen, measuring approximately 11-12 cm in diameter.

The gallbladder was non distended in size with mild nondependent mildly hyperechoic nonorganized primarily in the caudal lumen. The cystic duct and common bile ducts were normal without evidence of dilation.

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. The duodenum wall measured 0.5 cm. The jejunum wall measured 0.39 cm.

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

Several, mildly prominent to enlarged medial iliac lymph nodes were present adjacent to the iliac trifurcation. The lymph nodes were essentially isoechoic to adjacent omentum and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria and likely incidental.

Regional perihepatic hyperechoic mesentery and scant to mild volume peritoneal free fluid noted. No overt or significant intrabdominal lymphadenopathy was visualized.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder dependent to possibly adhered mineral
- Mild chronic renal changes with pinpoint to focal medullary mineral
- Volume contracted spleen
- Large nonhomogeneous expansive to irregular liver mass- neoplastic criteria is considered probable
- Mild gallbladder debris (non-mucocele)
- Left adrenal mass with evidence of early phrenicoabdominal vein invasion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient is suspected to be passing small amounts of mineral from the kidneys into the urinary bladder. Full urinary work up, including urinalysis +/- culture and sensitivity to rule out underlying infection is suggested.

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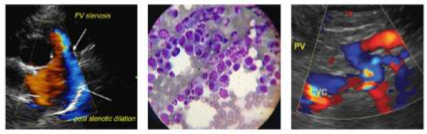

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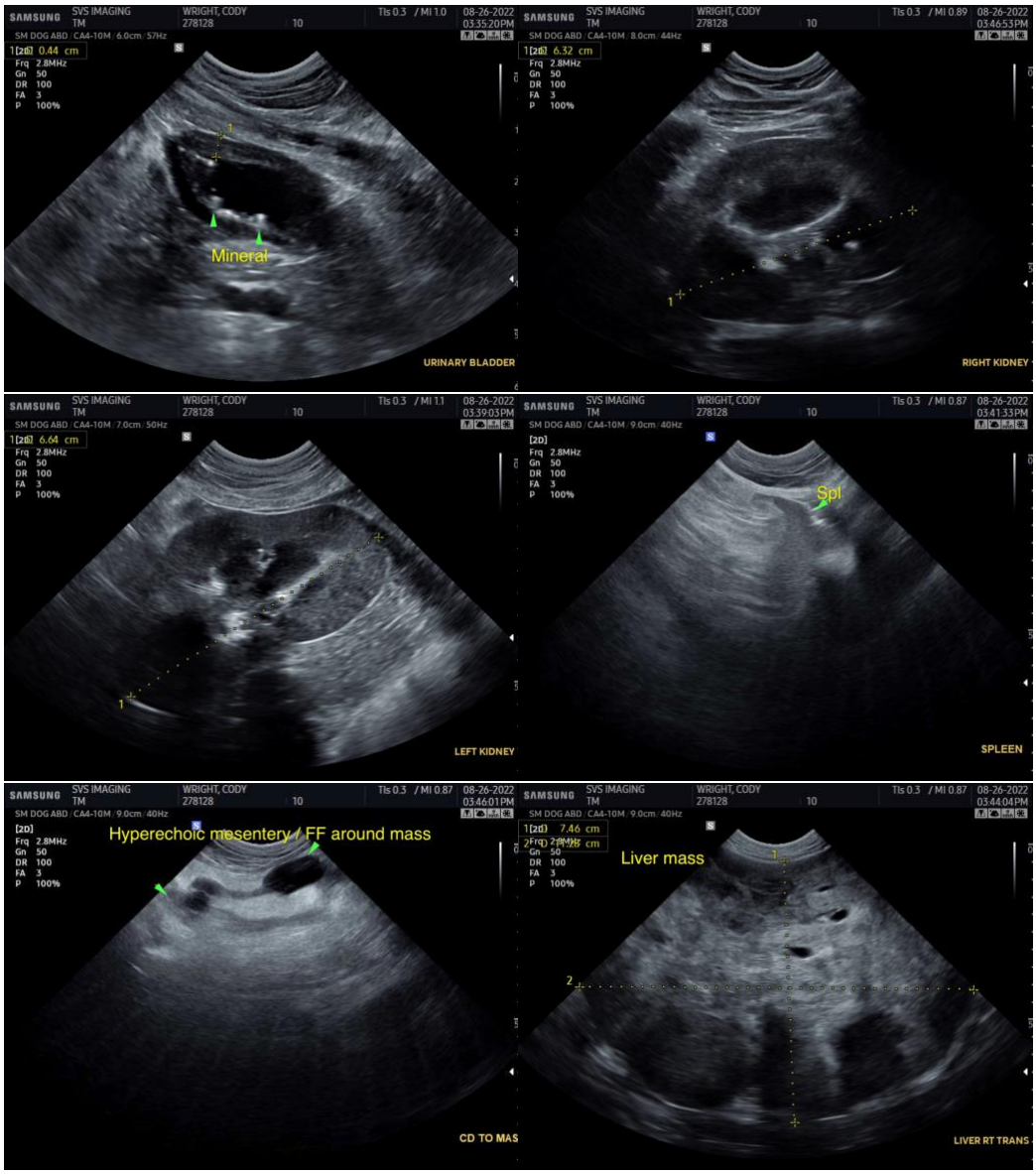
The left adrenal gland is highly suspicious for neoplastic criteria with evidence of early phrenicoabdominal vein invasion with possible phrenicoabdominal vein thrombosis also being a differential. Systemic BP assessment is recommended to rule out evidence of hypertension which may allude to a left pheochromocytoma.

Assuming normal clotting status, ultrasound guided FNA of the liver mass may be considered for cytology and further assessment. Minor potential for non-hepatic origin of the mass is considered a less likely differential diagnosis. Abdominal CT if possible, could be considered for further assessment. Three view chest radiographs are suggested if not done.



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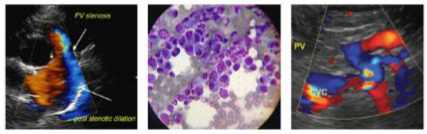

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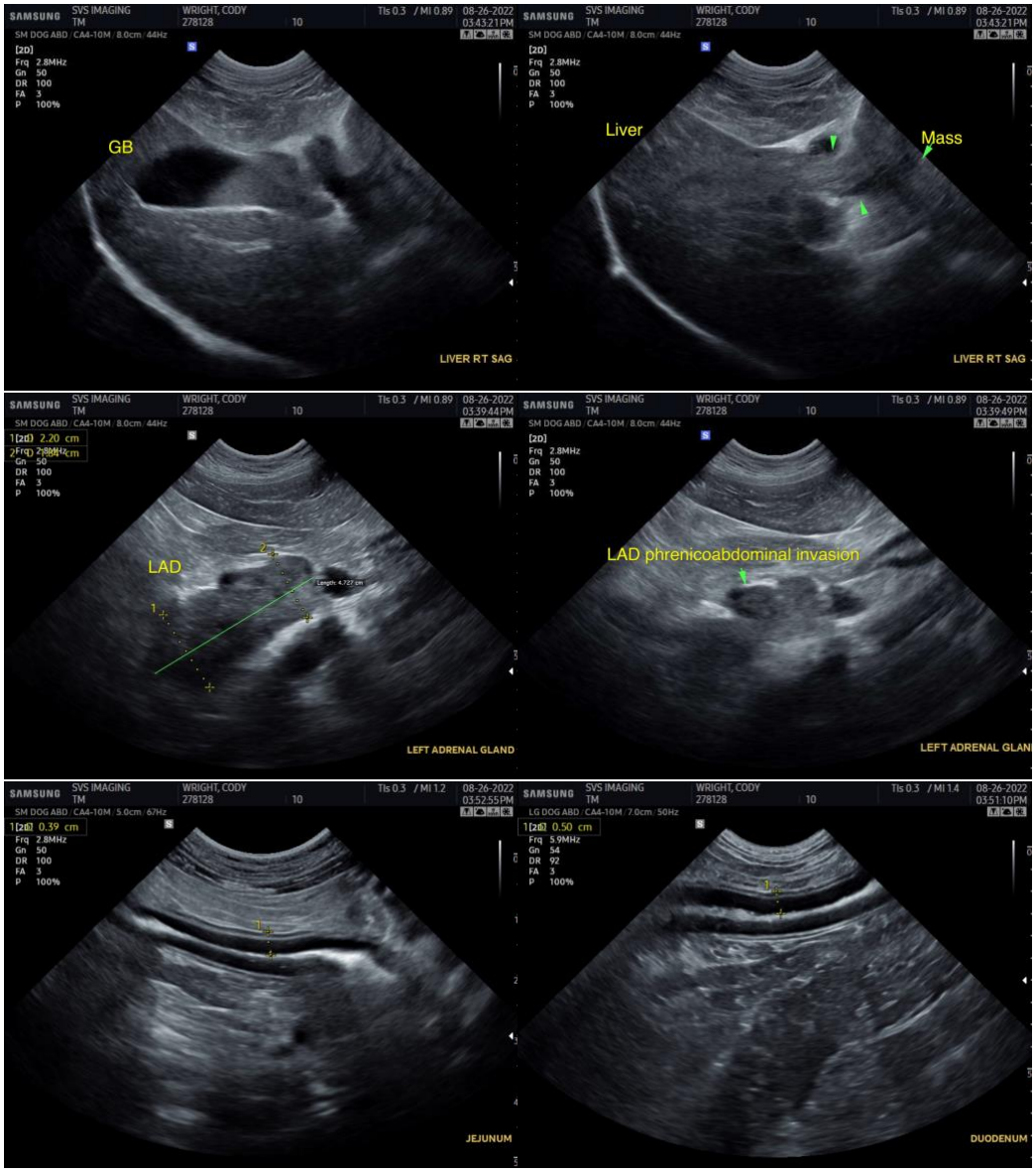

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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