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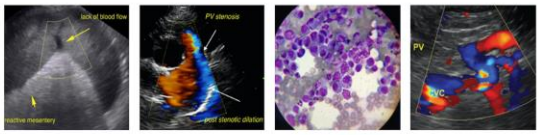

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Rosie Nixdorf

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

2012

WEIGHT

120

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton Animal Hopsital

REFERRING VET

Dr. Craig

INVOICE

11645ag

DATE

09/16/2022

PRESENTING CLINICAL SIGNS

Obese, PU/PD, weight gain, intermittent diarrhea for 1 month, pendulous abdomen.

Medication: Metronidazole, ProPectalin, Denamarin

Abnormal PE/Chem/CBC/UA Results: ALP 1023, ALT 1003, AST 144, AMYL 1615, LIP 391, spec cPL 428

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 was 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 7.0 cm in length. The right kidney measured – cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland exhibited a prominent mid to cranial pole. Mild non-homogeneous non-mineralized parenchyma weas present. The left adrenal gland measured 0.94 cm width in the cranial pole and 2.2 cm length.

The right adrenal gland was indistinctly visualized subjectively measuring 0.86 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

The liver exhibited generalized non-uniform to nodular parenchyma with a focal intraparenchymal nodule within the deep mid to right liver exhibiting central echogenicity to mildly hypoechoic periphery measuring 3.2 cm in diameter. The ventral caudal aspect of the liver extended caudally past the level of the gastric axis with a moderately sized irregular to non-homogeneous mass measuring 6-7 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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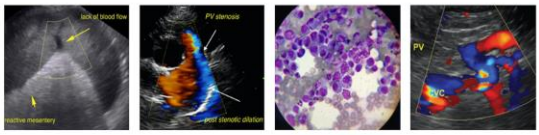

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

Mild regional perihepatic hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Nodular liver with ventrocaudal asymmetrical mass
- Sonographically normal gallbladder
- Mild perihepatic hyperechoic mesentery
- Mild chronic renal changes
- Mild irregular adrenal glands-nonspecific
- Sonographically unremarkable GI tract/colon

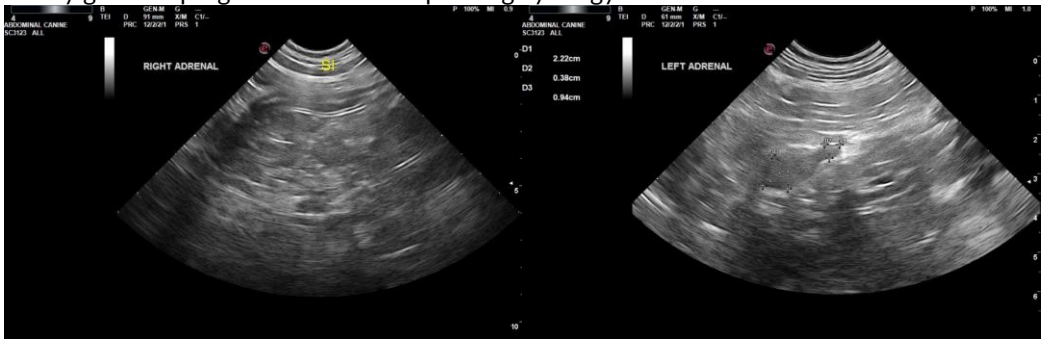
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for regional to diffuse hepatic infiltrative neoplasia with potential for intrahepatic metastasis including possible focal hepatic target lesion, vacuolar hepatic changes, inflammatory/immune mediated disease, nodular hyperplasia, hematopoiesis, fibrosis, lipogranulomas or other. Assuming normal clotting status and using a 25g needle a liver mass +/- intraparenchymal nodule if accessible FNA is recommended for screening cytology.

The mildly irregular adrenal glands may suggest age related variant, benign hyperplasia, adenomatous change while the potential emerging neoplastic or metastatic criteria cannot be definitively excluded. Assessment of systemic BP +/- full adrenal work up if suspicion of adrenal hyperfunction may be considered.

Three view chest radiographs suggested if not done to assess for thoracic pathology.

A very guarded prognosis is indicated pending cytology.



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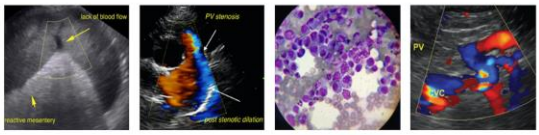

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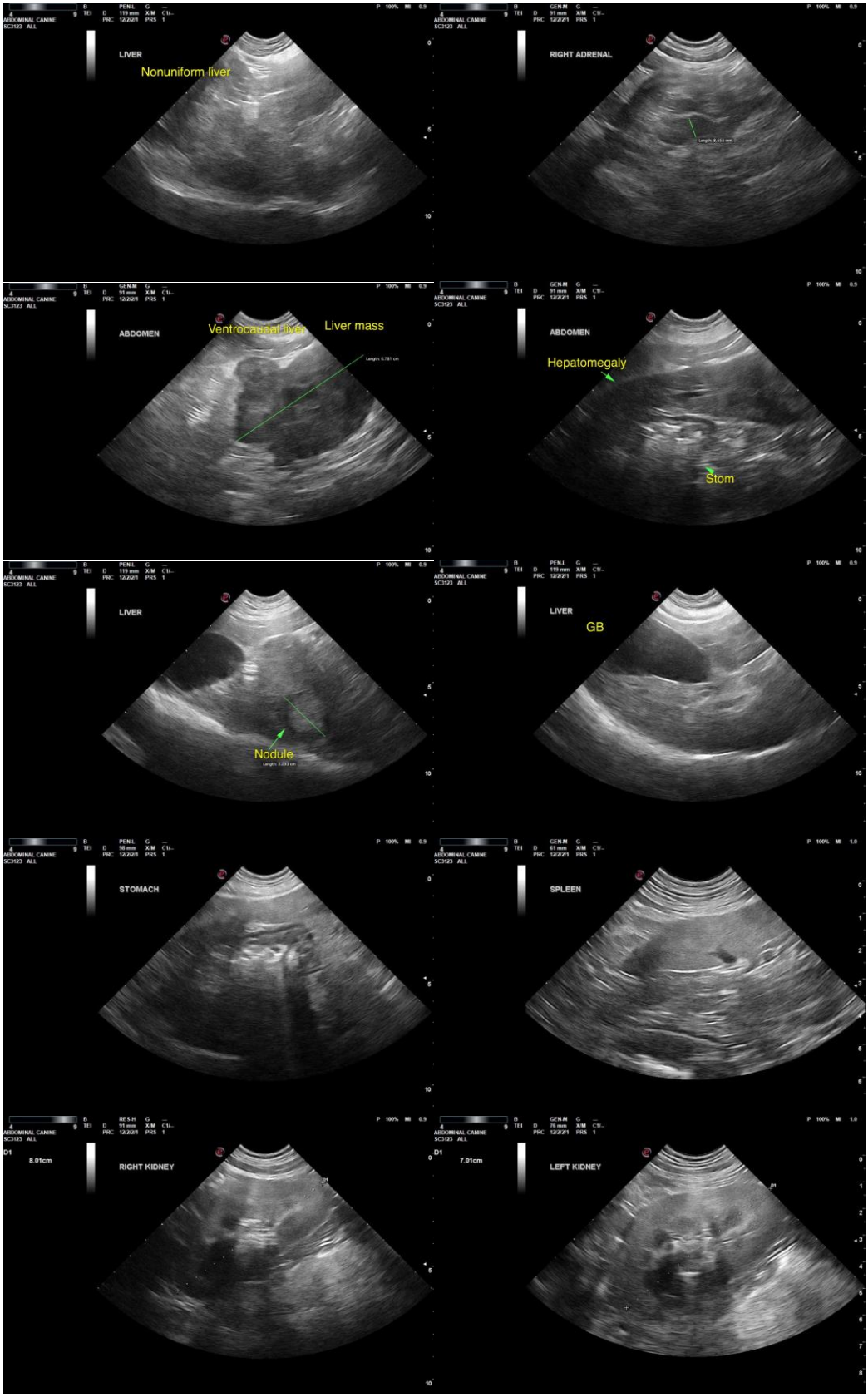

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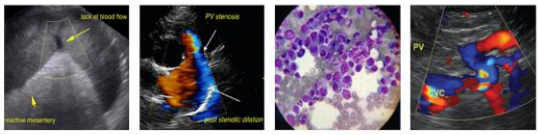

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com