

PATIENT

Reggie Pearson

SPECIES

Canine

BREED

Boxer Lab Mix

SEX

Neutered Male

AGE

12 years

WEIGHT

81 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

12321

DATE

9/27/21

PRESENTING CLINICAL SIGNS

-HX of elevated LE since June. Recheck after Denamarin showed no improvement. P is clinically feeling well. Has many medium to large-sized lipomas. Renal values were elevated in June but resolved on recheck.
Abnormal PE/Chem/CBC/UA Results: Ca 12.9, K 5.6, Na:K 27, TP 7.9, ALT 265, ALP 6314 Rods noted in free-catch U sample; in-house culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 6.9 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.81 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.74 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Focal areas of hyperechoic parenchyma were noted adjacent to the hilus, potentially indicative of emerging myelolipomas or nodular hyperplasia. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No evidence of splenic neoplasia was noted.

Liver/ Gallbladder

The liver exhibited moderately sized, primarily ovoid yet asymmetrical nonhomogeneous to cystic mass noted in the ventral caudal liver. The mass measured approximately 9.0 cm x 5.7 cm. Normal

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hepatic parenchyma was noted in the deep, left, mid, and right liver. Concurrent, subtly expansive, mildly hypoechoic nodule noted In the caudate liver lobe measuring 1.7 cm in diameter, was 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 were evident.

Free Abdomen

Lipoma noted in the cranioventral abdomen slightly impinging upon the lateral spleen was present. Additional peripheral lipomas were noted.

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic ventrocaudal liver mass
- Concurrent caudate love nodule
- Mild chronic renal changes
- Intraabdominal and peripheral lipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ventrocaudal hepatic mass, as well as the caudate lobe nodule were nonspecific. Considerations may include cystic hyperplasia or granuloma, complicated hepatic cyst, biliary cystadenoma vs. biliary cystadenocarcinoma, or other neoplasia. The caudate nodule may also indicate focal area of hyperplasia, hematopoiesis, or potential neoplasia.

Assuming normal clotting status, ultrasound guided FNA of the solid portion of the ventrocaudal hepatic mass and if accessible caudate love nodule for screening cytology would be warranted. Biopsies may be required for a definitive diagnosis. Subjectively, based on location, potential

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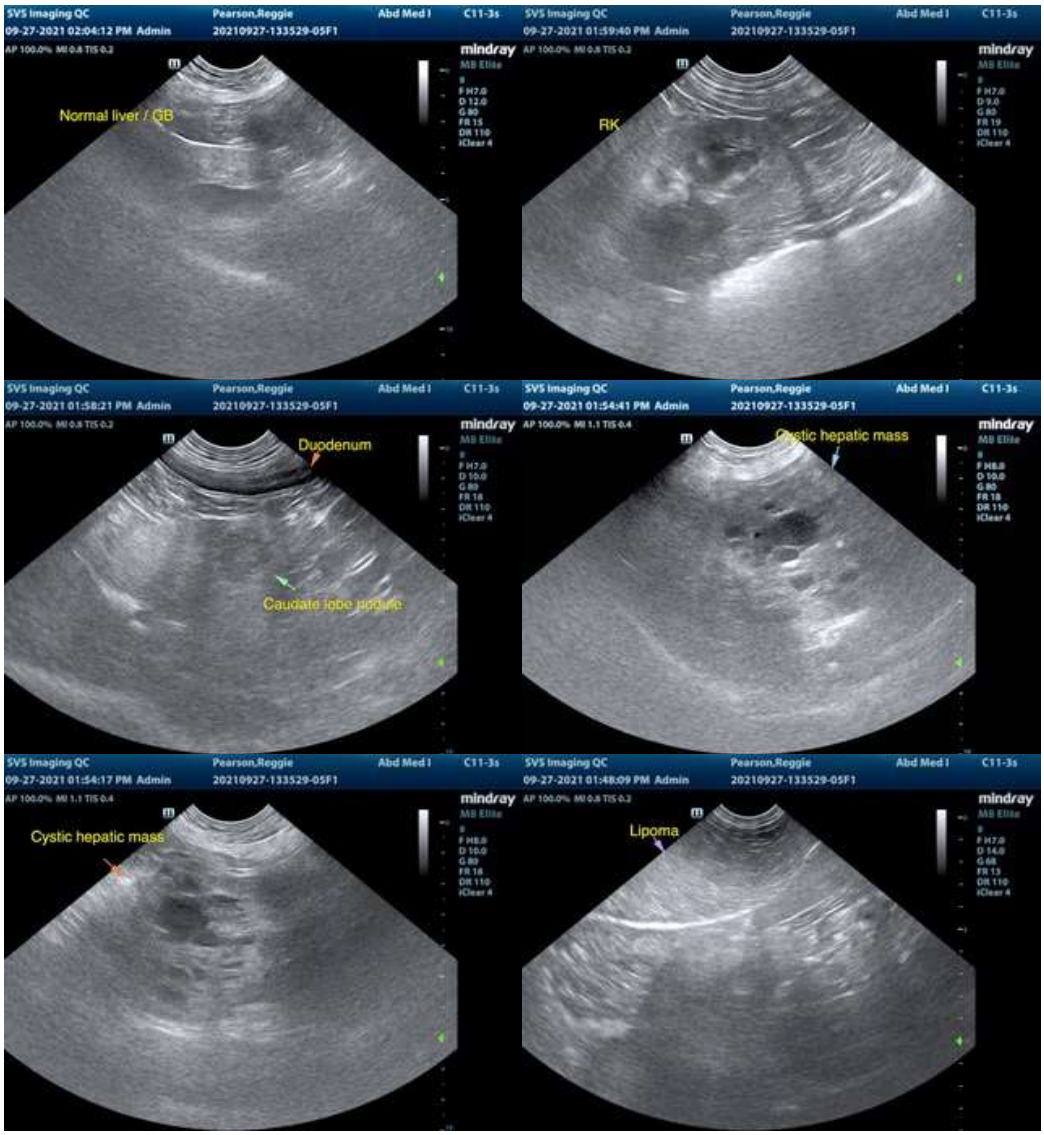
resectability of the ventrocaudal cystic mass may be possible. Three view chest radiographs are recommended. Continued monitoring of calcium levels is suggested.



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1-800-838-4288 info@sonopath.com SonoPath.com

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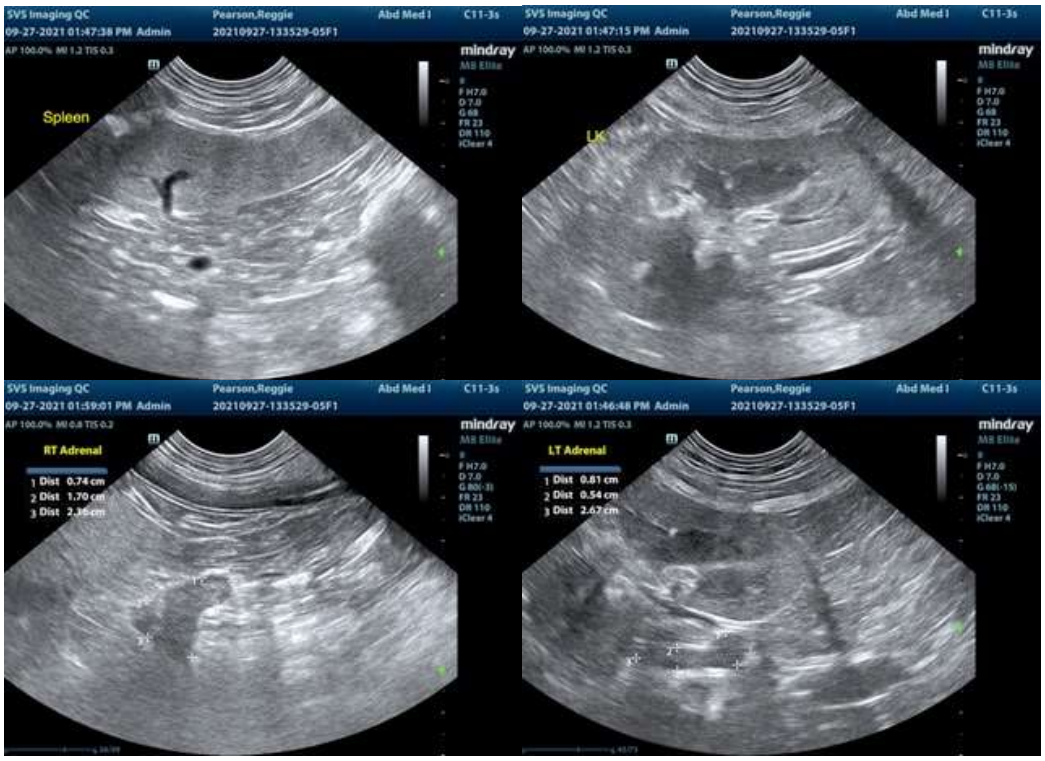

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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