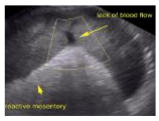
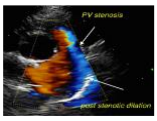
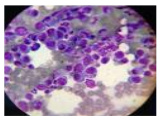
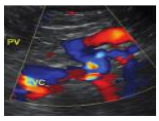

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1-800-838-4268 info@sonopath.com

PATIENT

Molly McNamara

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

Age

8 years

WEIGHT

8 #

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal Hospital

REFERRING VET

Dr Hecker

INVOICE

304159

DATE

4/25/23

PRESENTING CLINICAL SIGNS

History: Progressive azotemia.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: Anemia.

Serum Biochemistry: Azotemia.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and echogenic appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Iliac lymphadenomegaly (0.5 x 1.6 cm) with normal shape and echogenic appearance. Ureters not visualized.

Normal size (left 3.3 cm, right 3.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, regular capsule, and normal right pelvis. Left pyelectasia (0.3 cm).

Reproductive System

N/A.

Adrenal Glands

Normal position, shape, echogenic appearance, and size. Left 0.62/0.46 cm, right 0.62 cm.

Spleen

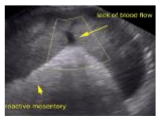
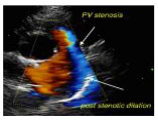
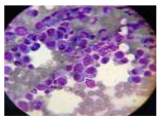
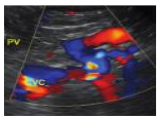
Normal size (1.2 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Two small hypoechogenic parenchymal nodules (0.5 and 0.6 cm) present. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged with rounded edges, hyperechogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are faint, hypoechogenic and parenchymal. Isoechogenic parenchymal mass (2.4 x 2.5 cm) in the caudate lobe with bulging of the overlying capsule. FNA taken with no obvious post aspirate hemorrhage evident.

Gall bladder

Full containing large amount of floating and dependent hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.3 cm).

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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.34 cm, duodenum 0.34 cm, jejunum 0.39 cm, colon 0.11 cm) and peristalsis, and no distension of the lumen.

Pancreas

Normal size (left 1 cm, right 0.9 cm) with a hyperechogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (1 cm).
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Renal disease.
- Hepatic mass.
- Nodular hepatopathy
- Chronic pancreatitis vs fibrosis.
- Iliac lymphadenomegaly.
- Splenic nodules.

Secondary Findings:

- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the kidneys would be chronic kidney disease, bacterial nephritis, and pyelonephritis.

Etiologies for hepatic mass would be hepatoma, neoplasia, and granuloma.

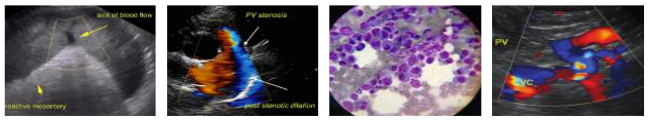
Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease, and infiltrative neoplasia.

Etiologies for the iliac lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

Etiologies for the splenic nodules would be incidental cysts, hyperplasia, abscessation, granulomas, and neoplasia.

Further assessment needs to be based on the pending cytology results but could include urinalysis, urine culture, UPC (if sediment and culture negative), blood pressure, 3-view thoracic radiographs, cPL/PSL assay, and FNA cytology of the iliac lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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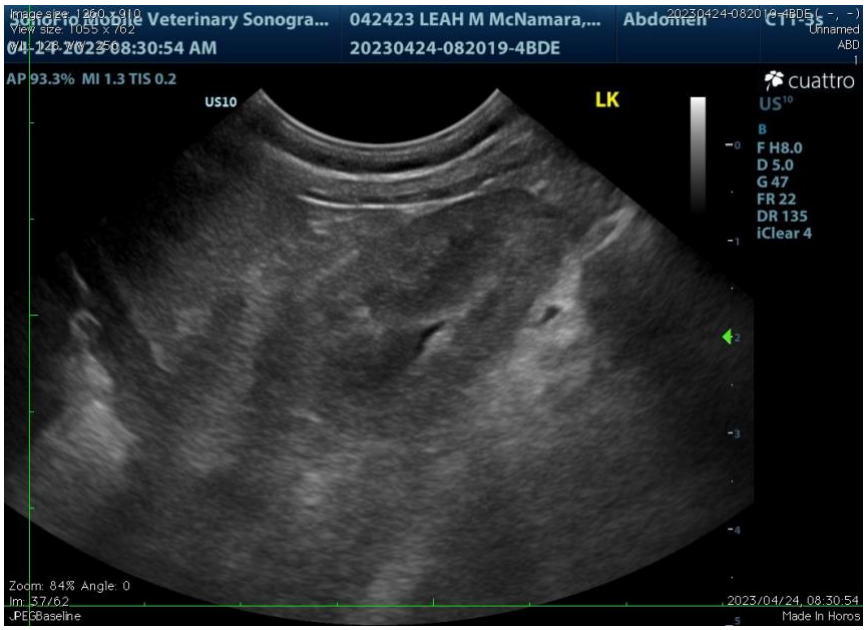
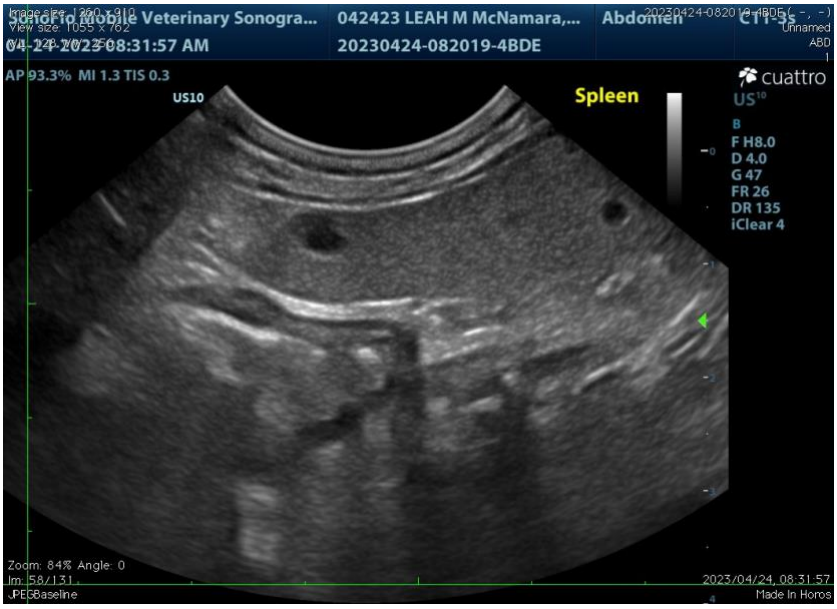
IMAGES

Left kidney



Spleen



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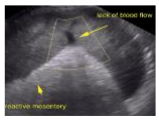
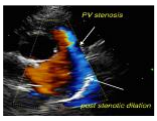
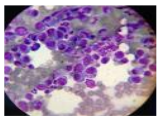
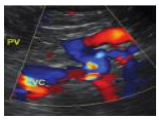

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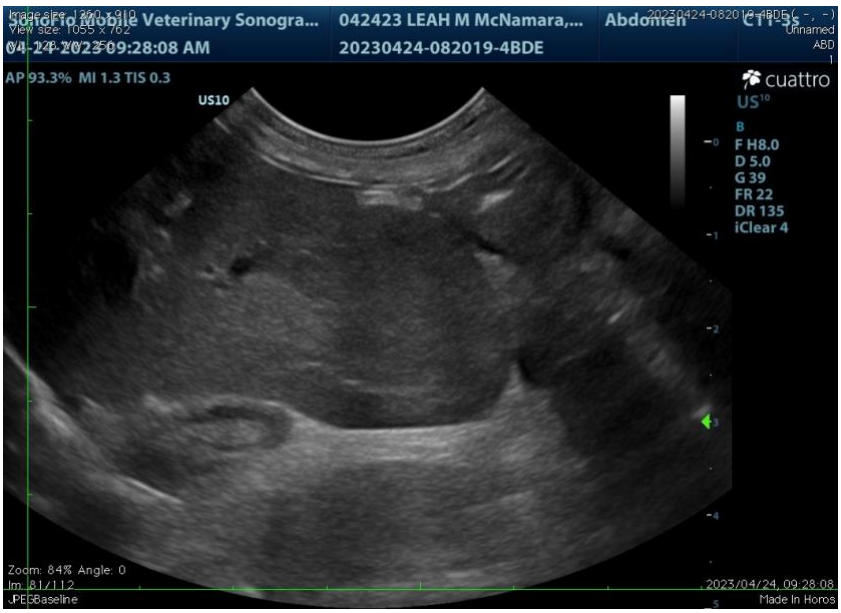
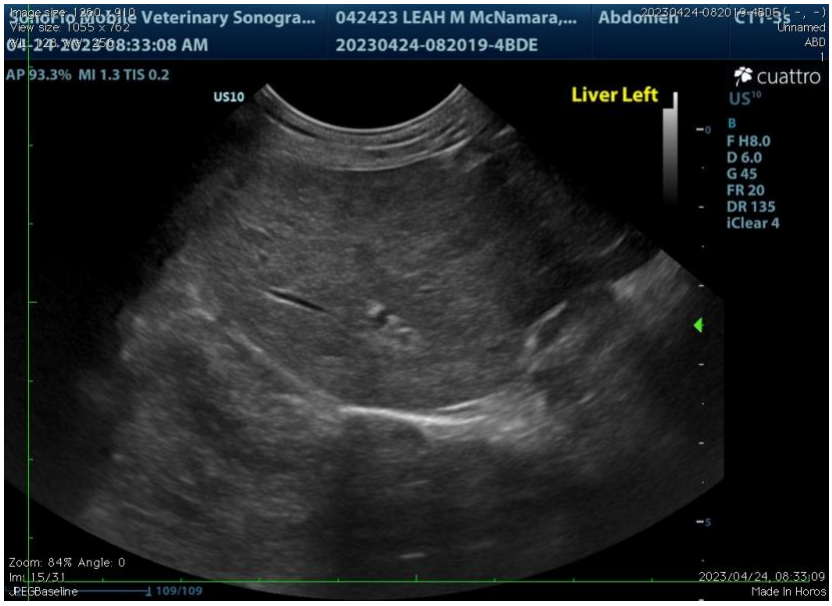
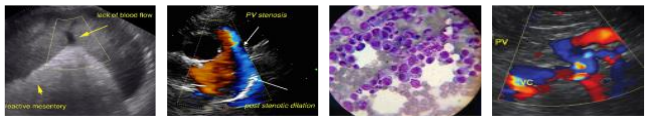
Liver







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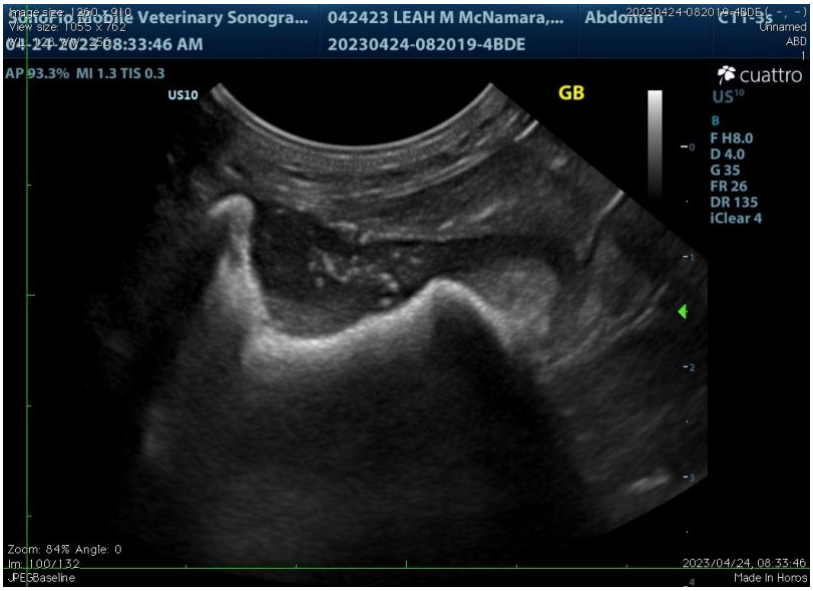
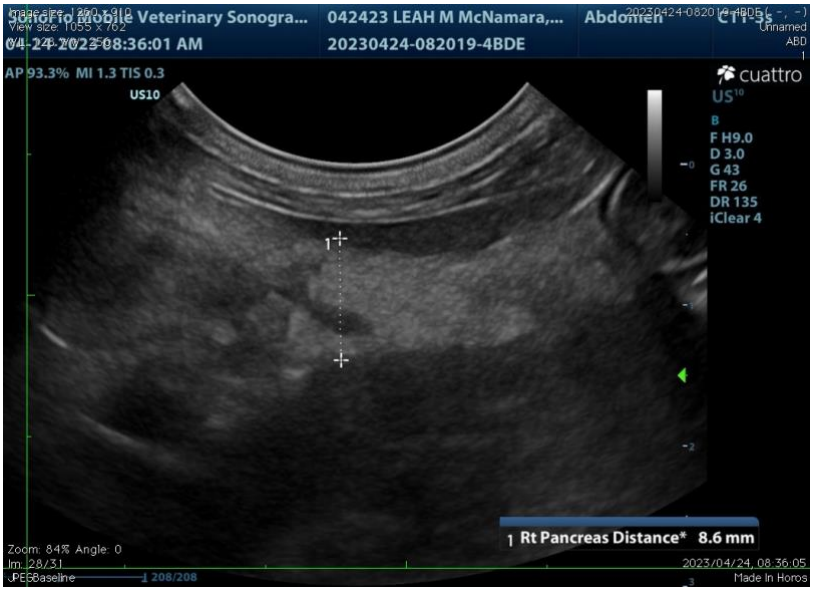
Gall bladder



Pancreas



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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za