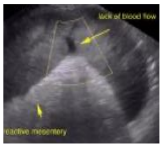
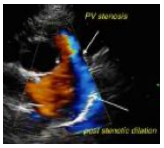
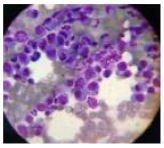
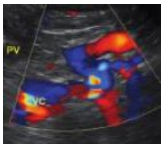
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Pepper Seals

SPECIES
Canine

BREED
Papillon

SEX
Neutered Male

AGE
13 years

WEIGHT
12 lbs

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

IMAGING PERFORMED BY
Sonya Myers DVM

HOSPITAL NAME
Copper Point VH

REFERRING VET
Privette

INVOICE
13719

DATE
7.17.23

PRESENTING CLINICAL SIGNS

History: Proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Small, mottled, echogenic, irregular mass (0.40 x 0.50 cm) at the level of the trigone. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra (0.50 cm), and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (1.70 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 3.70 cm / right kidney 4.80 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Small, cortical cyst within the left kidney and large cortical cyst (1.60 cm) in the caudal pole of the right kidney.

Reproductive System
Small, hypoechogenic prostate (1.00 cm).

Adrenal Glands
Normal shape, echogenic appearance, size (left 0.47 x 0.46 cm / right 0.51 x 0.28 cm), position, and appearance of the visible peri-renal vasculature.

Spleen
Normal size (1.00 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver
Enlarged, with rounded edges, increased echogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are hyperechogenic, parenchymal and measure up to 0.90 cm in size. Two isoechogenic parenchymal masses (2.60 x 4.40 cm / 2.10 x 2.90 cm) evident.

Gallbladder
The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.10 cm).

Gastrointestinal
Normal appearance of the stomach (0.32 cm), duodenum (0.34 cm), jejunum (0.32 cm) small intestine, and ileo-cecal junction, with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the colon with no loss of layering and no distention of the lumen. Focal, hypoechogenic intramural mass (0.60 x 1.00 cm) in the fundic wall of the stomach. Hyperechogenic appearance of the mesentery surrounding the stomach.

Pancreas
Normal size (right 0.80 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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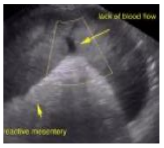
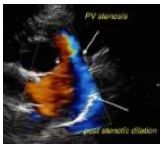
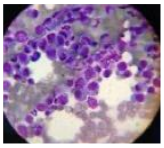
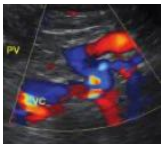

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Free Abdomen

Normal mesenteric lymph nodes (0.80 cm).

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nodular hepatopathy
- Hepatic masses
- Gastric wall nodule
- Urinary bladder nodule
- Thickening of the colon

Secondary Findings

- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatic masses would be extension of the nodular hyperplasia, hepatomas, granulomas, and primary hepatic neoplasia.

Etiologies for the gastric mass would be reactive hyperplasia, neoplasia and granuloma.

The most likely etiology for the bladder mass would be neoplasia, with focal cystitis a less likely differential diagnosis.

Etiologies for the colonic thickening would be nonspecific colitis, helminths, ulcerative colitis, granulomatous colitis, inflammatory bowel disease, and emerging neoplasia.

Further assessment would be urine and fecal analysis, urine culture, BRAF analysis, rectal cytobrush cytology, FNA cytology of the liver, hepatic masses and gastric nodule, and possibly endoscopy on both the upper and lower GIT tract, with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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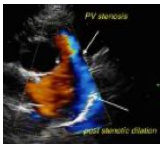
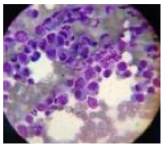
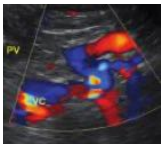

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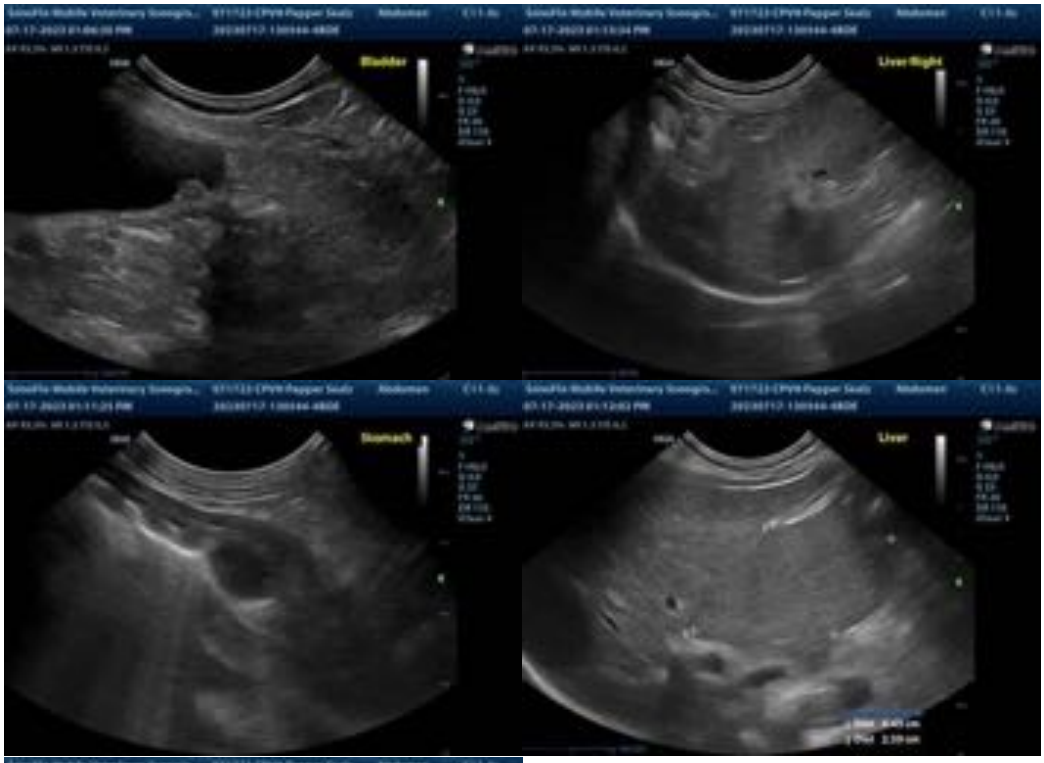

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com