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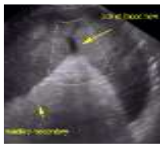
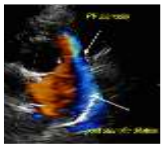
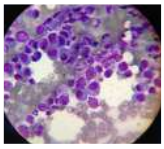
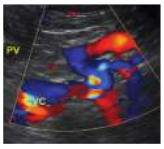





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sami Sue Drogalis

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

58 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush Veterinary Center

REFERRING VET

Dr. Lori Milot

INVOICE

47975

DATE

10-25-21

PRESENTING CLINICAL SIGNS

weight loss (14lbs), not eating well, vomiting, not acting normally
Abnormal PE/Chem/CBC/UA Results: see attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process are noted.

Both kidneys show a fuzzy corticomedullary transition. The renal cortex appears hyperechoic and coarse. The renal medulla appears hyperechoic. Multiple small cortical cysts and hyperechoic wedge-shaped areas are detected. The renal pelvises are mildly distended.

Adrenal glands

The right adrenal gland protrudes into the CVC with a mildly inhomogeneous nodule of 0.82 x 0.77 cm but appears capsulated without overt evidence of an erosion of the CVC.

The left adrenal gland presents a round nodule in the caudal pole of 1.18 x 1.14 cm with loss of the corticomedullary detail.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver images present one rounded, hyperechoic nodule of 1.33 cm. Echotexture, size and vasculature appear regular. The gallbladder shows a small amount of hyperechoic sludge. The gallbladder wall indicates mild thickening. There is overt signs of a florid process or cholestasis.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity.

Free Abdomen

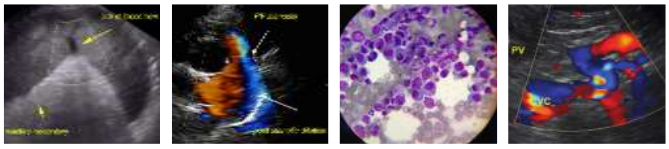
The cranial abdomen impresses with a large, amorphous and multi-lobulated, encapsulated and highly inhomogeneous mass measuring approximately 7.2 cm. Echogenicity is predominantly hypoechoic with a hyperechoic capsule and periphery. Broad based contact to the spleen is noted. There is no evidence of peritoneal or retroperitoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Large amorphous and lobulated mass cranial abdomen

Secondary



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- Signs of a bilateral, significant and chronic nephropathy with small renal cysts, multiple chronic renal infarcts and mild distension of the renal pelvises
- Nodule right/left adrenal gland
- Hyperechoic nodule liver
- Mild thickening gallbladder wall, small amount of gallbladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

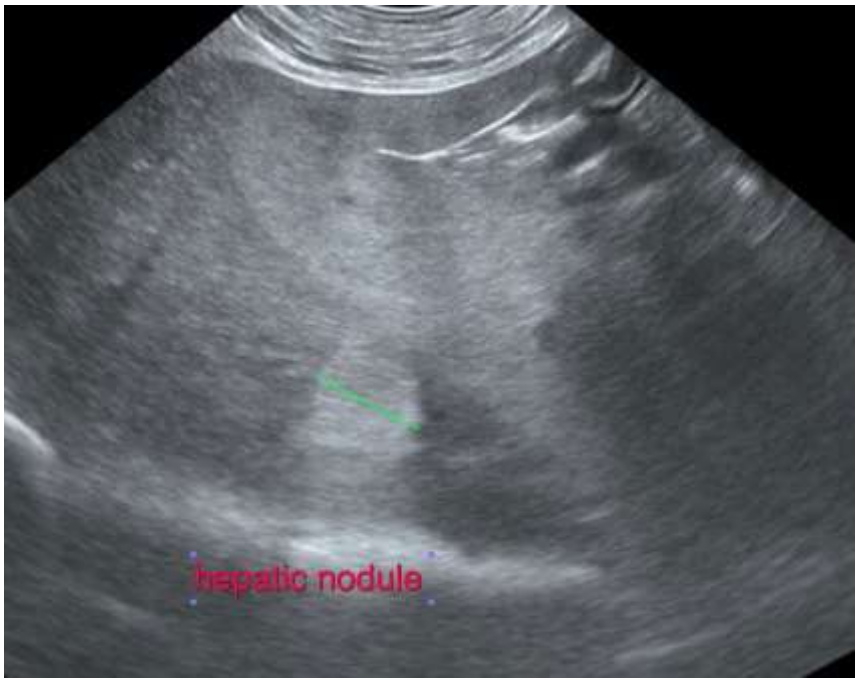
Final assessment of the large irregular mass in the cranial abdomen is difficult due to size. The echogenic texture, shape and size are highly suspicious for malignant neoplasia. Lymph nodes of the cranial abdomen, pancreas (adenocarcinoma), spleen and liver are potential origins. I do assume that this finding reflects the reported patient´s history. The hyperechoic capsule and periphery indicate an active secondary/inflammatory process. FNA/biopsy are needed for further evaluation and recommended.

Sonographic changes of the kidneys are chronic findings which may be of minor clinical relevance (s. attached blood results).

Asymmetry/nodules of the adrenal glands could represent hyperplasia due to pituitary-dependent hyperadrenocorticism. Early-stage neoplasia and age-appropriate myelolipoma are potential differentials.

The hyperechoic nodule detected in the liver is an unspecific finding. Nodular hyperplasia/regenerates, hemangioma and neoplasia are possible. If FNA/biopsy of the large mass is performed, please rule out metastasis with guided FNA.

Changes of the gallbladder represent mild and chronic cholecystitis without signs of a cholestasis.



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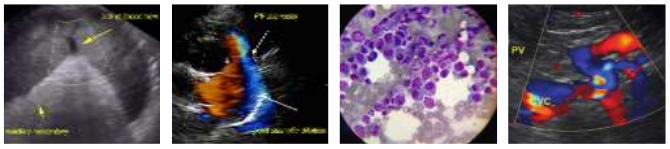

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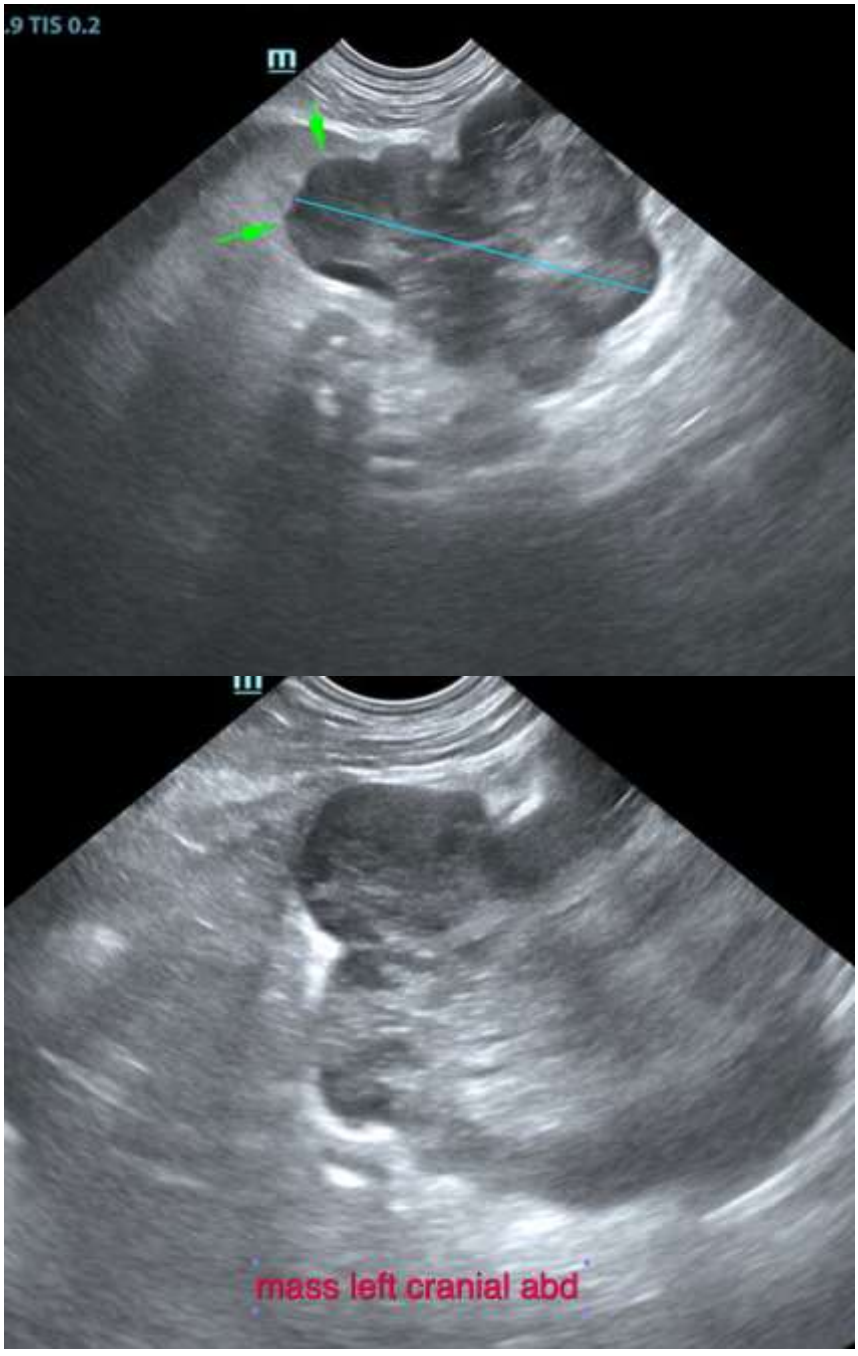

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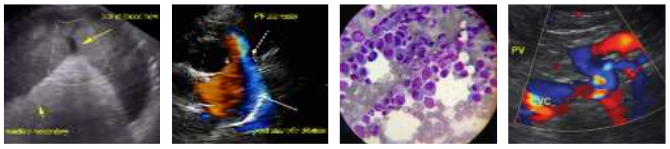

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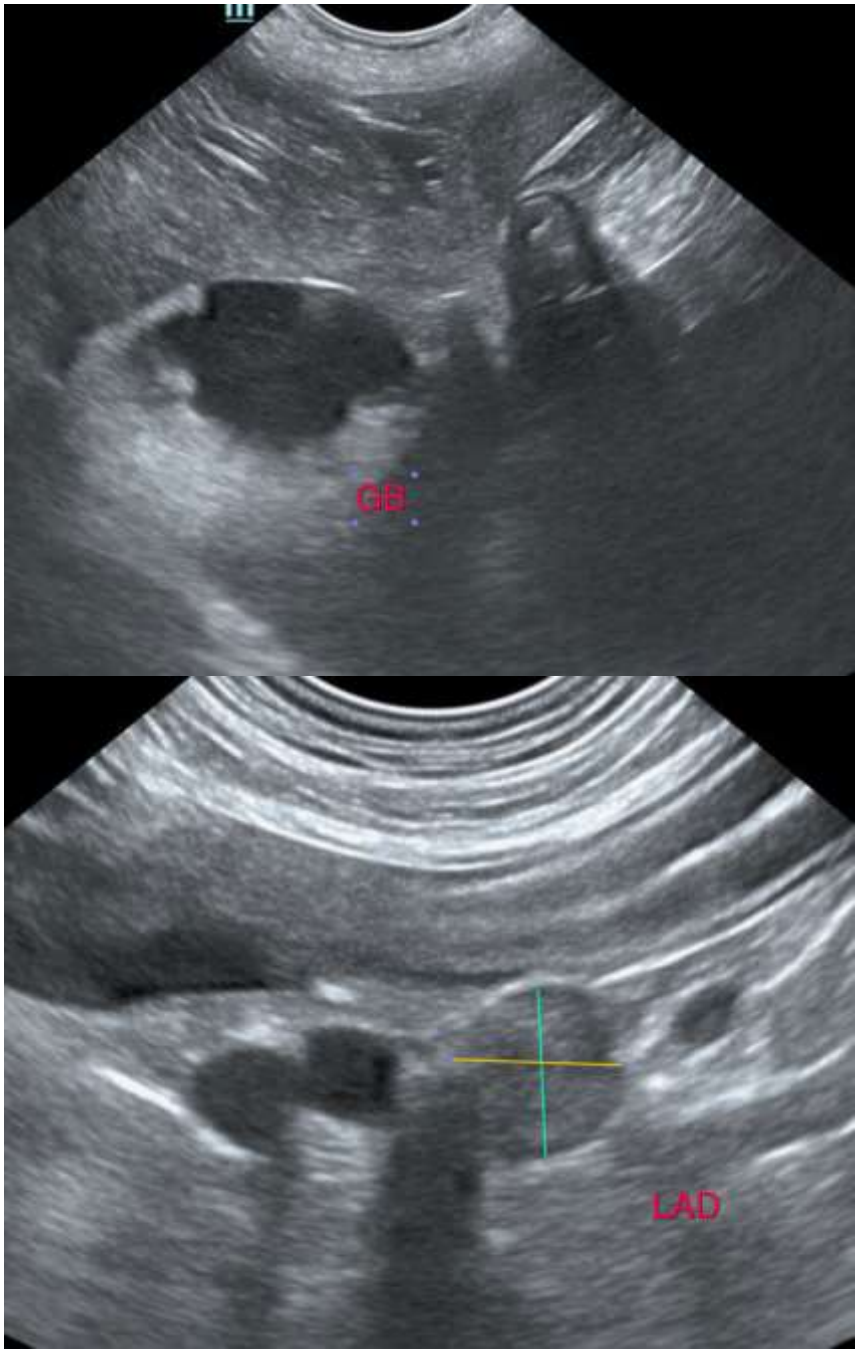

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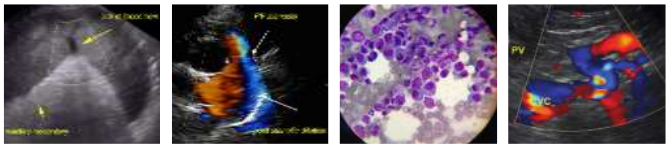

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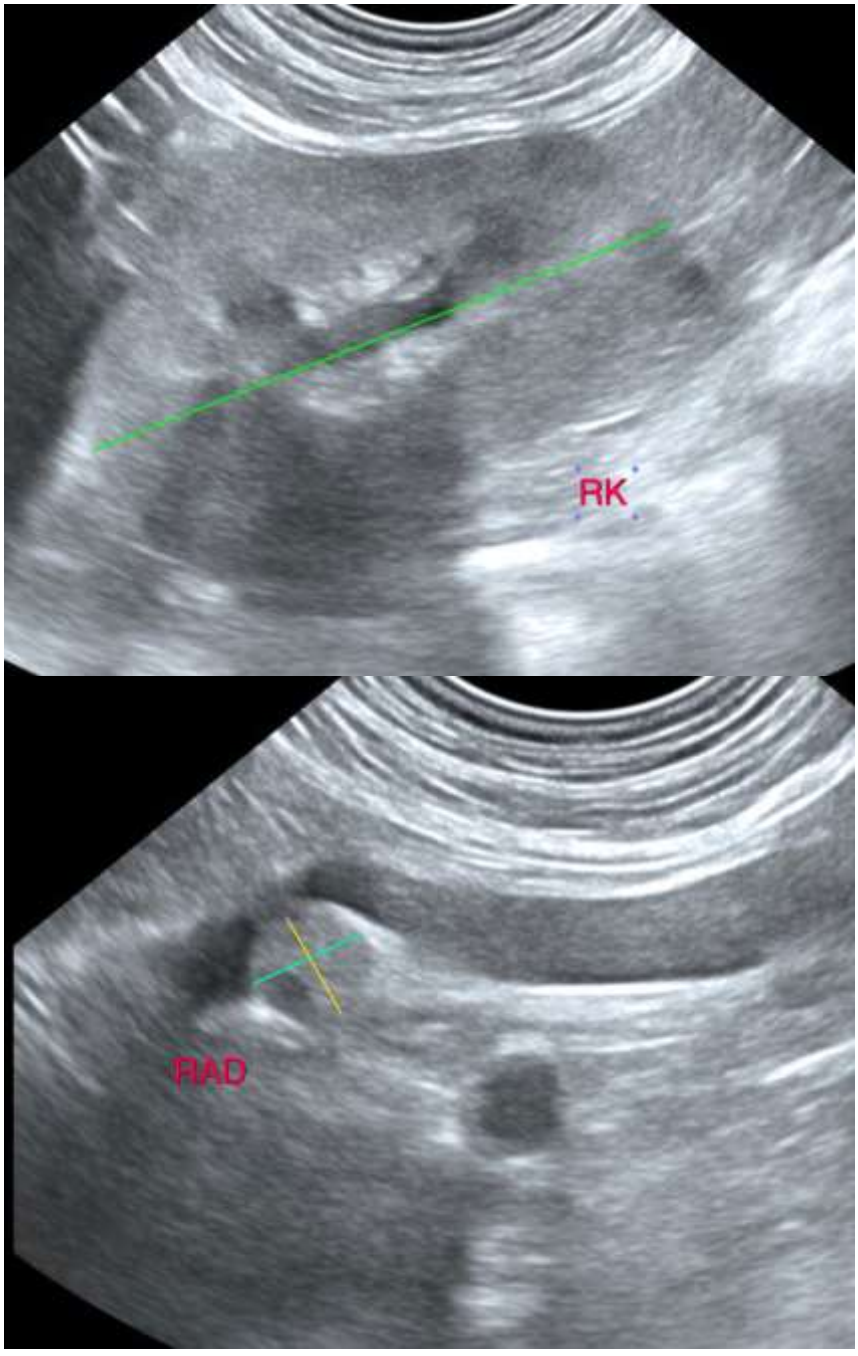

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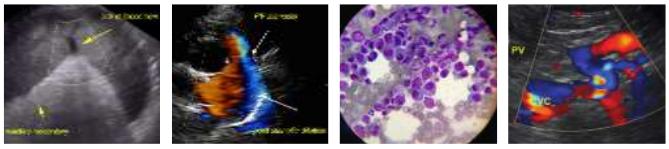

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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