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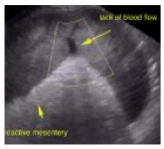
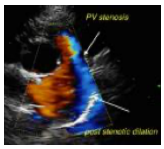
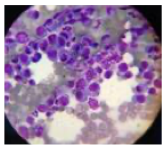
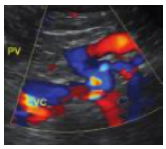

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1-800-838-4268 info@sonopath.com

PATIENT

Kasey Kapusta

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered Male

AGE

14 years

WEIGHT

68.4 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Companion VH

REFERRING VET

Dr. Spitz

INVOICE

12913

DATE

4.28.23

PRESENTING CLINICAL SIGNS

History: elevated liver enzymes Current meds: Denamarin, Cosequin, Galliprant, Adequan
Abnormal PE/Chem/CBC/UA Results: AST = 33, ALT 182, ALP 412, GGTP 54, T bili 0.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation with a medullary rim sign. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.6 cm in length. The right kidney is 6.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 7.2 mm at the cranial pole and 6.2 mm at the caudal pole. The right adrenal gland height is 8.3 mm at the cranial pole and 5.6 mm at the caudal pole.
pole.

Spleen

There are two masses noted within the spleen, a 4.6 x 4.6 cm isoechoic mass in the splenic body, and a 3.5 x 2.5 cm hypoechoic mass in the head of the spleen. The surrounding omentum is normal. The rest of the splenic parenchyma has a normal homogenous echotexture. Both masses disrupt the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 3.7 cm x 5.1 cm isoechoic mass located on the right side of the liver. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with hypoechoic fluid. The gastric wall is 4.1 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.0 mm. The jejunal wall measures up to 3.6 mm. Intestinal motility appears normal.

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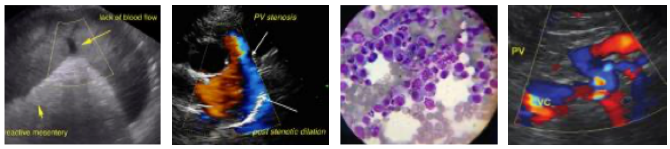

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The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The hepatic lymph nodes are moderately enlarged, up to 3.1 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multiple splenic masses
- Right-sided hepatic mass with moderately enlarged hepatic lymph node

Secondary Findings

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The masses in the liver and spleen could represent a primary lesion with metastasis to the other organ or may be unrelated to each other. It is also possible that the mass in the liver is a benign hepatoma, and the masses in the spleen are benign hematomas. Fine-needle aspirate or core biopsy would be necessary for definitive diagnosis. Ultimately, splenectomy with concurrent biopsy of the hepatic mass would be an option for definitive diagnosis, as even a benign splenic mass poses the risk of rupturing and causing a hemoabdomen. Additional recommendations include:

- Three-view chest radiographs
- Bile acid and coagulation testing, prior to anesthesia to confirm appropriate liver function

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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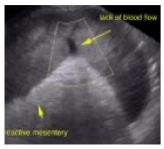
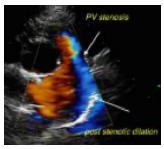
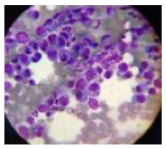
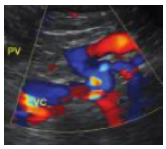

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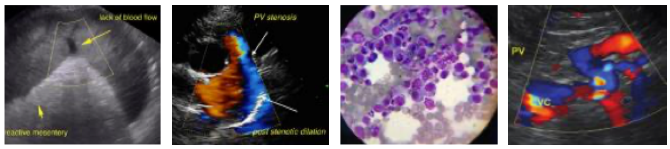

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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