

PATIENT

Max Switzer

SPECIES

Canine

BREED

Yorkie Mix

SEX

MN

AGE

10 years

WEIGHT

17 #

INTERPRETED BY

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

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Village Royale Animal
Clinic

REFERRING VET

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DATE

8/31/21

PRESENTING CLINICAL SIGNS

History: PuPd, polyphagia.

Physical Examination: N/A.

Urinalysis: Variable SG – 1.019 to 1.030.

CBC: N/A.

Serum Biochemistry: Elevated ALP activity. Equivocal LDDS

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal trigone area, proximal urethra (0.19 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.5 cm, right 5 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule and pelvis.

Reproductive System

Small hypoechogenic prostate (0.83 cm).

Adrenal Glands

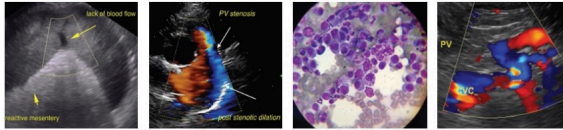
Normal shape, echogenic appearance, and position but bilaterally enlarged. Left 0.69 cm, right 0.65 cm.

Spleen

Normal size (1.1 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, diffuse hypoechogenic appearance, and some loss of portal markings. Diffuse hypoechogenic parenchymal nodules (up to 1.4 cm). Focal parenchymal target lesion (1.2 cm) in the left lobe. Hypoechoic parenchymal mass (2.2 x 2.3 cm) in the region of the gastro-esophageal junction with resultant bulging the capsule. Full gall bladder containing normal anechoic bile. Normal echogenic and thickness of the gall bladder wall. Normal bile duct (0.17 cm).



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Gastrointestinal

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Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.21 cm, duodenum 0.29 cm, jejunum 0.31 cm, colon 0.13 cm), layering, and peristaltic activity.

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Pancreas

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Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

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ULTRASONOGRAPHIC FINDINGS

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Primary findings:

- Nodular hepatopathy.
- Bilateral adrenomegaly.

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Secondary findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the nodular hepatopathy would be vacuolar, reactive, metabolic, nodular regeneration, granulomatous disease, hematomas, organized abscessation, chronic hepatitis, and neoplasia.

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The appearance of the adrenal glands is indicative of pituitary-dependent Cushing's disease with disease stress/reactive hyperplasia a less likely differential diagnosis.

Although the larger hepatic nodules may merely be an extension of the nodular hepatopathy, hepatoma and primary hepatic neoplasia should be considered.

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Further assessment would be ACTH stimulation test, 3-view thoracic radiographs, and FNA cytology of the liver and large hepatic nodules.

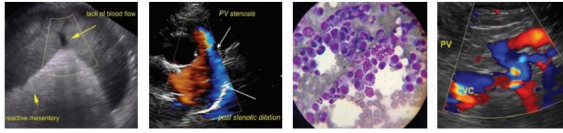
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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be ursodiol.

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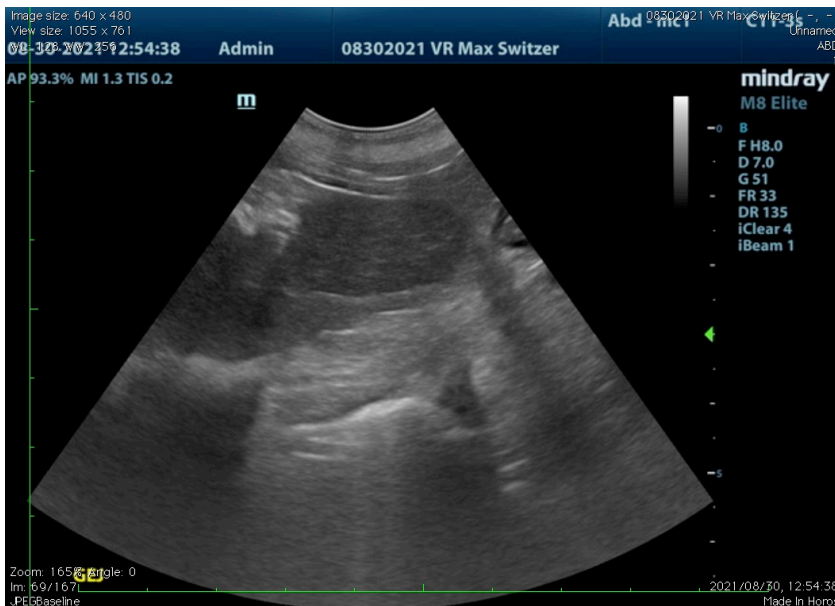
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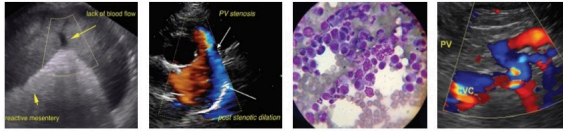
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IMAGES

Liver





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Left adrenal



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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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