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Clinical Sonography & Telecytology

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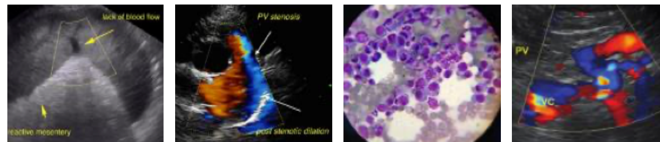

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PATIENT

Bindi Haynes

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

12.5 years

WEIGHT

82 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

Audra Alley

INVOICE

12590

DATE

3.31.23

PRESENTING CLINICAL SIGNS

History: Latest labs had a mild decrease in hct, reticulocyte hemoglobin, increased platelets (concern for low grade bleed). Vomited several times last night. Patient has a history of diabetes insipidus. Currently taking desmopressin.

Abnormal PE/Chem/CBC/UA Results: Elevated UP:C (see attached labs)
ALT 180. ALP 368. UPC 3.9. USG 1.032. T4 normal and 4dx negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A small cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (2.53 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen. A 3.38 x 2. 89 cm hypoechoic mass is observed in the region of the right medial lobe. The lesion causes mild capsular expansion. In the remaining parenchyma, a few, small hypoechoic nodules are seen (the largest measuring 1.19 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is gas-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Within the proximal small intestinal lumen, a small amount of soft, shadowing material is observed. The remaining small intestinal segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.40 cm lymph node is observed at the aortic trifurcation. The nodes is normal in shape and echogenicity

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Liver mass suspected to be in the region of the right medial lobe. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected with a lower possibility of a benign process (i.e., large regenerative nodule, inflammatory focus, granuloma).

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Mild bilateral chronic age-related renal changes

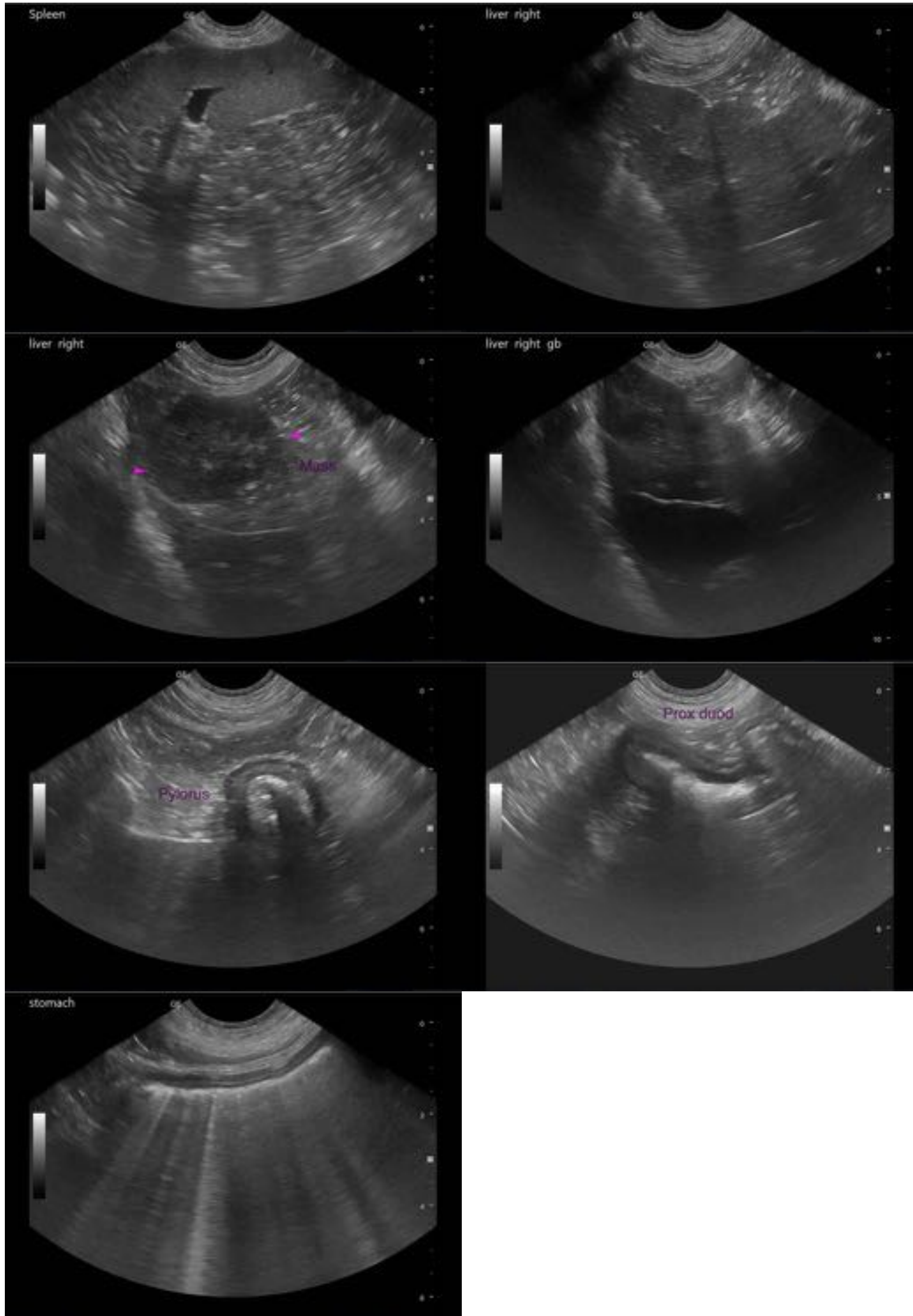
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the liver mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. Consider a fine-needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used. If the lesion is not accessible or if cytology results are inconclusive, surgical removal with submission for histopathology can be considered. An abdominal CT scan would be useful in in presurgical planning.

- Regarding the elevated UPC, consider the following:

  1. Heartworm testing (if not already performed).
  2. Angiotensin II receptor blocker (e.g., telmisartan)
  3. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
  4. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)
  5. Prescription renal diet
  6. Baseline blood pressure measurement with serial monitoring thereafter
  7. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease

- Regarding the vomiting, symptomatic care is recommended along with a fecal evaluation for ova and Giardia. If vomiting persists, a more comprehensive GI work-up may be warranted. GI biopsies can be obtained if the patient undergoes surgical removal of the hepatic mass.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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