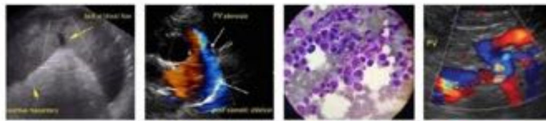


PATIENT

Worf Goodwin

SPECIES

Canine

BREED

Beagle

SEX

Intact Male

AGE

10 years

WEIGHT

48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tansley Woods AH

REFERRING VET

Petrowski

INVOICE

12871

DATE

4.27.23

PRESENTING CLINICAL SIGNS

History: jaundiced
Abnormal PE/Chem/CBC/UA Results: ALP= 4200 ALT 1600 Bilirubin 77

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A 0.41 cm nodule is observed at the apical aspect. The remaining bladder wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is enlarged (4.52 cm in width) with smooth peripheral contours. Parenchyma is mildly hyperechoic relative to surrounding omental fat and heterogenous in appearance with numerous, small, ill-defined cystic areas throughout the gland. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.47 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.00 cm in length) normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.79 cm at cranial pole) (0.85 cm at caudal pole) (2.27 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appears normal.

The right adrenal gland is mildly enlarged (1.81 cm at cranial pole) (0.82 cm at caudal pole) (2.22 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appears normal.

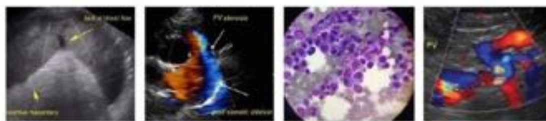
Spleen

The spleen is normal in size (1.30 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 prominent to enlarged with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A moderate to large amount of suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery effacing the serosal surface of the gall bladder is mildly hyperechoic.



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Gastrointestinal
The lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder changes are consistent with a fully-formed mucocele with potential for concurrent bacterial cholecystitis. Adjacent peritonitis is present.

- The hepatic changes are non-specific and could be secondary to inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), regenerative nodular hyperplasia, vacuolar hepatopathy, Leptospirosis, other hepatopathy or some combination thereof.

Secondary Findings

- Bilateral chronic renal changes with dystrophic mineralization

- Mild bilateral adrenomegaly

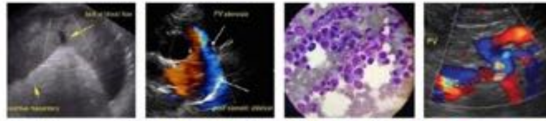
- The prostate changes are most consistent with cystic benign prostatic hyperplasia.

- The nodule at the apex of the urinary bladder could be consistent with an inflammatory polyp or an emerging tumor (i.e., transitional cell carcinoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cholecystectomy with liver biopsies is recommended, along with aerobic and anaerobic bile cultures. Clotting times and three-view thoracic radiographs should be performed prior to surgery. If surgery is not pursued at this time, the client should be warned of the risk of potential gall bladder rupture with subsequent bile/septic peritonitis; and Ursodiol therapy is recommended, along with broad-spectrum antibiotics (as empirical treatment bacterial cholecystitis) with close sonograph monitoring of the gall bladder to assess for rupture.

- Given the urinary bladder nodule, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.



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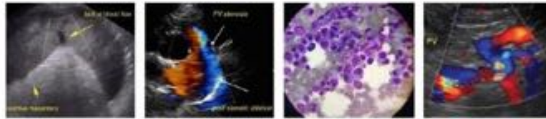
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

info@SonoPath.com