

PATIENT

Emmy Hagler

SPECIES

Canine

BREED

Schnoodle

SEX

Female Spayed

AGE

12 years

WEIGHT

19.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Glaze

INVOICE

12941

DATE

5.4.23

PRESENTING CLINICAL SIGNS

History: Pt developed pancreatitis in January 2023 and still hasn't completely recovered - cPL levels still abnormal, pt still has episodes of diarrhea Current Medications Fortiflora, i/d

Abnormal PE/Chem/CBC/UA Results: cPL - 1/23: 291; 3/23: 476; 4/23: 429 GI panel: TLI: >50; cobalamin: 561; folate: 20.6; cPL: 476 ALP: 632 in January

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 and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.81 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged with a prominent cranial pole (1.14 cm) (0.55 cm at caudal pole) (2.90 cm in length). Glandular echogenicity and detail appear normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.01 cm at cranial pole) (0.64 cm at caudal pole) (2.31 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.21 cm irregular myelolipoma is observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic to mildly hyperechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. 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. A moderate amount of aggregated, echogenic to mineralized, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. 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 evidence of an obstructive pattern.

Pancreas

(See "Other" category).

Free Abdomen

There is no obvious evidence of free fluid. Three to four enlarged, rounded hypoechoic lymph node are observed at the aortic trifurcation (the largest measuring 2.48 cm in diameter). Surrounding mesentery is hyperechoic.

Other

In the cranial abdomen, just caudal to the stomach, a 3.20 cm heterogenous cavitated mass with a hyperechoic rim is visualized. Just to the right of this mass, a 2.22 cm hypoechoic irregular mass is seen. The adjacent pancreas appears normal.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the two cranial abdominal masses is unclear. They may be arising from the pancreas, lymph node, mesentery, other. Differentials include neoplasia, abscess (particularly the cavitated mass), granulomas, inflammatory foci, other.
- The enlarged caudal abdominal lymph nodes are concerning for a infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous).

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder sludge - non-mucocele
- Mild left adrenomegaly
- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirate of the cranial abdomen masses and enlarged caudal abdominal lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used. If the cavitated cranial abdominal mass is aspirated, aerobic and anaerobic bile cultures are also recommended.



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- An abdominal CT scan may also be useful in further characterizing the lesions, especially the ones in the cranial abdomen.

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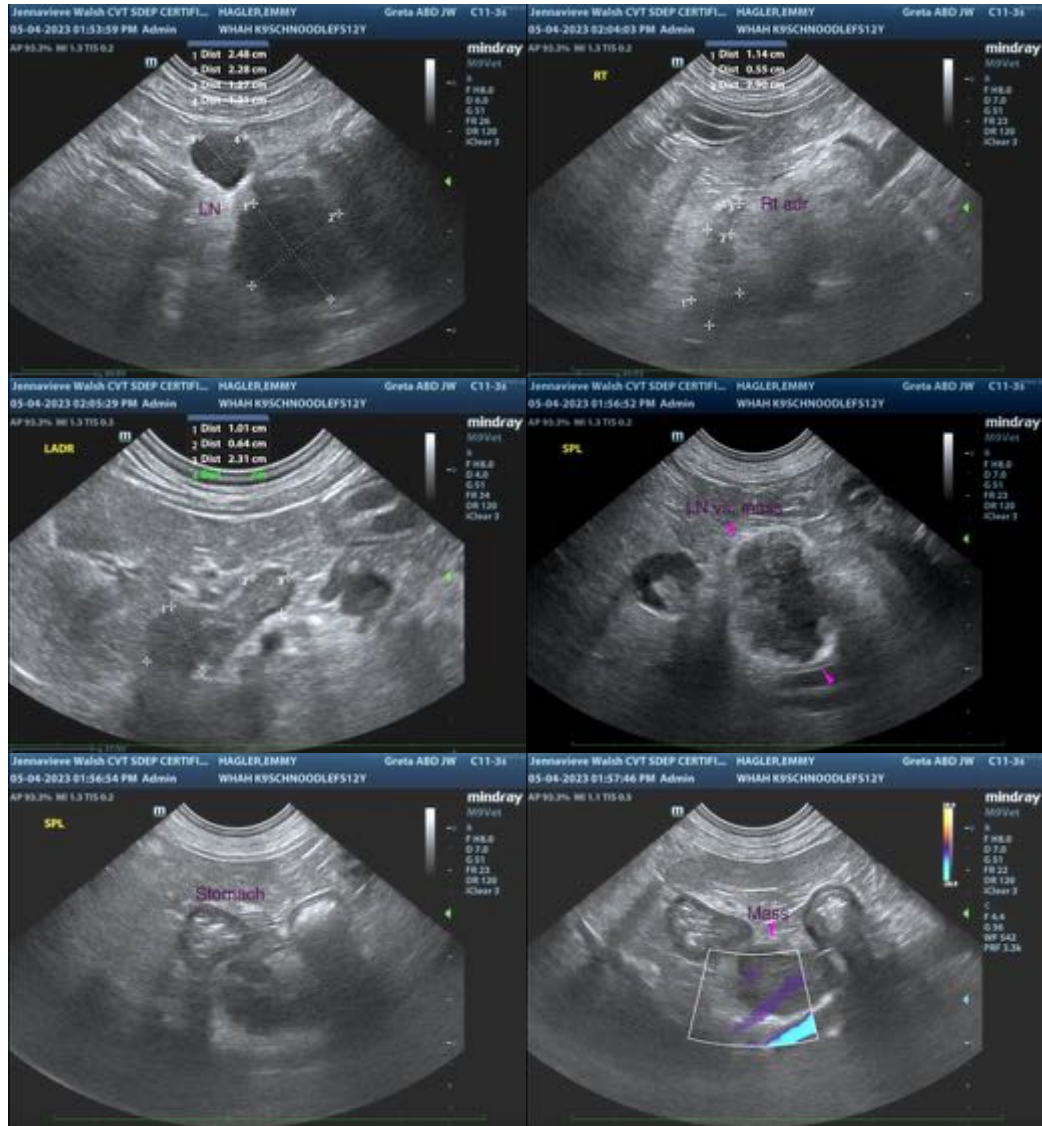
Dr Glaze

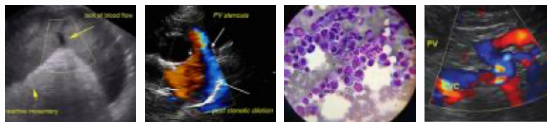
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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