


PATIENT

Henree Kocsis

PRESENTING CLINICAL SIGNS

History: ADR, concern for possible liver mass

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Leukocytosis with a neutrophilia. ALT is 914. ALP is 336, TBili is 14.7. Normal CPL.

BREED

Cockapoo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male Neutered

The prostate is not definitively visualized due to its pelvic location.

AGE

14 Years

The left kidney is normal size (4.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A 0.46 cm cortical cyst is observed in the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

16 kgs.

The right kidney is normal size (6.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is prominent in size (0.88 cm at cranial pole) (0.54 cm at caudal pole) (2.40 cm in length) with slightly irregular shape and a prominent cranial pole. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.09 cm at cranial pole) (0.57 cm at caudal pole) (2.27 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.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen

The spleen is normal in size (1.59 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined, myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

HOSPITAL NAME

Headon Forest AH

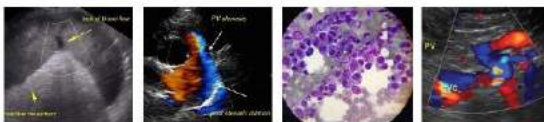
REFERRING VET

Dr. Martin

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. Surrounding mesentery is hyperechoic.

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**DATE
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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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 mesentery surrounding the liver is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Inflamed, fully formed gall bladder mucocele with regional peritonitis.
- The hepatic parenchymal changes in conjunction with the lab values and gall bladder findings are most consistent with an inflammatory process (i.e., cholangiohepatitis). Although, other hepatic pathology (i.e., age-related vacuolar hepatopathy or hyperplasia) cannot be completely excluded. Neoplasia is possible but considered less likely.
- Mild gastric stasis.

Secondary Findings:

- Mild left adrenomegaly.
- Minor, age-related renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. An abdominal exploratory with a cholecystectomy and liver biopsy. If a more conservative approach is desired, empirical treatment for cholecystitis/cholangiohepatitis can be considered. However, there is concern for potential for gall bladder rupture.
2. Three-view thoracic radiographs are recommended to prior to anesthesia.



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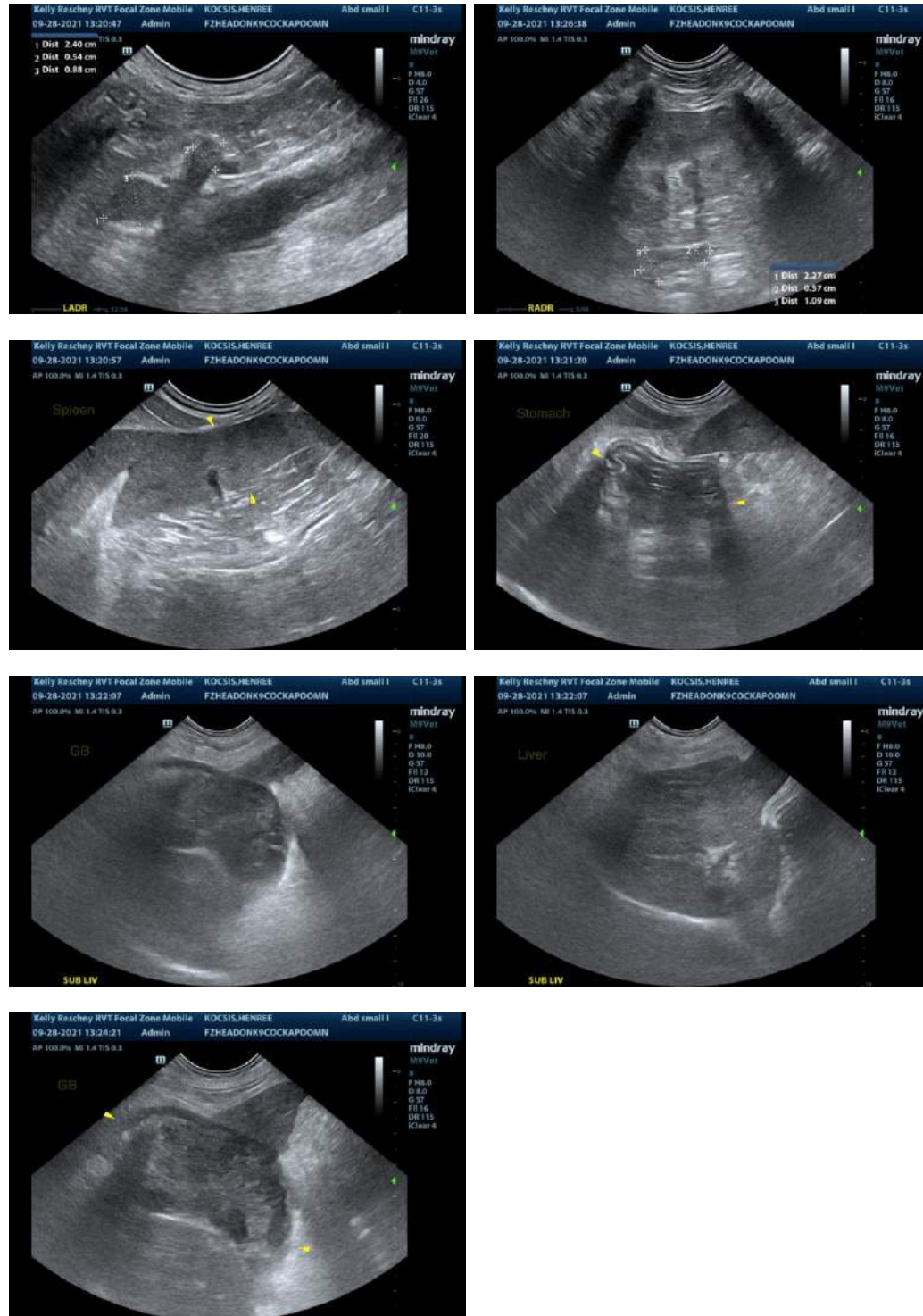
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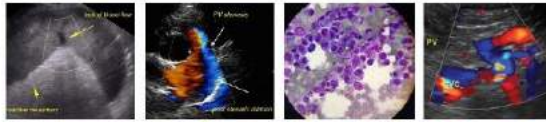
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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