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|-----------------------------|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Layla Chesser | Elevated calcium and Cushing's. PU/PD. |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | Urinary System |
| BREED | Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed. |
| Border Collie Mix | |
| SEX | Left kidney is normal in size (5.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed. |
| Spayed Female | Right kidney is normal in size (5.8 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed. |
| AGE | Adrenal Glands |
| 9 years | Left adrenal gland is normal in size (2.0 cm long x 0.65 cm at cranial pole and 0.78 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. |
| WEIGHT | Right adrenal gland is normal in size (2.4 cm long x 1.3 cm at cranial pole and 0.86 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. |
| 39.3 lbs | |
| INTERPRETED BY | Spleen |
| Beth Johnson, DVM DACVIM | Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal. |
| IMAGING PERFORMED BY | Liver |
| Dr. Buss | Liver is subjectively enlarged with rounded margins. Parenchyma is heterogeneous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal. Gallbladder is non-distended. The wall is thick measuring 0.88 cm with a hyperechoic, irregular appearance. The luminal contents are primarily anechoic. There is no evidence of common bile duct dilation. |
| HOSPITAL NAME | |
| Kings VH | |
| REFERRING VET | Gastrointestinal |
| Dr. Buss | The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty. |
| INVOICE | The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines. |
| 95216 | Colon is normal in wall thickness (< 0.2 cm) and layering. |
| DATE | |
| 1/13/22 | |



PATIENT

Pancreas

Layla Chesser

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SPECIES

Canine

Free Abdomen

In the caudal ventral abdomen there is a structure measuring 4.5 x 2.0 cm with a thick, hyperechoic wall and a hypoechoic to anechoic center.

BREED

Border Collie Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Spayed Female

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Thick, irregular gallbladder wall. This is suggestive of chronic cholecystitis or cholangiohepatitis.
- An apparent fluid filled mass was noted in the caudal ventral abdomen. Differentials for which include infiltrative neoplasia versus a cavitated lymph node, a complicated cyst or hematoma are also possible and cannot be ruled out.

AGE

9 years

WEIGHT

39.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Buss

I recommend FNA of the liver and spleen if the patient's coagulation status is appropriate. A FNA of the caudal ventral abdominal mass/node/other is also recommended for cytology and culture if the patient's coagulation status is appropriate. The patient's PU/PD may be secondary to the hypercalcemia and further calcium work-up starting with PTH, PTHRP and ionized calcium as well as the previously recommended FNA to rule out neoplasia is recommended. Pending the results of those diagnostics if hyperadrenocorticism is still suspected confirmation can be obtained with a low-dose Dexamethasone suppression test. If not already evaluated three view thoracic radiographs to rule out further metastatic disease and assess cardiopulmonary status are also recommended.

HOSPITAL NAME

Kings VH

REFERRING VET

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INVOICE

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Layla Chesser

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

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IMAGING PERFORMED BY

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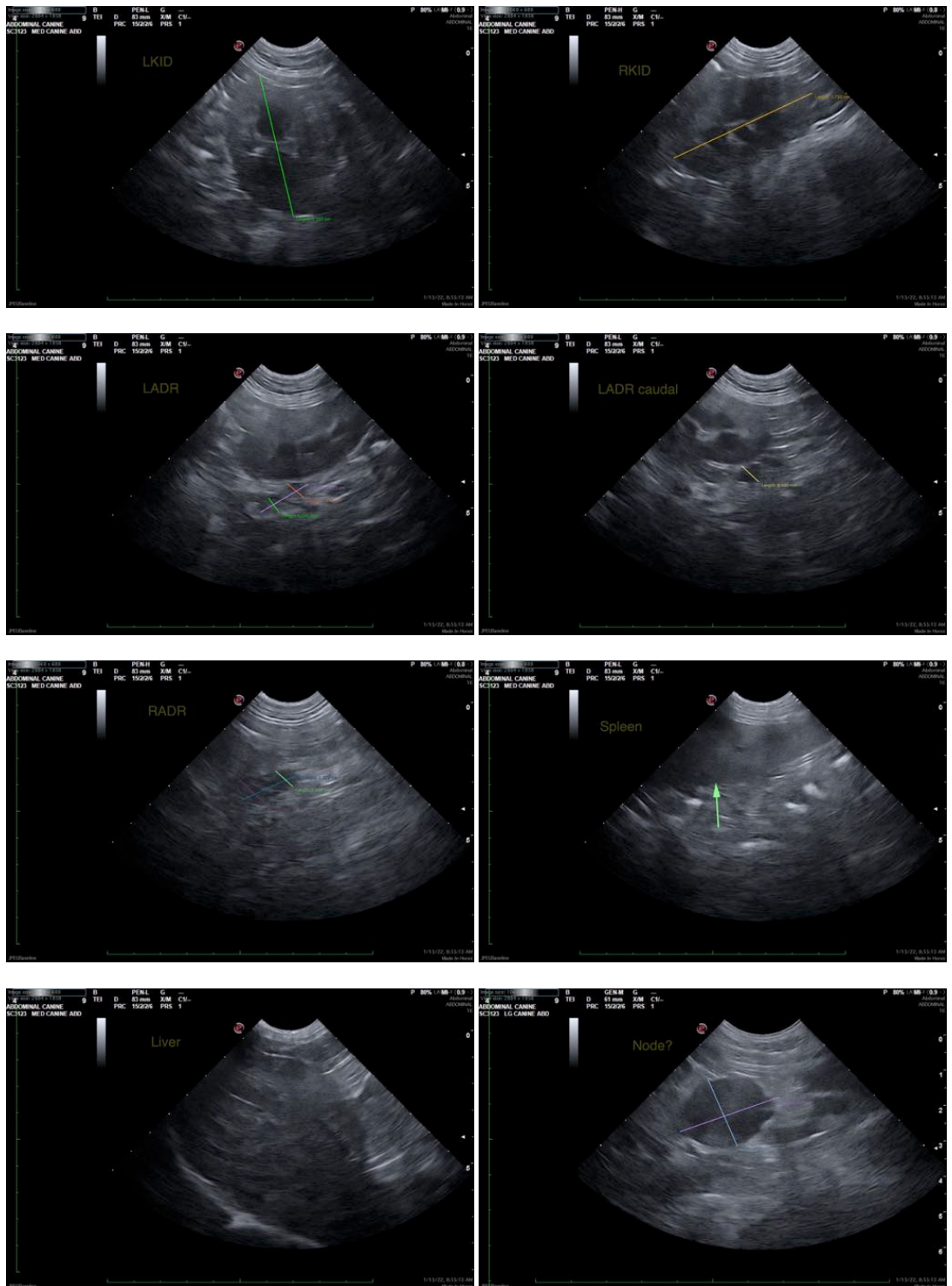
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Layla Chesser

SPECIES

Canine

BREED

Border Collie Mix

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Spayed Female

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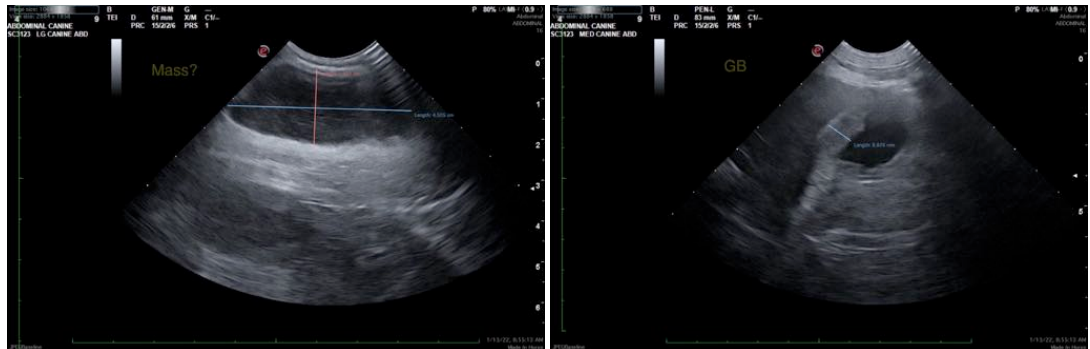
Dr. Buss

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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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com