

**DATE PRESENTING CLINICAL SIGNS**

1/31/23

History: Appetite decrease, antsy and can't get comfortable. No vomiting or diarrhea, mild increase in thirst. Numerous skin and subcutaneous mass, presumption is degenerative joint disease/osteoarthritis

PATIENT

Thunder Clark

Current Medications: Apoquel 16mg-1.5 tabs once a day, Dasuquin advanced, Galliprant 100mg twice a day
 Lab Results: ^ALT 272, ^ACKP 1238, ^Cholest 391, ^PPSL 161, ^PLT 487, accuplex neg 1/17/23, rec 1st am UA

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: STAT requested.

BREED

Chow Chow

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

4/14/09

The kidneys are normal in size, the left measures 8.33 cm, the right measures 7.62 cm. However, normal corticomedullary architecture is disrupted characterized by multifocal heterogenous, primarily hypoechoic and some anechoic nodules.

WEIGHT

108 Pounds

Adrenal Glands

Left adrenal gland is normal in size (3.68 cm long x 0.74 cm at cranial pole and 0.99 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (3.79 cm long x 1.17 cm at cranial pole and 0.96 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

BelAir VH

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 3.7 cm x 2.8 cm heterogenous, partially cavitated mass is noted, resulting in a capsular bulge off of the head of the spleen. Splenic vasculature appears normal.

REFERRING VET

Dr. Stevenson

Liver

Liver is subjectively enlarged in size with irregular margins. Parenchyma is mottled by multifocal heterogenous, partially cavitated nodules/masses of varying sizes, creating a "moth-eaten" appearance. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

20866

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Other

The visible heart and pericardium are unremarkable without obvious pathology noted in these images. If cardiac function evaluation is desired, a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The cystic/cavitated nodules/masses affecting the liver, spleen and kidneys, are most concerning for infiltrative neoplasia, such as sarcoma vs potentially infiltrative round cell neoplasia vs other metastatic neoplasia. A benign cystic process with complicated cysts or even abscesses, especially affecting the kidneys is possible, but considered less likely.

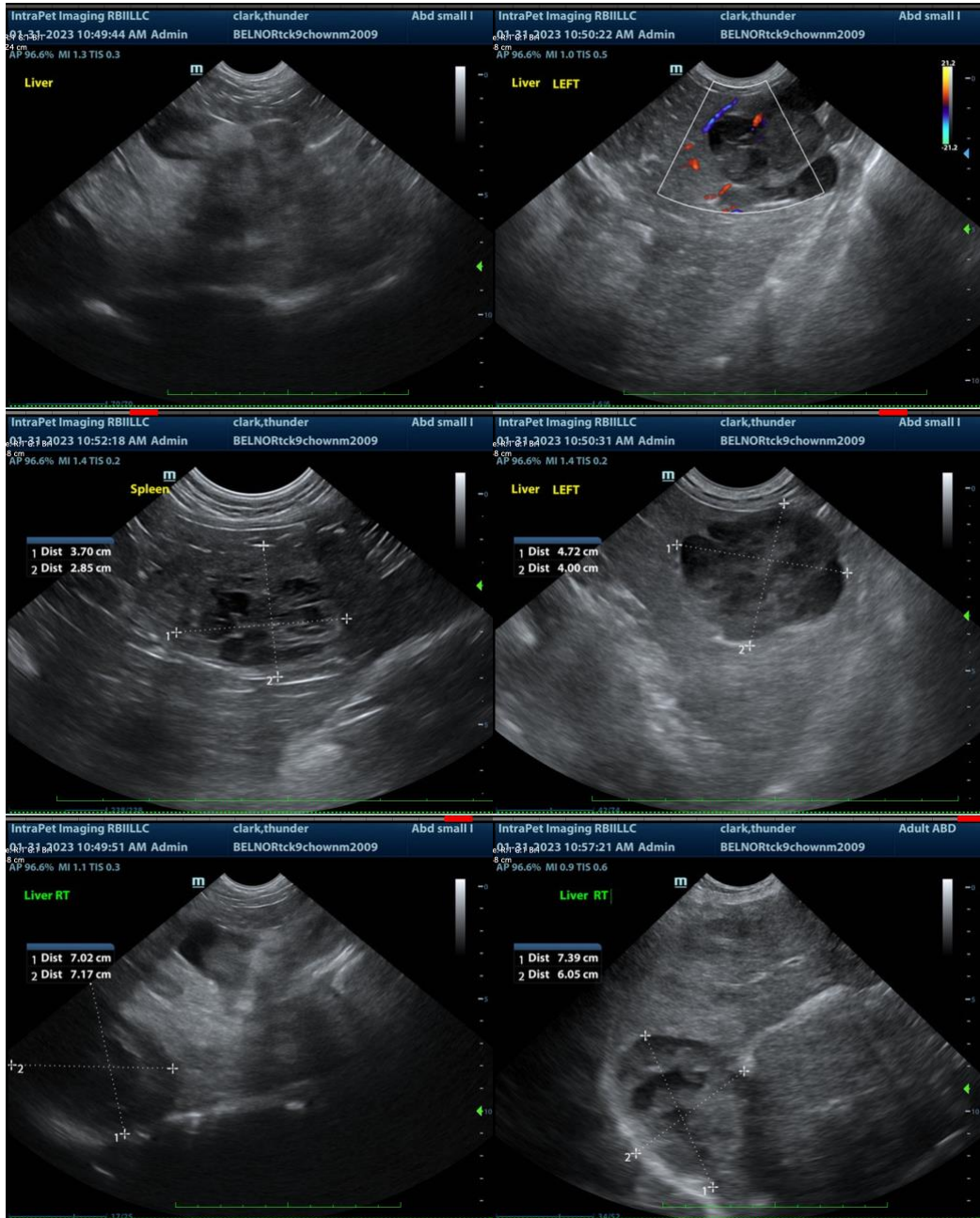
Secondary Findings

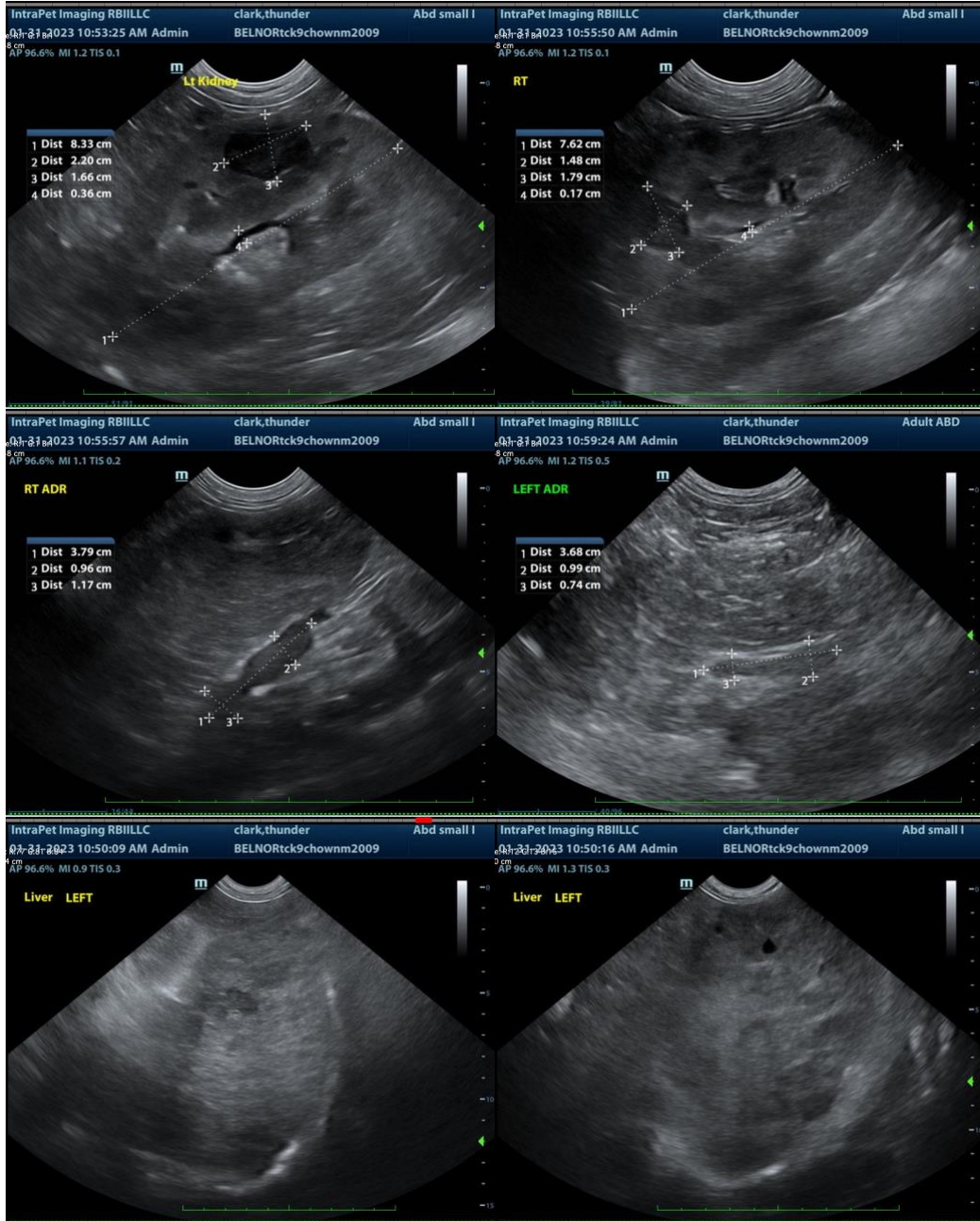
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

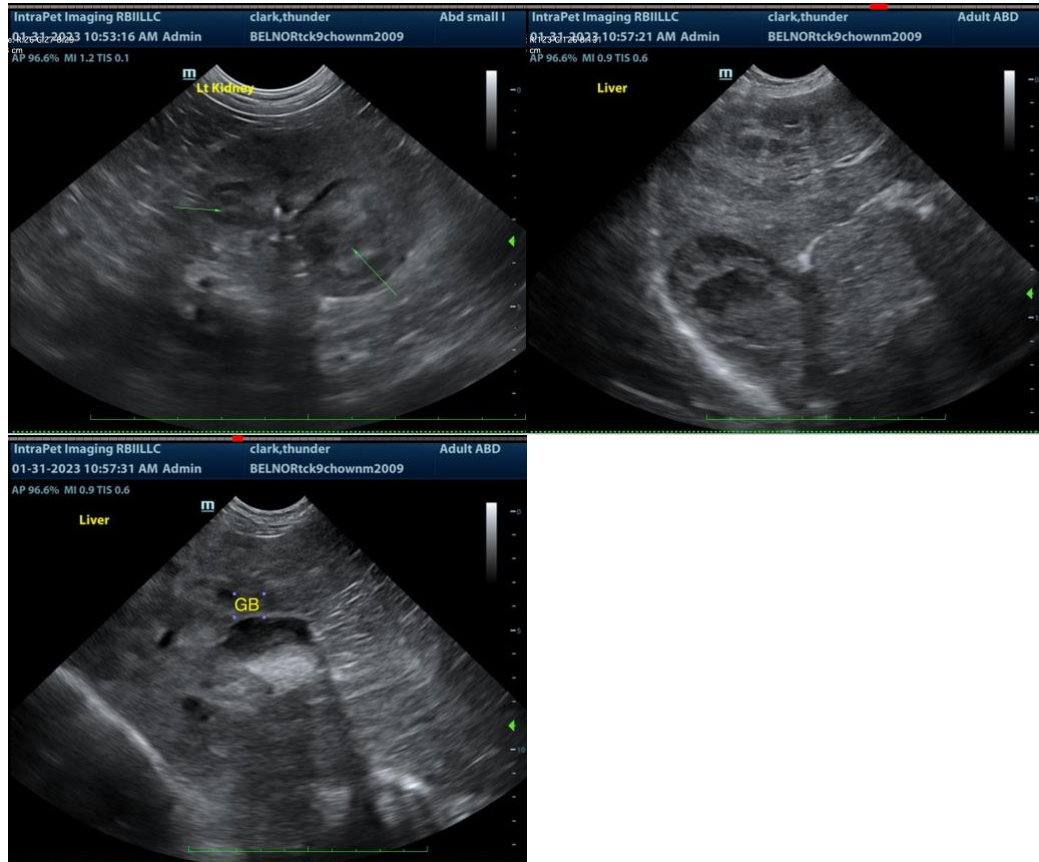
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirates of the liver +/- the kidneys +/- the spleen could be considered if patients coagulation status is appropriate. Alternatively, an exploratory laparotomy for biopsies of the lesions could be considered, however, this approach will not result in removal of all the visibly abnormal pathology and is therefore likely not the best choice.







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

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