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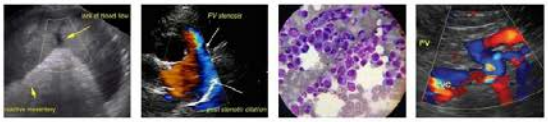

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chloee Heddy

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

11.9 Years

WEIGHT

11.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

INVOICE

41913

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Hx of elevated liver values that have increased Periodontal disease Presenting Complaint: Px presented for examination, interested in dental cleaning. Px has mod to severe periodontal disease. She has a history of elevated liver values first noted in 11/2021. She had repeat lab work in preparation for dental cleaning and her liver values have increased. Otherwise, O has no concerns other than significant anxiety. Pertinent Diagnostic Results: 9/26/22: ALT 240, ALP 615, TRIG 484 11/9/21: ALT 147, ALP 213

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.83 cm. The right kidney measures 4.58 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.47 cm at the cranial pole and 0.43 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm at the cranial pole and 0.43 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. An approximately 3.0 cm in diameter homogeneous, primarily hypoechoic mass is noted just caudal to the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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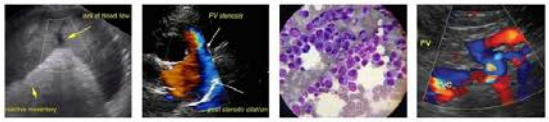

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

A mildly enlarged hypoechoic pancreaticoduodenal lymph node is noted.

PRIMARY FINDINGS

- **Homogeneous, hypoechoic liver mass** – The appearance of this mass trends towards the benign, such as a hepatoma or adenoma, potentially marked nodular hyperplasia. However, primary hepatic malignant neoplasia such as a well differentiated hepatocellular carcinoma, round cell neoplasia, etc. cannot be definitively ruled out without tissue sampling.
- **Emerging mucocele –** 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- **Pancreatic age-related remodeling –** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- **Hypersplenism –** 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, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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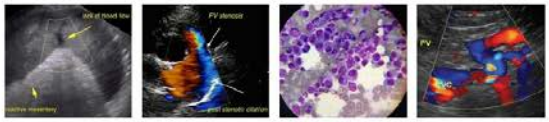

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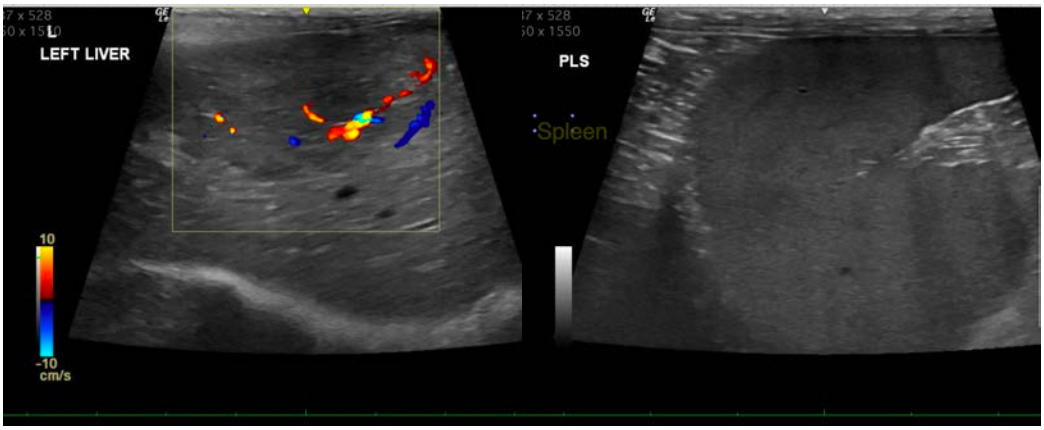
SECONDARY FINDINGS

- Age related kidney changes
- Mild pancreaticoduodenal lymphadenopathy – likely reactive, infiltrative neoplasia cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 aspirate of the liver mass is recommended if patient's coagulation status is appropriate. In the meantime, given the emerging mucocele, an empirical course of hepatic nutraceuticals including Ursodiol and broad-spectrum antibiotics could be considered with monitoring of the liver enzymes for improvement. If liver enzymes improve, antibiotics should be continued until they either plateau or normalize. If there is no improve, antibiotics should not be contingent, but hepatic nutraceuticals can be continued long-term. If clinical signs of a possible mucocele develop such as decreased appetite, nausea, cranial abdominal pain, etc., reevaluation of the gallbladder for possible progression is warranted.



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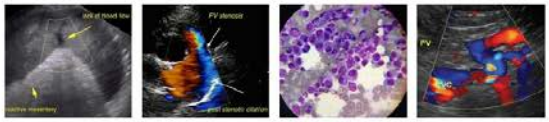

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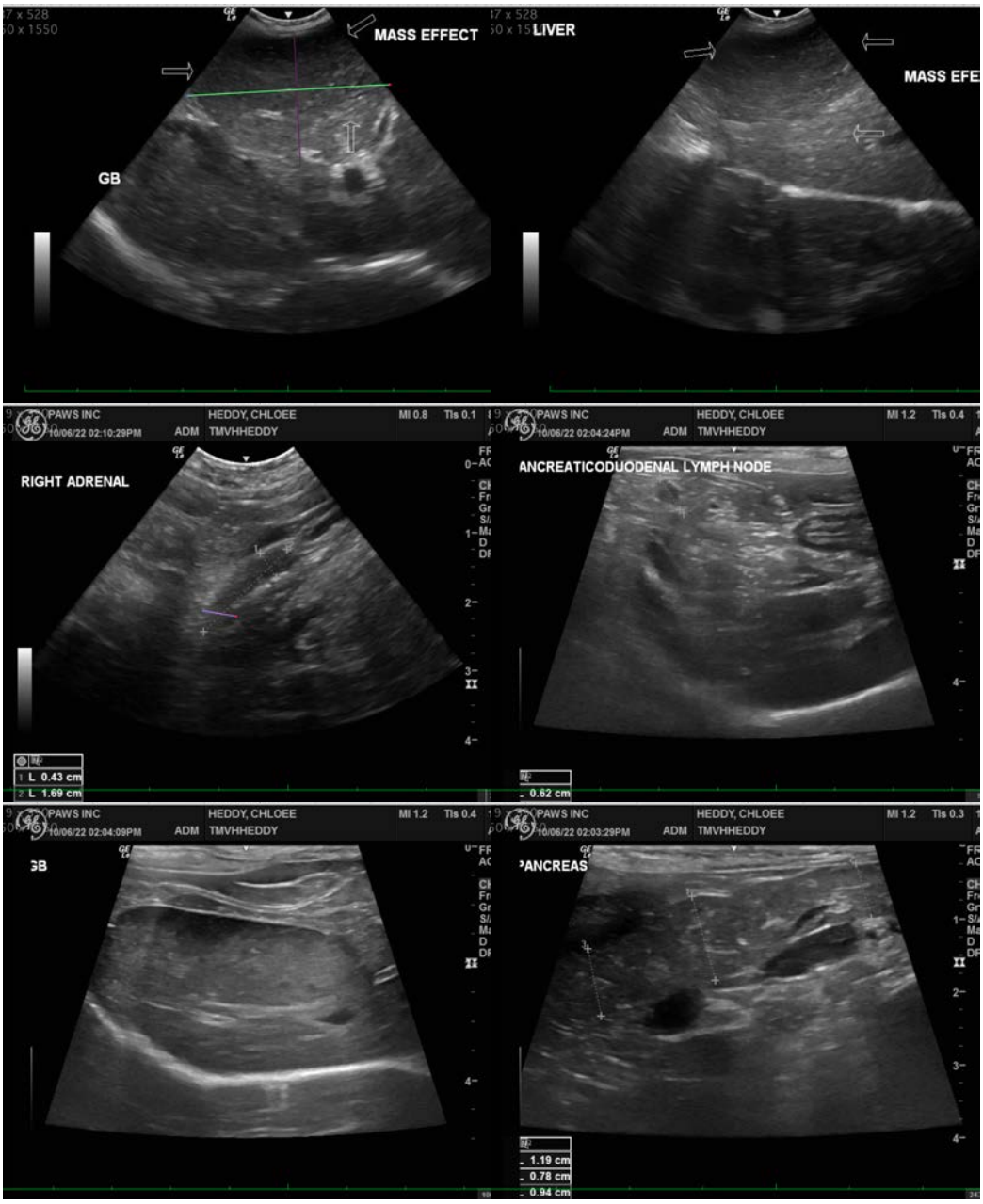

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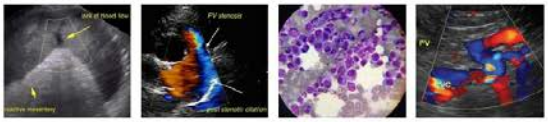

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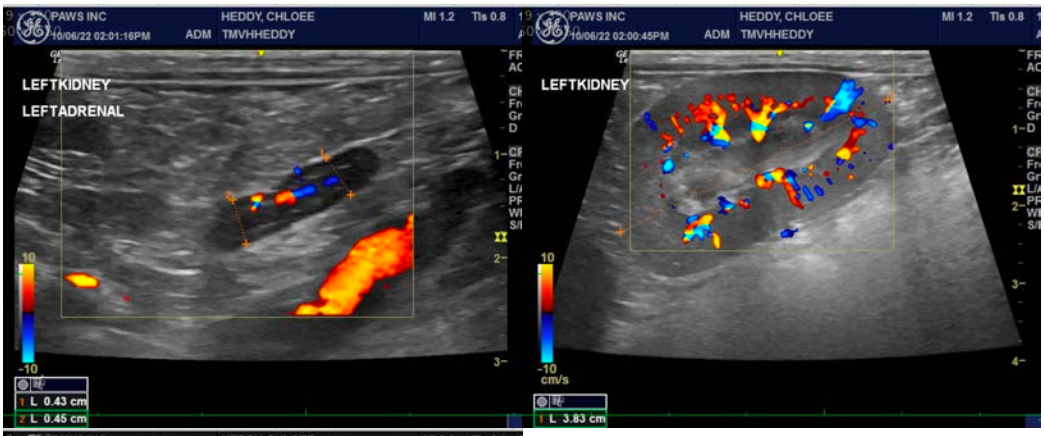

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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