



PATIENT PRESENTING CLINICAL SIGNS

Jersey Dietrich
appetite down, lethargic meds: prednisone
Abnormal PE/Chem/CBC/UA Results: please see attached BW

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Lab

SEX

Spayed Female

AGE

13 Years

WEIGHT

23.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

42434

DATE

11/1/22

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.

The right kidney is normal in size (4.87 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.55 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.79 cm long x 1.2 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measures 2.0 cm long x 0.37 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

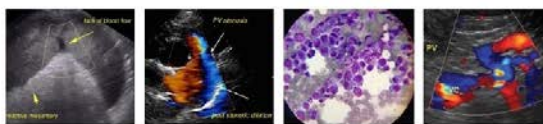
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. An approximately 6.0 cm x 8.0 cm liver mass is noted in the caudal mid liver, primarily homogeneous with small cavitations and hyperechoic parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.



PATIENT

Jersey Dietrich The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES *Pancreas*

Canine The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED *Free Abdomen*

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

SEX There is no apparent lymphadenopathy noted in these images.

Spayed Female **ULTRASONOGRAPHIC FINDINGS**

AGE

13 Years

- Liver mass – Primary differential includes infiltrative neoplasia such as primary hepatocellular carcinoma versus potentially sarcoma or even round cell neoplasia. Benign hepatoma/adenoma cannot be definitively ruled out without tissue sampling.
- Flat adrenal glands – Consistent with the history of steroid administration.

WEIGHT

23.7 kg

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.

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A fine needle aspirate of the liver is recommended if patient's coagulation status is appropriate.

Beth Johnson, DVM
DACVIM

In the meantime, given the high BUN and normal creatinine with a regenerative anemia, a gastrointestinal bleed is suspected, potentially secondary to the Prednisone, so medical management of microulceration with antacid therapy, sucralfate, and lowering/tapering the Pred as tolerated is also recommended.

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Empirical deworming with a 5-day course of Panacur is recommended.

Kelly Reschny

If the anemia progresses and/or gastrointestinal bleed is confirmed and not controlled with medical management, recheck imaging and/or gastroscopy/endoscopy may be warranted.

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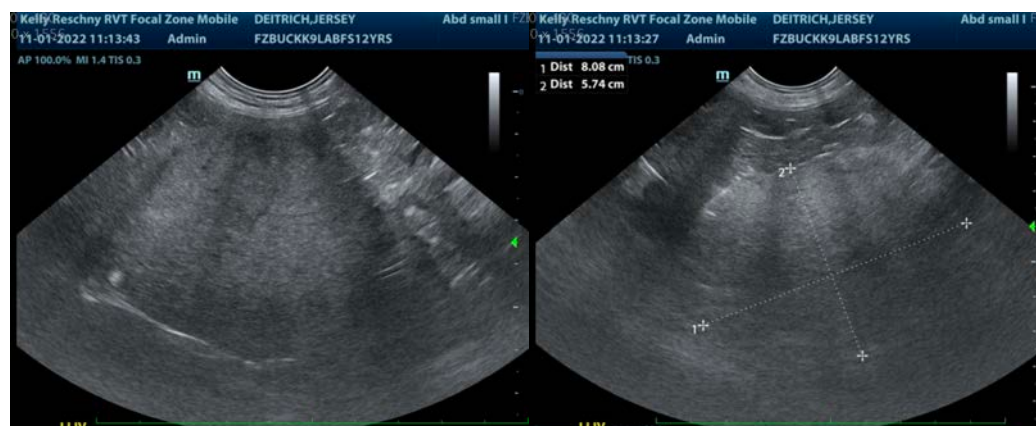
Dr. MacFarlane

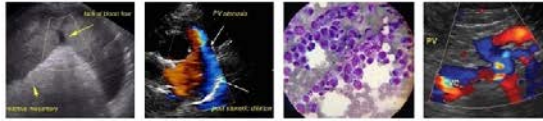
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PATIENT

Jersey Dietrich

SPECIES

Canine

BREED

Lab

SEX

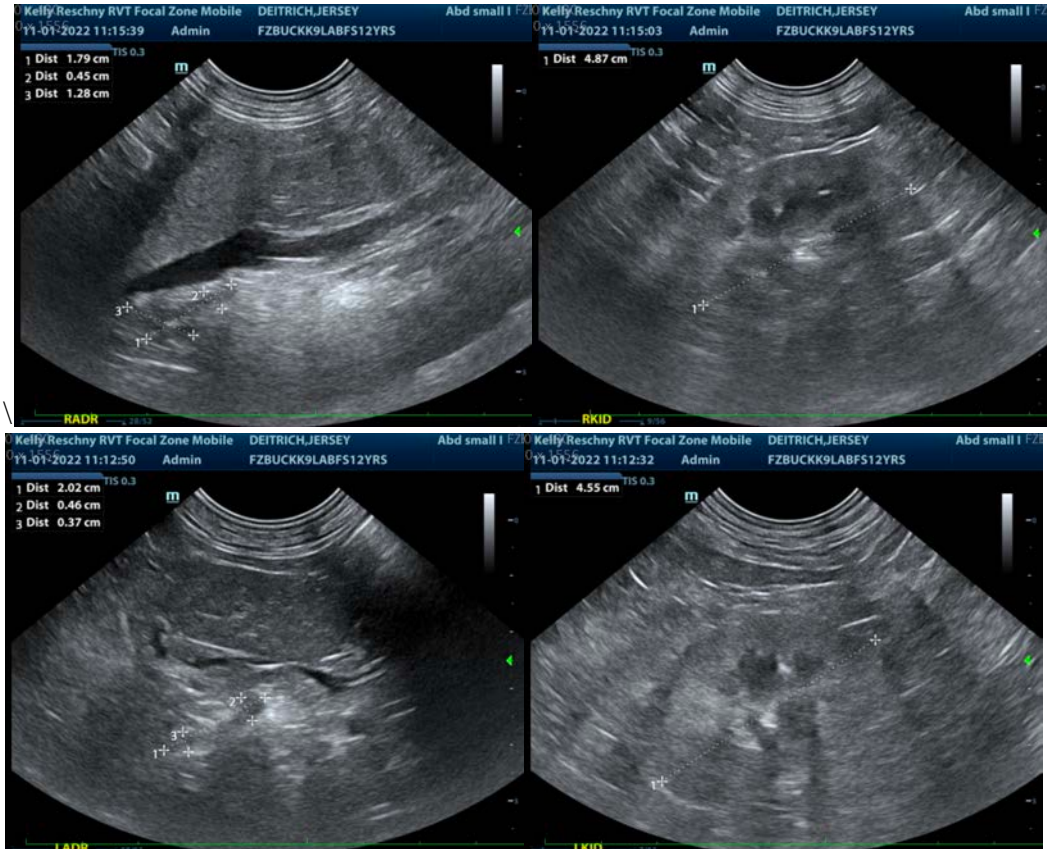
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Kelly Reschny

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