

**DATE PRESENTING CLINICAL SIGNS**

2/13/23

History of liver enzyme elevation and hepatomegaly on abdominal palpation.

PATIENTDaisy Mae Senior Dog
Sanctuary

Current Medications: Gabapentin 80mg PO q12h

Lab Results: 1/23/23: Chemistry - SDMA 21 (H), Creat 1.0 (wnl), BUN 35 (H), CI 107 (L), ALT 126 (H), ALP 2169 (H), GGT 16 (H), Chol 426 (H), Lipase 326 (H). CBC - HGB11.8 (L), HCT 37.1 (L), MCH 21.0 (L), MCHC 31.8 (L), Retic HGB 21.5 (L), PLT 465 (H), 4DX - Neg x 4. 2/2/23

SPECIES

Canine

Fecal - Neg. Urinalysis - USG 1.024, pH 5.5, Protein 2+, occasional granular casts, non-crystalline debris

Date of Previous IntraPet Ultrasound: No previous.

BREED

Cockapoo

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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

2/2/08

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. Multiple small cortical cysts are noted bilaterally. The left kidney measures 4.73 cm. The right kidney measures 4.69 cm.

WEIGHT

15.7 Pounds

Adrenal Glands

Left adrenal gland is normal in size (1.67 cm long x 0.69 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.56 cm long x 0.51 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BYBeth Johnson, DVM
DACVIM**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 2.8 cm x 5.0 cm mixed echogenic, microcystic, vascular mass that results in a capsular bulge is noted in the mid spleen. Splenic vasculature appears normal.

HOSPITAL NAME

North Laurel AH

REFERRING VET

Dr. Steere

INVOICE

21102

Liver

Liver is subjectively enlarged in size with very rounded, almost nodular appearing margins. Parenchyma is heterogenous, characterized by multiple mixed echogenic nodules throughout the parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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. A 1.0 cm x 0.65 cm thick, cystic lymph node is noted caudal to the left kidney.

Other

There is no heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired, a full echo is recommended.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A mixed, partially cystic splenic mass is concerning for infiltrative neoplasia, such as sarcoma or potentially round cell neoplasia, however, benign extramedullary hematopoiesis, cysts, hematomas, can mimic malignancy and cannot be ruled out without tissue sampling.
- The heterogenous/nodular liver may represent a benign process, such as marked nodular hyperplasia or steroid or vacuolar hepatopathy, extramedullary hematopoiesis, possibly even chronic inflammatory disease. However, infiltrative neoplasia, including round cell neoplasia, potentially sarcoma as well, or even metastatic disease cannot be ruled out without tissue sampling.
- The cystic lymph node may be a renal lymph node and be secondary to chronic kidney infections, however, a metastatic lymphadenopathy cannot be ruled out.

Secondary Findings

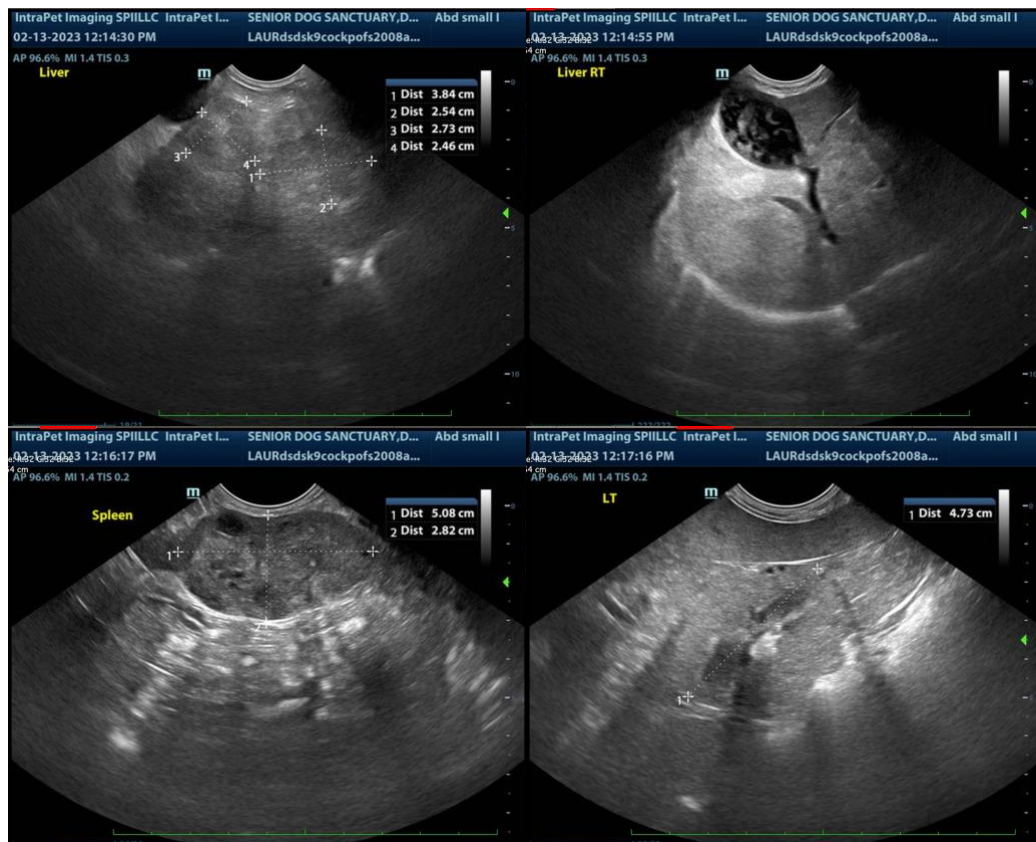
- Age-related kidney changes with multiple small bilateral cortical cysts
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in

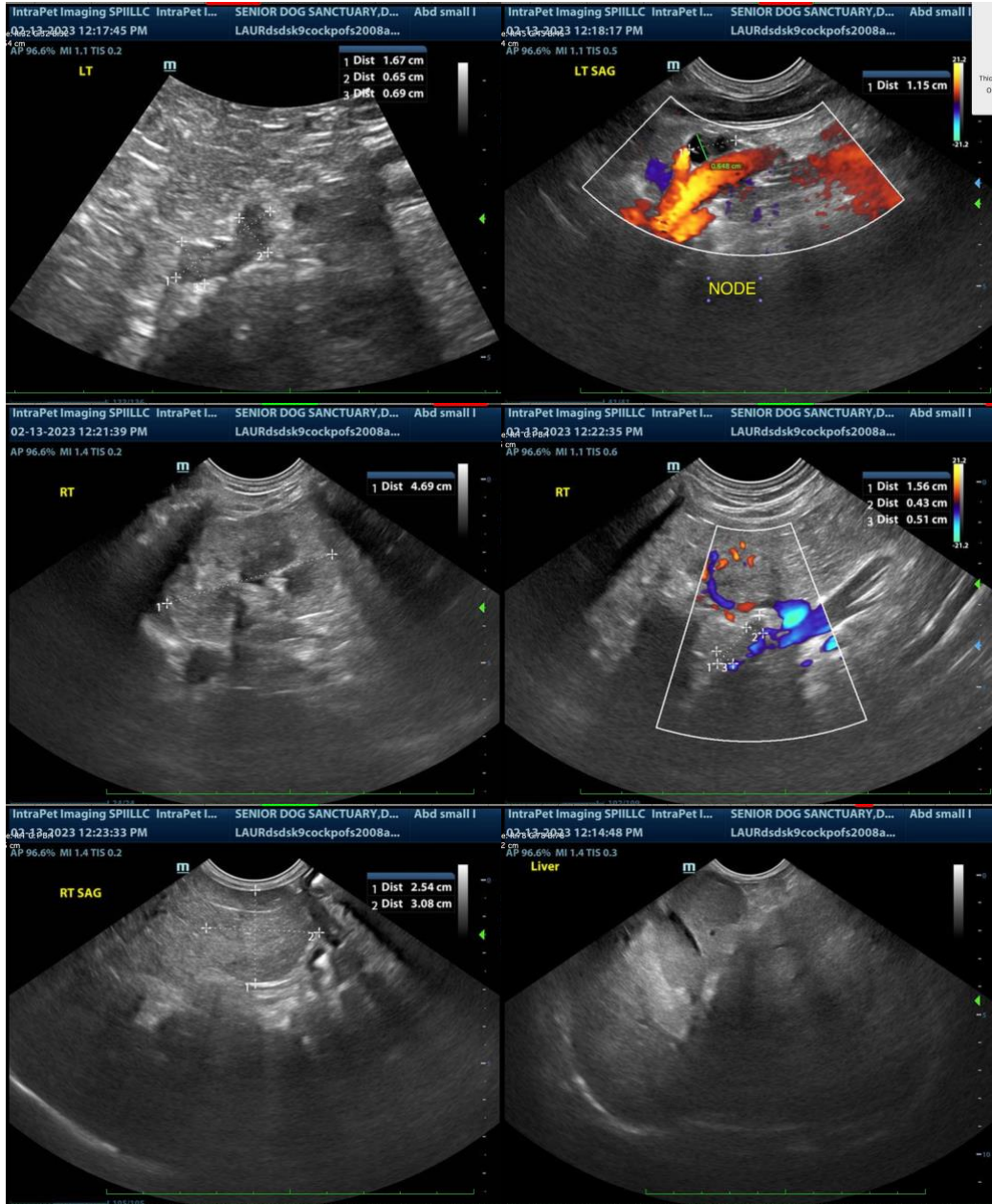
combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

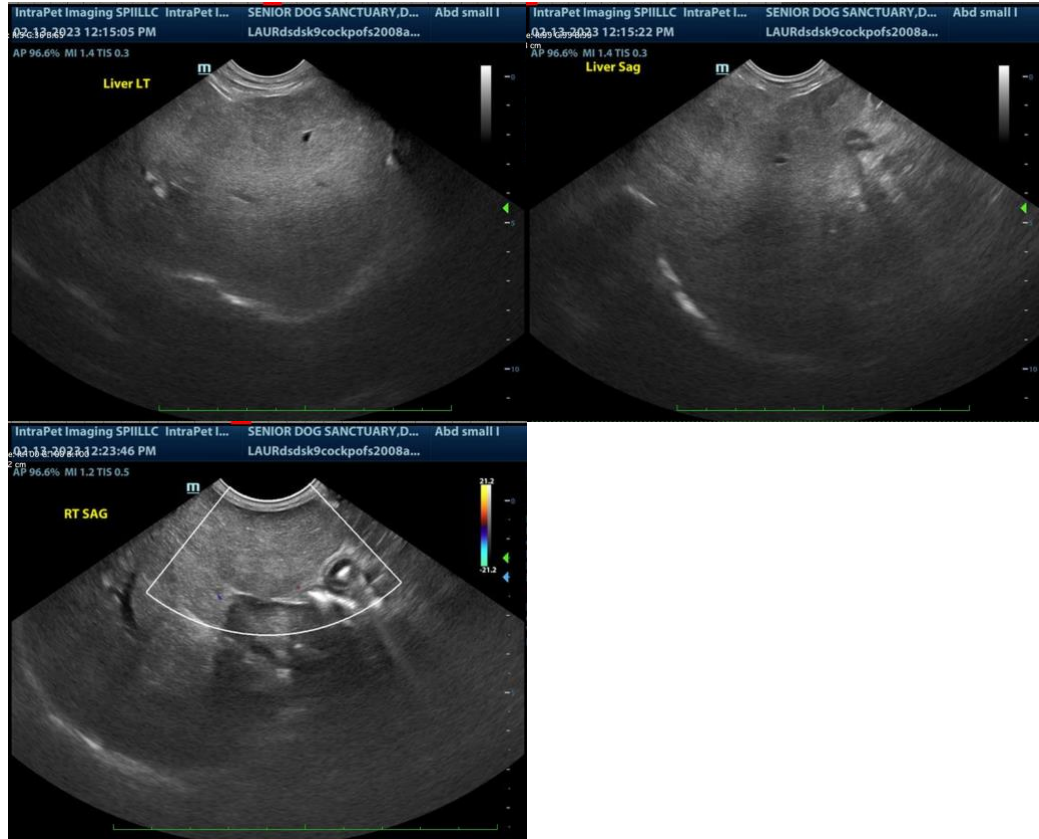
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 aspirate of the spleen and liver is recommended if patients coagulation status is appropriate. Pending results, a splenectomy may be considered to reduce or eliminate the risk of future hemoabdomen given the cystic appearance of the mass.







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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