

**DATE**

2/14/22

PRESENTING CLINICAL SIGNS

5 year old presenting for evaluation of ADR behavior, lethargy and lack bowel of movements. He was evaluated on 02/8/22 for vomiting, shaking and a dry non-productive cough for several weeks. Blood work revealed neutrophilia and mild leukocytosis. Rads revealed a gas distended stomach and possible fluid in pylorus poor serosal detail due to limited fat and bunched SI. He has been at the EVC for fluid therapy
Current Medications: Gabapentin 300mg TID or BID

PATIENT

Jacob Buck

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV torbutrol.

SPECIES

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Neutered male

The prostate is normal for a neutered dog.

AGE

2017

Left kidney is normal in size (10.16 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. Renal pelvis is dilated (pyelectasia), measuring (0.55 cm). No visible obstruction is observed, but cannot be ruled out.

No mineral is observed.

WEIGHT

31.5 kg

Right kidney is normal in size (9.78 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (2.69 cm long x 0.63 cm at cranial pole and 0.71 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is unable to be well visualized.

HOSPITAL NAME

Everhart VH

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Notarangelo

INVOICE

96053

Liver

Liver is enlarged in size characterized by almost complete loss of normal curvilinear architecture, which has been replaced by multi-focal, mixed, hyperechoic, partially cavitated masses throughout the parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion; however, normal anatomical evaluation is difficult due to the destruction of normal structures. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty, but mildly fluid distended.

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.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

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

Free Abdomen

In the caudal abdomen in an area consistent with medial iliac lymph nodes there are too large to measure in one screen, irregular, mixed, cavitated, hyperechoic masses consistent with medial iliac lymphadenopathy. There is a scant amount of anechoic free fluid in the abdomen.

ULTRASONOGRAPHIC FINDINGS

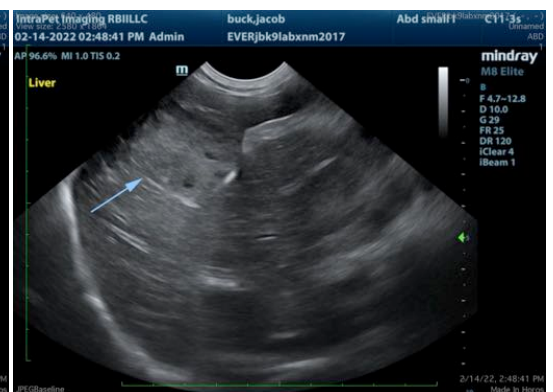
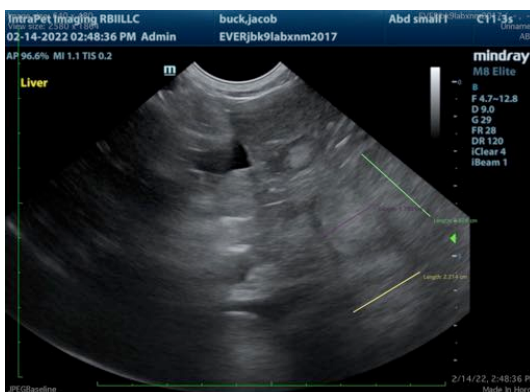
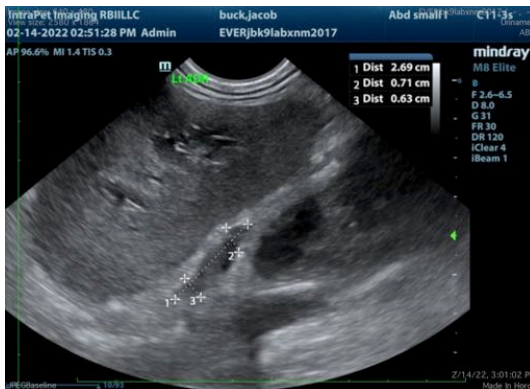
Multi-focal, mixed cavitated liver masses. These are most concerning infiltrative/metastatic neoplasia given the loss of normal architecture.

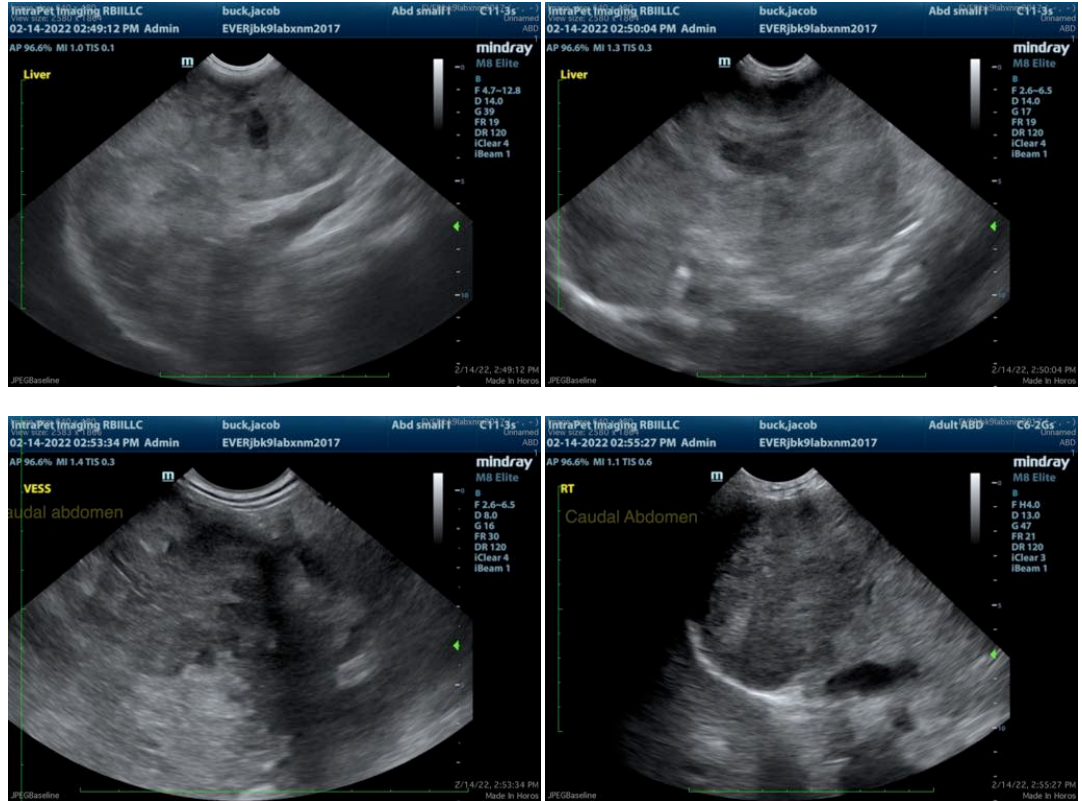
Large, mixed, hyperechoic cavitated caudal abdominal mass. This is consistent with enlarged medial iliac lymph nodes that are most concerning for infiltrative/metastatic neoplasia.

Mild left pyelectasia. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include FNA of the liver as well as the caudal abdominal mass (medial iliac lymph nodes) if the patient's coagulation status is appropriate. If not already evaluated three view thoracic radiographs are recommended to further assess cardiopulmonary status and look for metastatic disease. If a cytologic diagnosis is not obtained surgery may be required for excisional biopsies; however, the complete removal of visible/gross disease is considered highly unlikely based on these images. If further presurgical planning is desired an abdominal CT scan is recommended to further evaluate any possible remaining normal liver parenchyma as well as better differentiate the originating tissue of the caudal abdominal 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.

Beth Johnson, DVM DACVIM

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