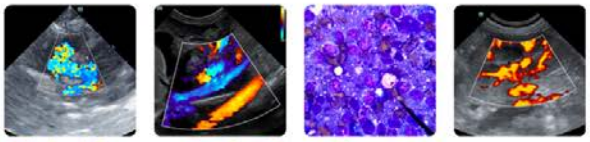

PATIENT

Max Albaladejo

SPECIES

Canine

BREED

Welsh Terrier

SEX

Neutered Male

AGE

16 Years

WEIGHT

18.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Mario Roman

INVOICE

73741

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PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of elevated hepatic enzymes. Px originally presented to rDVM due to episodes of vomiting and diarrhea. Px was then hospitalized due to increased hepatic and renal values. Owner reports PP and PD. Px presented with lethargy, a slightly pendulous abdomen, alopecia in the lumbar area, and epidermal collarettes. An FNA was performed on a hepatic mass and results are currently pending

Abnormal PE/Chem/CBC/UA Results: rDVM records attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

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 infarcts observed. Left kidney measures 4.96 cm. Right kidney measures 5.61 cm. Mild pyelectasia is present bilaterally. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally.

Adrenal Glands

The left adrenal gland is plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Some likely age related parenchymal heterogenicity is present. Visible surrounding vasculature appears normal. The cranial pole of the left adrenal gland is enlarged secondary to a hyperechoic nodule. Nodule does not disrupt normal shape and/or architecture. Left measures 0.94 cm at the cranial pole and 0.41 cm at the caudal pole.

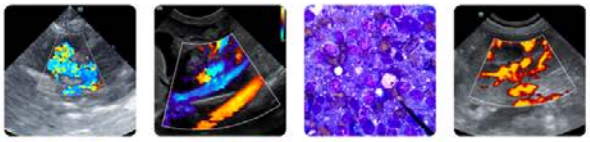
What may represent the right adrenal gland has a heterogeneous, largely cystic appearance. However, part of the liver mass or even a cystic lymph node versus an enlarged cystic right adrenal gland can't be ruled out. Right measures 1.2 cm at the cranial pole and 1.2 cm at the caudal pole.

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 appears to contain an expansive, heterogeneous, cystic mass involving the mid to right caudal liver, measuring approximately 8.2 cm x 8.7 cm in size. A 2nd smaller similar appearing mass measuring 3.6 cm x 5.2 cm may be present in the mid to left liver, although part of the same larger mass versus an isolated 2nd lesion is difficult to definitively determine.



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The gallbladder is unable to be well visualized due to proximity to the mass.

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 (< 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 visible free peritoneal effusion noted in these images.

Mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- The liver mass or potential masses could represent infiltrative neoplasia such as hepatocellular carcinoma, round cell neoplasia, sarcoma, other, although a benign hepatoma/adenoma or adenomas, nodular hyperplasia, cysts, hematomas, extramedullary hematopoiesis, etc. can't be ruled out without tissue sampling. As stated above, it is difficult to fully differentiate one irregular mass versus two separate lesions.

- Pancreatic age-related remodeling/Chronic pancreatitis – 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.

- Mild reactive mesenteric and medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- The right adrenal gland is difficult to fully interpret as adrenal gland versus cystic lymph node versus liver mass extension versus other. Having said that, I suspect some mild irregular bilateral adrenomegaly, which should be interpreted in combination with clinical history as well as most importantly the workup of the liver mass. Emerging adrenal disease can't be ruled out but typically is not the cause of clinical illness and is typically not recommended to be worked up in the face of potentially more serious illness such as the liver mass in this case.

SECONDARY FINDINGS

- Age related kidney changes with mild bilateral pyelectasia and non-obstructive dystrophic mineralization.

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- Mild to moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

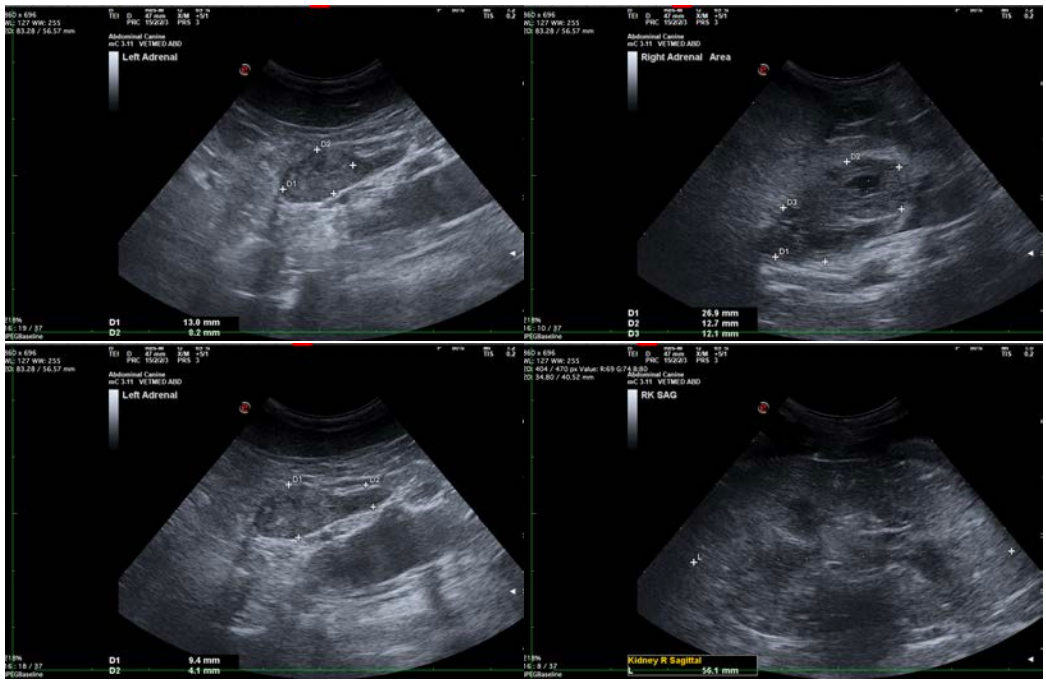
A blood pressure is recommended.

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.

As is reportedly already pending, fine needle aspirates of the liver mass could be considered if patient's coagulation status is appropriate.

If a cytologic diagnosis is unable to be obtained and/or the diagnosis warrants surgery, an exploratory laparotomy for planned excisional biopsy may be indicated. However, given the difficulty fully differentiating adrenal glands versus other pathology as well as fully differentiating one versus two liver masses combined with the proximity to the gallbladder, etc., if surgery is elected a pre-surgical planning abdominal CT scan could be helpful in further determining resectability.

Further evaluation of the adrenal glands or workup for possible adrenal disease may be indicated pending results of above.



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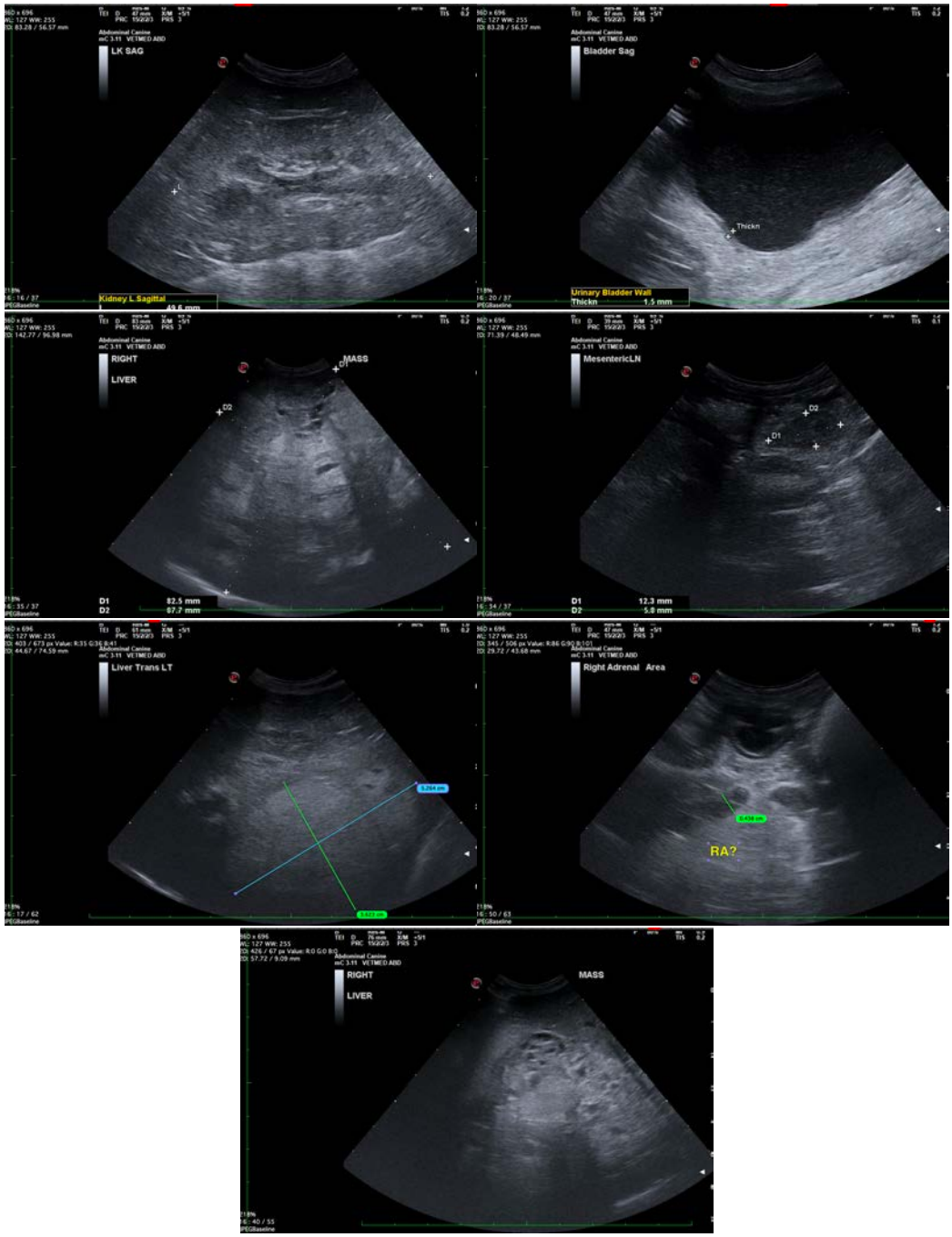

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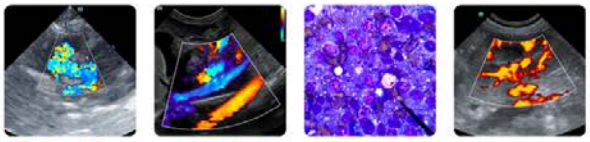

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com