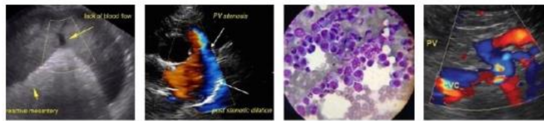


PATIENT

Marley Diplama

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

Approx. 13 Years

WEIGHT

52.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lakeshore Woods AH

REFERRING VET

Dr. Masoud

INVOICE

21737

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: QAR, dehydration 7%, dental calculus, gingival redness, heart sounds clear, no detectable masses or distension on abdominal palpation. Multiple soft tissue/lipomas all over body, hair loss over tail base. Has been on Clavaseptin and Gabapentin.

Abnormal PE/Chem/CBC/UA Results: CBC stress/inflammatory leukogram, dehydration, Chem elevated ALP, ALB, ALT, Glucose and CPLi. T4 low normal. Lytes WNL Rads show loss of serosal detail, large 17X7lipoma mass in caudal abdominal retroperitoneum with mild deviation of colon. Bladder mildly distended and in situ. Mild dilation of small intestine with gas. No segmental dilation. No plication or foreign material noted. Stomach is postprandial. Enlarged liver.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

The prostate is unable to be well visualized in these images.

Left kidney is normal in size (6.21 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.

Right kidney is normal in size (5.18 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

Left adrenal gland is normal in size (2.3 cm long x 0.54 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

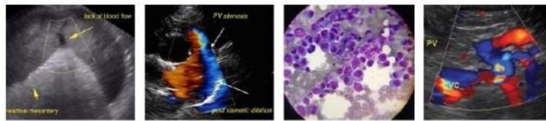
Right adrenal gland is normal in size (1.8 cm long x 1.8 cm at cranial pole and 0.85 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

Liver

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. A 5.0 cm x 5.6 cm, mildly heterogenous, isoechoic mass was noted in the



PATIENT

Marley Diplama

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

Approx. 13 Years

WEIGHT

52.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lakeshore Woods AH

REFERRING VET

Dr. Masoud

INVOICE

21737

DATE

3/21/23

middle caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as moderate 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 mildly distended with fluid and echogenic nonshadowing luminal contents and gas. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

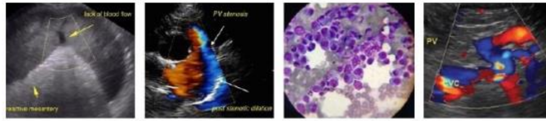
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- A mid caudal isoechoic liver mass. This could represent a benign lesion, such as a hepatoma/adenoma vs nodular hyperplasia vs other, however, infiltrative malignant neoplasia, such as a hepatocellular carcinoma, round cell neoplasia, or other can mimic benign appearing nodules, and cannot be ruled out without tissue sampling.
- Moderate 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.
- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

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.



PATIENT

Marley Diplama

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

Approx. 13 Years

WEIGHT

52.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lakeshore Woods AH

REFERRING VET

Dr. Masoud

INVOICE

21737

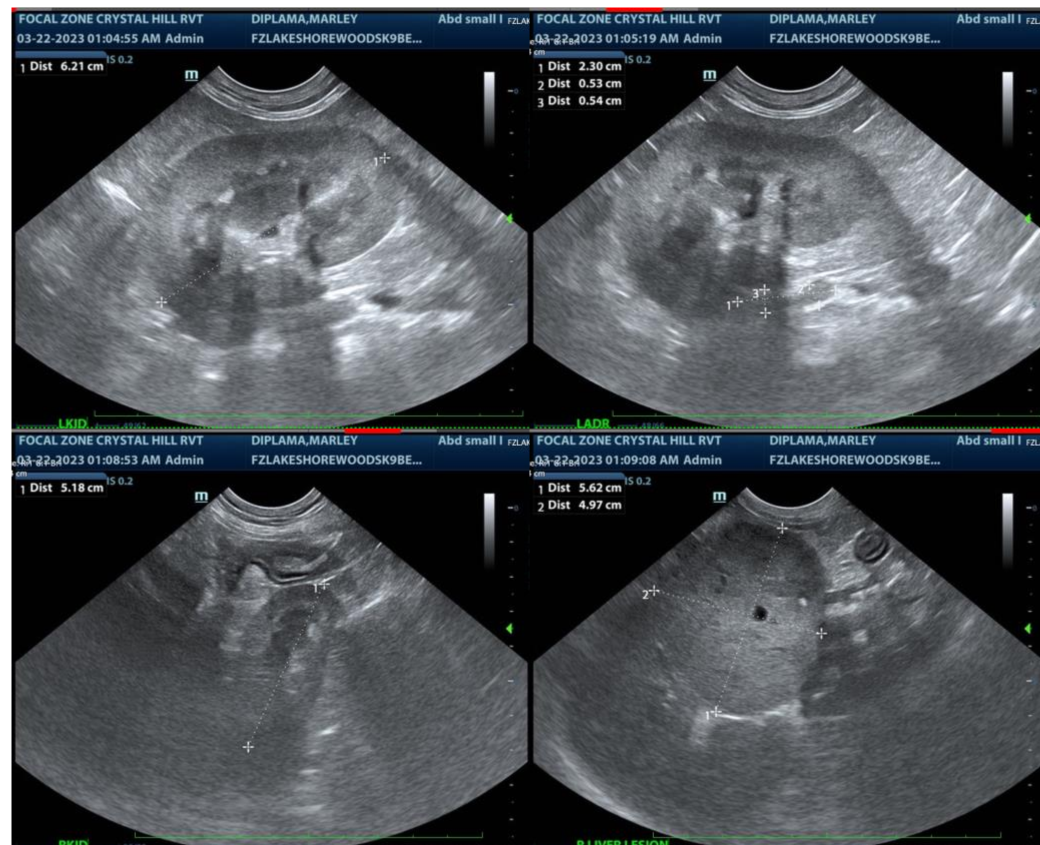
DATE

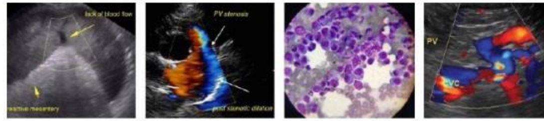
3/21/23

A fine needle aspirate of the liver mass is recommended if patients coagulation status is appropriate.

Beyond that, further evaluation of the gastrointestinal changes is recommended in the form of a fecal exam, if not recently evaluated, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism. Ultimately, if clinical signs persist, pending results of the liver FNA, further evaluation of the GI tract via upper and lower endoscopy for visualization and biopsies may be warranted.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended in the form of antiemetics, gastroprotectants, including Sucralfate, a probiotic such as Visbiome or Proviable, empirical deworming with a 5-day course of Panacur +/- Metronidazole or Tylosin, given the reported hematochezia, and if tolerated, a short-term course of a bland easy-to-digest, or possible responsive diet, based on trial and error response. An appetite stimulant may also be necessary, and ultimately, if that doesn't improve appetite, placement of a feeding tube is recommended.





PATIENT

Marley Diplama

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

Approx. 13 Years

WEIGHT

52.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lakeshore Woods AH

REFERRING VET

Dr. Masoud

INVOICE

21737

DATE

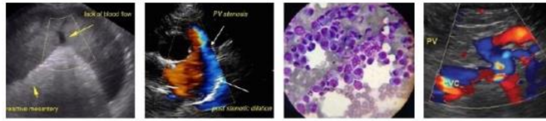
3/21/23

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

Beth.Johnson@SonoPath.com



PATIENT

Marley Diplama

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

Approx. 13 Years

WEIGHT

52.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lakeshore Woods AH

REFERRING VET

Dr. Masoud

INVOICE

21737

DATE

3/21/23