



PATIENT

Murphy Davis

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

12 Years

WEIGHT

49.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Chrissy Krell

INVOICE

37085

DATE

4/21/22

PRESENTING CLINICAL SIGNS

Long history of elevated liver values, completed screen for hyperadrenocorticism (normal) and ultrasound in 2020. Values have increased, sent from a vet completing OA treatments for CCL disease this spring. No other reports of concerns other than the abdomen seems to continue to distend more and more.

Abnormal PE/Chem/CBC/UA Results: PE: abdomen distended, no free fluid. OA of the right stifle, minimal lameness today. Collected FNA of the liver - pending cytology. LDDS - pending. CBC and Coags wnl today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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

The right kidney is normal in size (6.5 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.6 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The left adrenal gland is enlarged in size (0.97 cm at the cranial pole and 0.94 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right adrenal gland is enlarged in size (0.87 cm at the cranial pole and 0.92 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. A hypoechoic liver nodule is noted in the caudal right liver that measures 2.0 cm x 2.3 cm in diameter. Visible vasculature and biliary tree appear normal without distension or congestion.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is mildly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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.

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

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Pancreas

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.

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Free Abdomen

There is no evidence of peritoneal effusion. No pericardial effusion in these images.

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Caudal to the liver, there is a 1.5 cm x 2.0 cm hypoechoic, round structure, believed to be a lymph node.

PRIMARY FINDINGS

- Hyperechoic hepatomegaly with a well-defined nodule – primary differential includes benign nodular hyperplasia. However, primary hepatic neoplasia or infiltrative round cell neoplasia, even metastatic neoplasia, cannot be ruled out.
- Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.
- Enlarged lymph node caudal to the liver – likely reactive. However, infiltrative neoplasia cannot be ruled out.

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SECONDARY FINDINGS

- Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.
- 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.

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- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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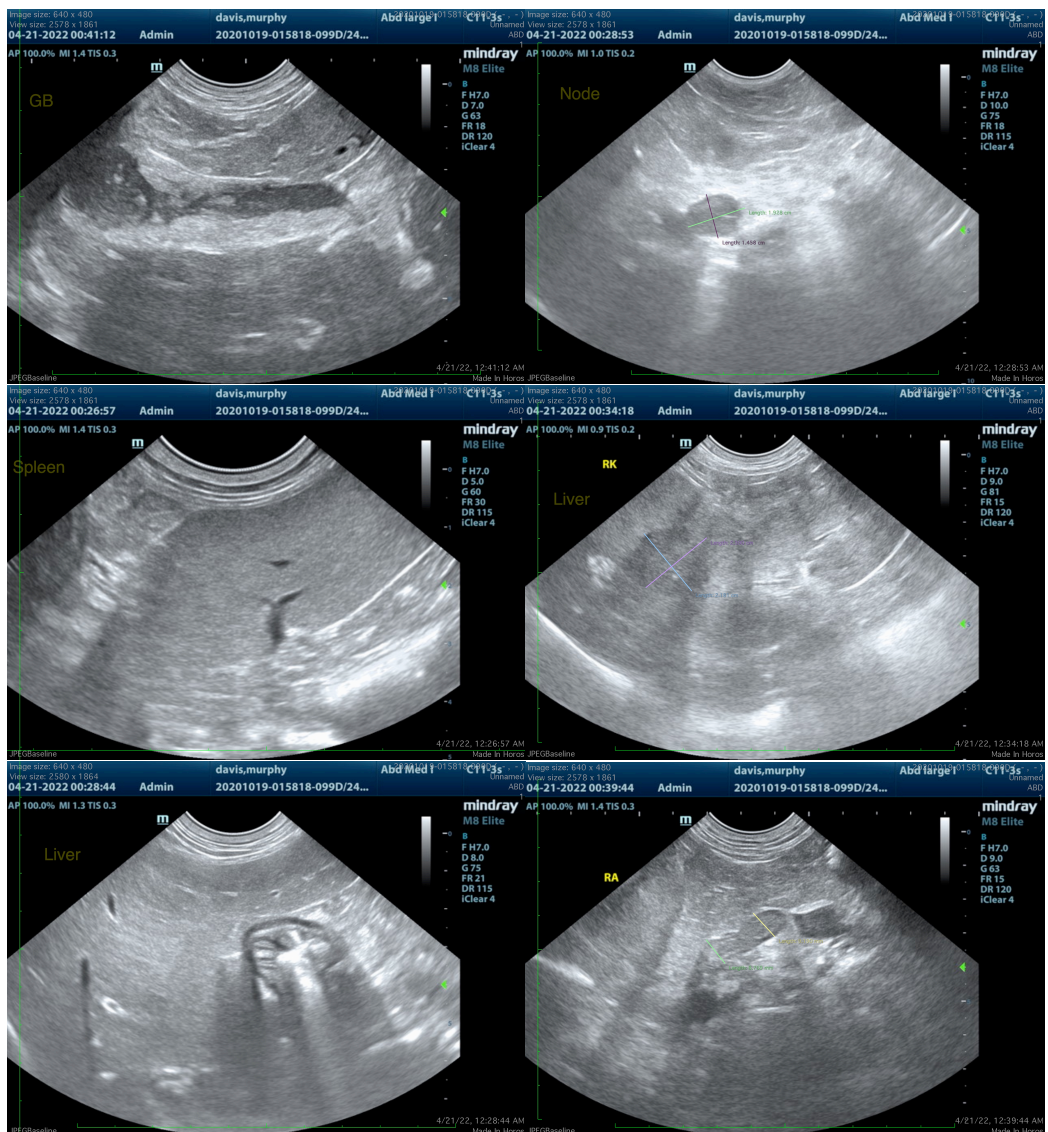
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of increased liver enzymes and ultrasound changes, recommendations include the reported fine needle aspirate of the liver that is already pending. If a diagnosis is not obtained via liver cytology, a specific aspirate of a liver nodule could be considered, as well as an aspirate of the enlarged lymph node +/- the spleen, if possible, and if patient's coagulation status is appropriate. Testing for Leptospirosis could be considered.

Given the adrenomegaly, if clinical signs of hyperadrenocorticism are present, a low-dose Dexamethasone suppression test is recommended, as is reportedly already pending.





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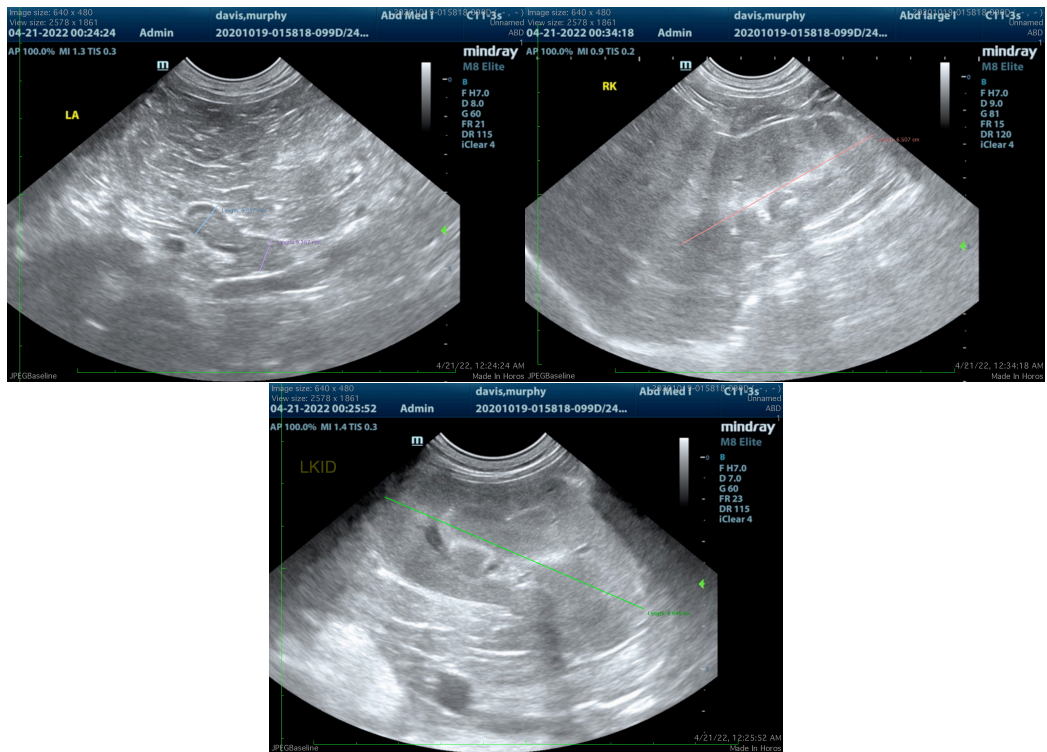
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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