



PATIENT

Midnight Urick

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

54 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sonya Myers

HOSPITAL NAME

Oviedo VC

REFERRING VET

Dr. Clark

INVOICE

31663

DATE

7/13/22

PRESENTING CLINICAL SIGNS

Presented for lethargy and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Icteric on exam. Rads - hepatomegaly. CBC - Hct 13%, RETIC 216, RBC 2.3, HGB 4.6, WBC 42K, NEU 25K, LYMPH 9.7, MONOS 7.2, PLT 180. Chem - ALT 1328, ALP 821, TBIL 7, amyl 1724, lipase 2065, BUN 21, ALB 3.5, Glob 5.1.

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 occasional 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 also 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.

Left kidney is normal is size (6.12 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A large cortical cyst was noted on the caudal pole of the left kidney. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (7.34 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 (0.68 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.56 cm at cranial pole and 0.62 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 enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. A focal, more discrete, homogenous, isoechoic 5.0 cm mass that appears to involve the right caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



PATIENT	<i>Gastrointestinal</i>
Midnight Urick	The visible stomach wall is mildly thick at 0.7 cm with normal intact layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
SPECIES	
Canine	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.
BREED	
Labrador Mix	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	
Spayed female	<i>Pancreas</i>
	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.
AGE	
10 years	<i>Free Abdomen</i>
WEIGHT	
54 lbs	There is no evidence of peritoneal effusion. The hepatic lymph nodes are hypoechoic and prominent. Differentials include both infiltrative neoplasia as well as reactive lymphadenopathy. 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.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	ULTRASONOGRAPHIC FINDINGS
IMAGING PERFORMED BY	Primary Findings
Sonya Myers	Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. <ul style="list-style-type: none"> • With a discrete focal mass that is concerning for infiltrative neoplasia such as a well differentiated, hepatocellular carcinoma versus infiltrative round cell neoplasia versus other. Benign tumor such as a hepatoma or even marked nodular hyperplasia are possible, but considered less likely. Given the concurrent hepatic lymphadenopathy combined with the increased liver enzymes a chronic active, non-specific hepatopathy also has to be considered.
HOSPITAL NAME	
Oviedo VC	Mild gastric wall thickening with normal intact layering. Rule out normal patient variant versus mild edema or mild gastritis. Infiltrative disease is considered less likely.
REFERRING VET	
Dr. Clark	Secondary Findings
INVOICE	Urinary bladder debris.
31663	Age related renal changes with a cortical cyst in the caudal pole of the left kidney.
DATE	
7/13/22	



PATIENT

Midnight Urick

Reactive medial iliac lymphadenopathy– Lymph node(s) is(are) prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

SPECIES

Canine

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.

BREED

Labrador Mix

Given this patient's anemia combined with the ultrasonographic liver changes both prehepatic and intrahepatic cause for the increase total bilirubin have to be considered. There was no of evidence of post hepatic cholestasis. Therefore, recommendations include a FNA of the liver including both the diffuse tissue as well as the focal, discrete mass if possible and if the patient's coagulation status is appropriate.

SEX

Spayed female

Testing for Leptospirosis can also be considered if not recently evaluated. In the meantime, a blood transfusion combined with other supportive medical management of clinical signs is recommended including potentially therapy for immune mediated hemolysis if a source of hemorrhage cannot be identified.

AGE

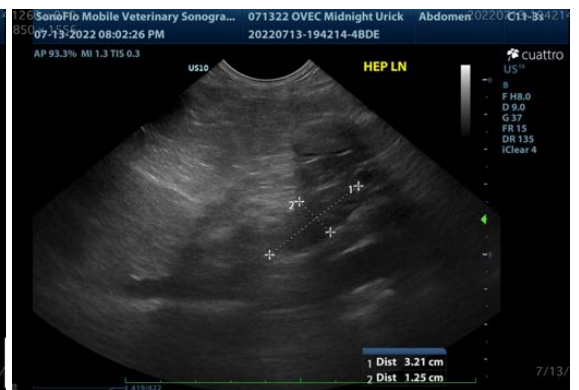
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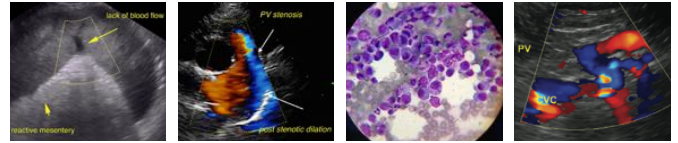
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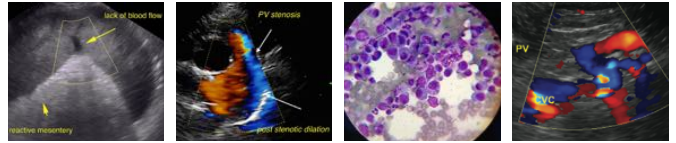
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Beth.Johnson@SonoPath.com

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