

DATE PRESENTING CLINICAL SIGNS

7/28/22

P presented for annual exam and had lost 10.6 lbs. p had an ultrasound prior to adoption 10/12/2020 which showed a large rounded mildly echogenic mass structure measuring up to 5.5 cm diameter within the medial caudal aspect of the liver. There were small central fluid cavitations within the lesion. Biopsy showed hepatic nodular hyperplasia and mild glycogen accumulation.

PATIENT

Rusty Milky

Current Medications: Reconcile 32 mg qd, Simparica Trio q 30 days

Lab Results: ALT 222 (12-118), ALP 1228 (5-131), HCT 35 (36-60)

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Chow Chow Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

SEX

Neutered male

The prostate is mildly enlarged. The parenchyma is diffusely homogenous and relatively hyperechoic with normal distinct margins and symmetrical bilobed shape is maintained. This finding is likely a normal patient variant as this patient was reportedly neutered as an adult. However, this finding should be interpreted in combination with clinical signs, urinalysis results, etc. and further investigated or monitored if indicated.

AGE

8/1/14

WEIGHT

38.4 lbs

Left kidney is normal in size (5.91 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right kidney is normal in size (6.06 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A cortical cyst is noted in the right kidney. There is no evidence of pyelectasia, mineral or infarcts observed.

HOSPITAL NAME

Charm City VH

Adrenal Glands

Left adrenal gland is normal in size (2.32 cm long, 0.71 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Eavers

Right adrenal gland is normal in size (2.44 cm long, 0.59 cm at cranial pole and 0.69 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INVOICE

32035

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. Visible vasculature and biliary tree appear normal without distension or congestion. A primarily solid homogenous, isoechoic to hypoechoic vascular mass in the mid/medial caudal liver that measures 7 x 8 cm in size and has a small cystic/cavitated center.

Gallbladder is moderately distended with anechoic bile as well as 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 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.

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 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.

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. 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

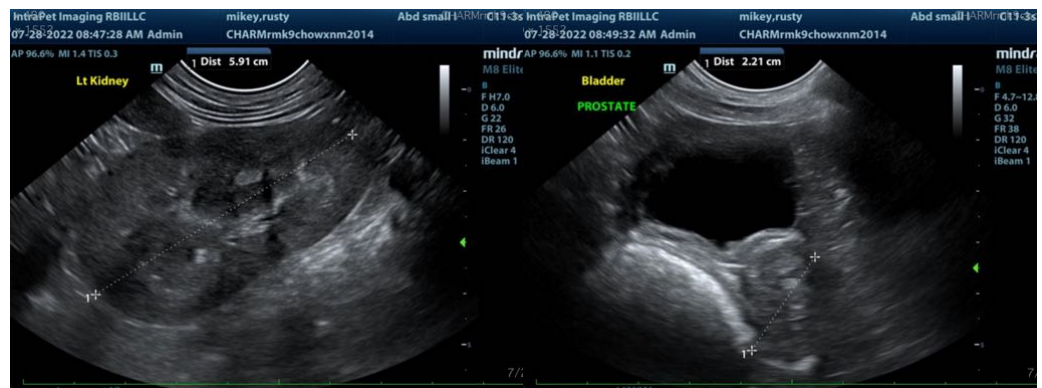
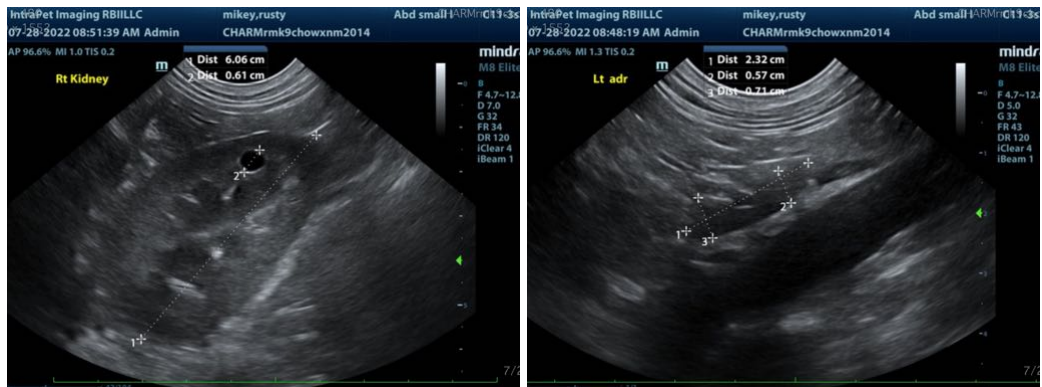
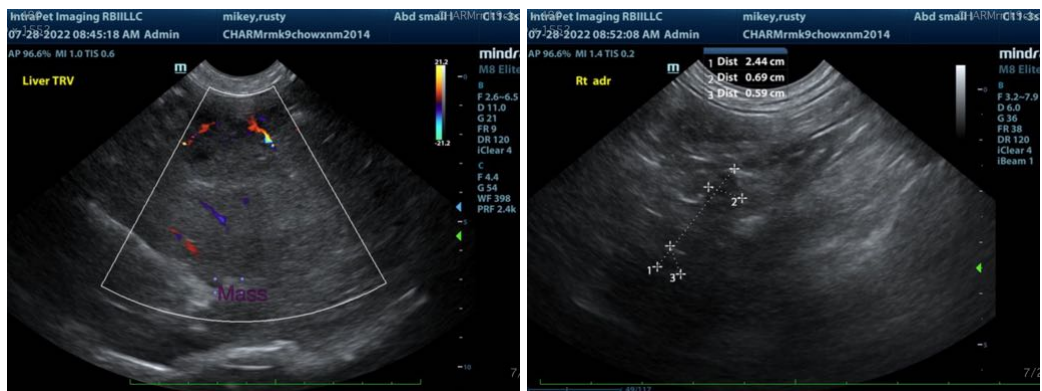
- A caudal medial liver mass that is progressive in size from the mass reported several years ago. Differentials include benign changes such as nodular hyperplasia, benign hepatoma/adenoma especially given the previous biopsy result of nodular hyperplasia; however, malignancy such as hepatocellular carcinoma versus other cannot be definitively ruled out.
- 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.

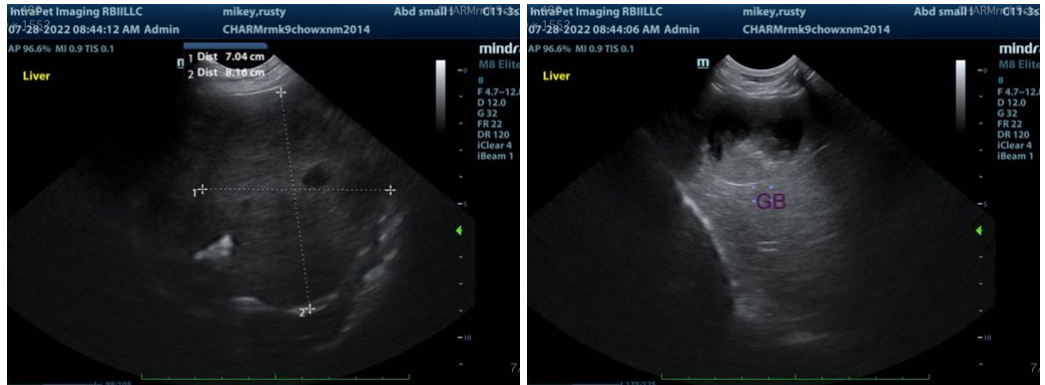
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include:

1. 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.

- Given the chronicity of the mass and the previous biopsy results a benign lesion is considered most likely and the recent liver enzyme increase may or may not be related. Therefore, recommendations include evaluation for other causes of a reactive hepatopathy such as testing for Leptospirosis, a course of broad spectrum antibiotics and hepatic nutraceuticals given the gallbladder debris, etc. with monitoring of the enzymes for improvement. However, malignancy cannot be definitively ruled out and given the growth of the mass future risk of hemorrhage, necrosis, etc. exists even with a benign lesion. Therefore, exploratory laparotomy with mass removal/excisional biopsy could be considered.





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.

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