

**DATE PRESENTING CLINICAL SIGNS**

8/3/22 PU/PD. Inquired if pt is PU/PD after finding of significantly increased ALKP since last year- o confirms pt is PU/PD.

**PATIENT**

Marley Thompson

Current Medications: Galliprant 60mg SID.

Lab Results: Negative for Cushings on screening, elevated ALKP from last year. Advised o drop off 1<sup>st</sup> morning urine sample to complete Premier panel and perform a urine creatinine:cortisol ratio.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Pit X

**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.47 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

**SEX**

Neutered Male

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

**AGE**

7/3/08

The right kidney is normal in size (5.9 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.

**WEIGHT**

77 Pounds

The left kidney is normal in size (6.36 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

**Adrenal Glands**

The right adrenal gland is normal in size (3.0 cm long x 0.83 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

The left adrenal gland is normal in size (3.0 cm long x 0.97 cm at the cranial pole and 0.72 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Eldersburg Vet

**Spleen**

Normal splenic shape and architecture is disrupted by the presence of multiple capsule disrupting, heterogeneous, cavitated, vascular masses measuring between 3-5 cm in diameter.

**REFERRING VET**

Dr. James

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

40133

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 (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.

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

### ***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.

### ***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

No apparent pericardial effusion or heart base lesions noted in these images.

## **PRIMARY FINDINGS**

- **Multiple heterogeneous, cavitated splenic masses** – concerning for infiltrative neoplasia such as sarcoma or round cell neoplasia. Benign disease is possible, but considered less likely.
- **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.
- **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.

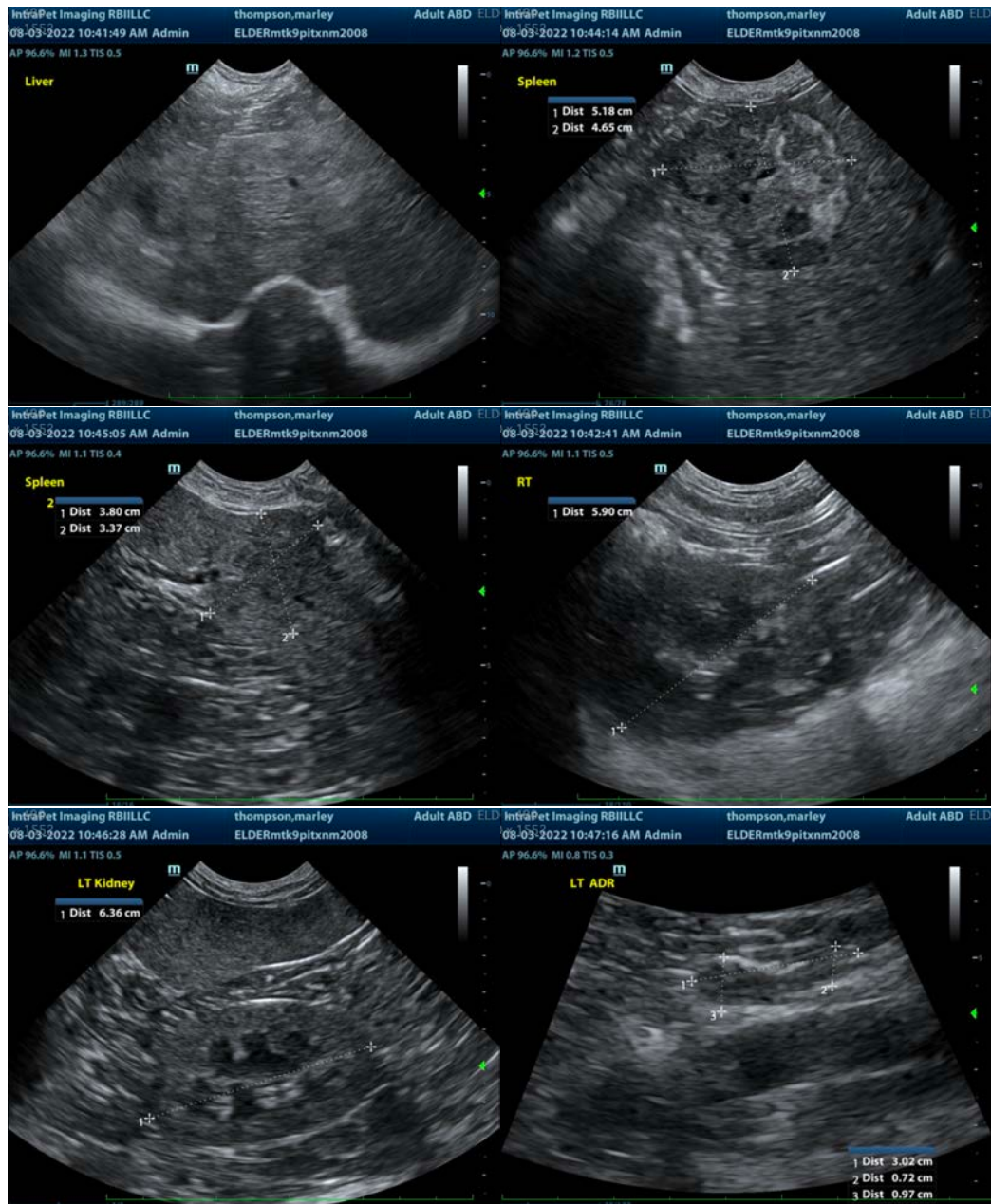
## **SECONDARY FINDINGS**

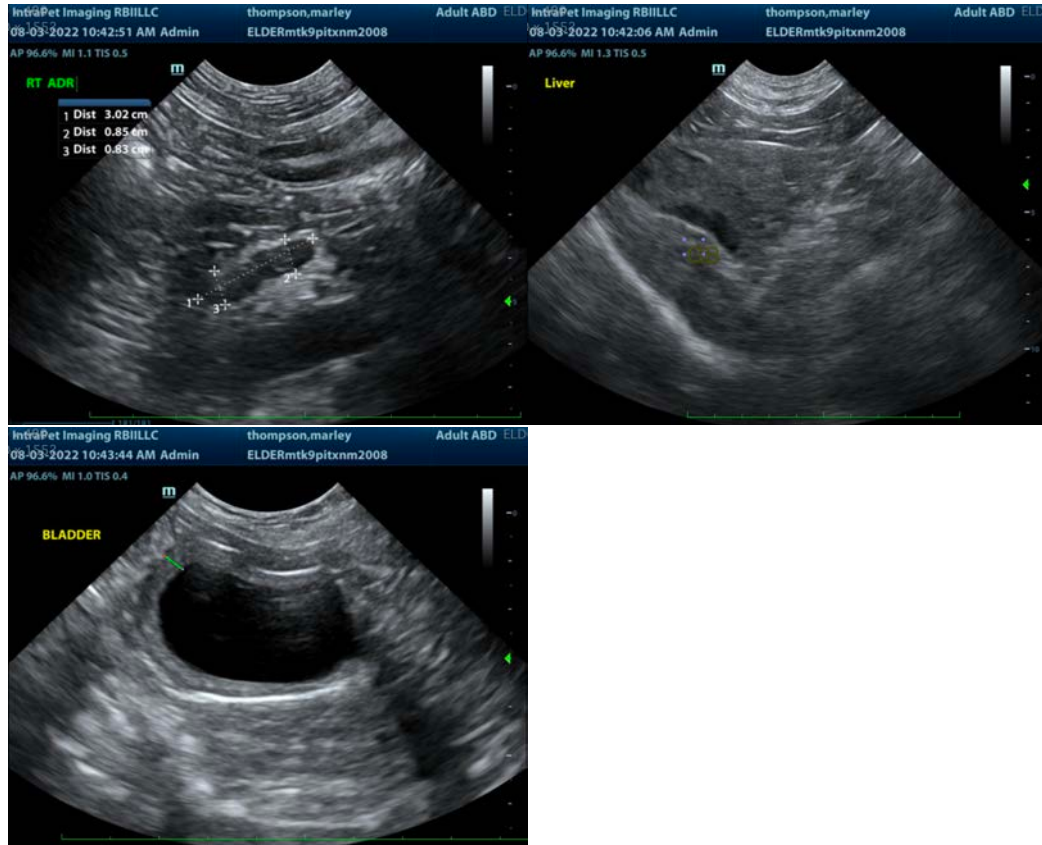
- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reported PU/PD and urinary bladder changes, a urine culture could be considered to rule out an occult urinary tract infection.

A fine needle aspirate of the spleen and liver is recommended if patient's coagulation status is appropriate, or, given the risk of hemorrhage secondary to cavitated splenic masses, a surgical exploratory laparotomy with planned splenectomy and liver biopsy could be considered instead.





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**  
Beth.Johnson@sonopath.com