

**DATE**

9/12/22

PRESENTING CLINICAL SIGNS**PATIENT**

Honey Daly

History: Just adopted ~2-3mo ago, heartworm + (shelter doing slow kill), had a large, ulcerated mass just removed on vulva with unclear margins - found & removed two mast cell tumors (0 mitotic index), presurgical bw showed elevated ALT, now ALP is rising - no response to medications, no response after removing the MCT, want to evaluate for source of those enzyme levels

SPECIES

Canine

Current Medications: Gabapentin, Galliprant, Denamarin, Amoxicillin, Metronidazole, Doxycycline.

BREED

Mixed

Lab Results: See attached.

Radiographs: NSF.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torb 0.5mls IV

Stat Report: Not requested.

SEX

Spayed Female

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

7/27/19

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.

WEIGHT

41 Pounds

Left kidney is normal in size (5.83 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 BYBeth Johnson, DVM
DACVIM

Right kidney is normal in size (5.43 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.

HOSPITAL NAME

Bayside AMC

Adrenal Glands

Left adrenal gland is normal in size (2.8 cm long x 0.64 cm at cranial pole and 0.84 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. De Lozier

Right adrenal gland is normal in size (2.6 cm long x 0.65 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INVOICE

17279

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 empty with 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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Ring downs are present at the level of the diaphragm.

Medial iliac lymphadenopathy is noted, differentials include both reactive disease, as well as infiltrative neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Honeycomb Spleen – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- 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.
- Medial iliac lymphadenopathy, differentials for which include both reactive disease, as well as infiltrative neoplasia.
- Ring downs present at the level of the diaphragm are suggestive of concurrent pulmonary pathology.

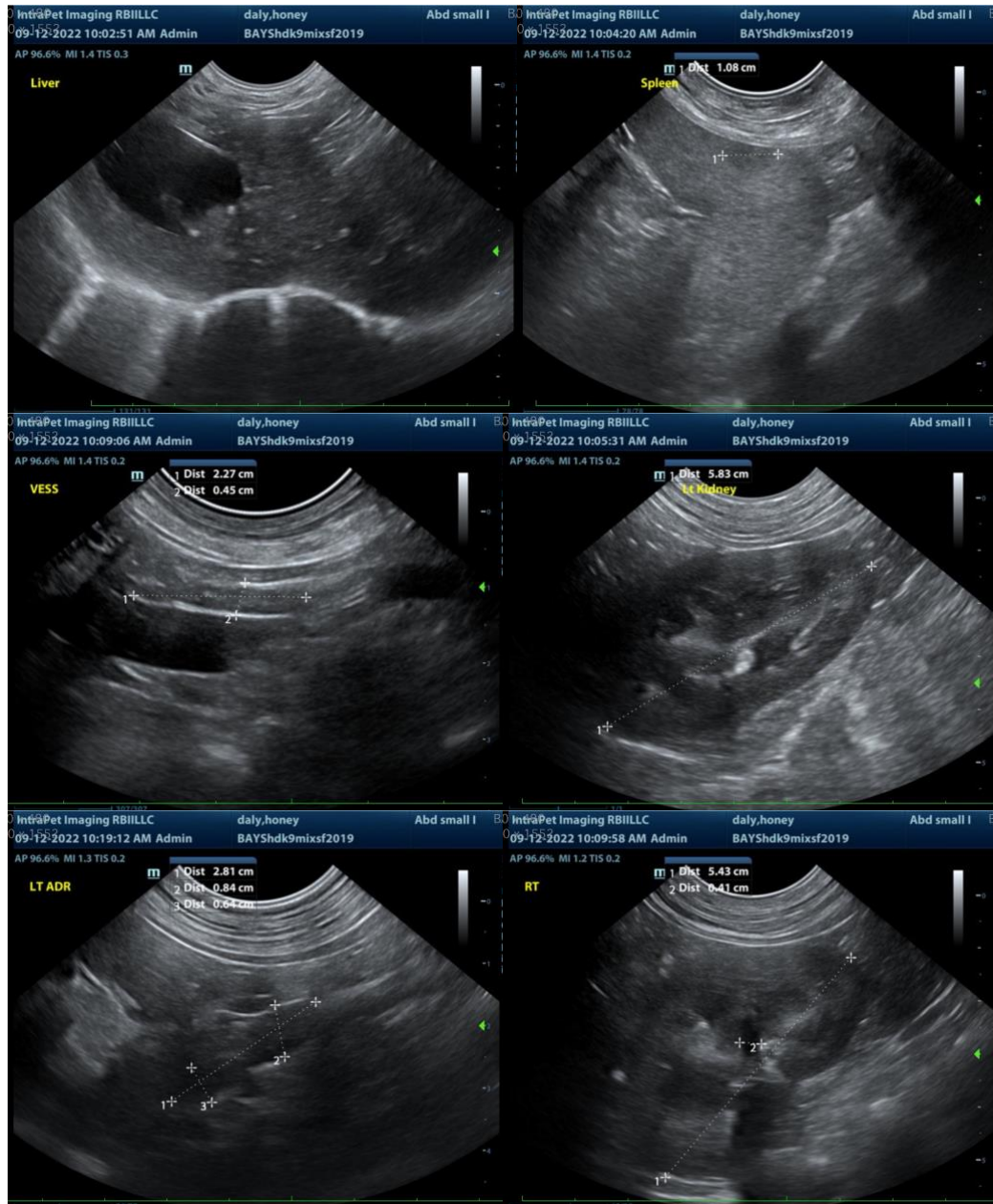
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

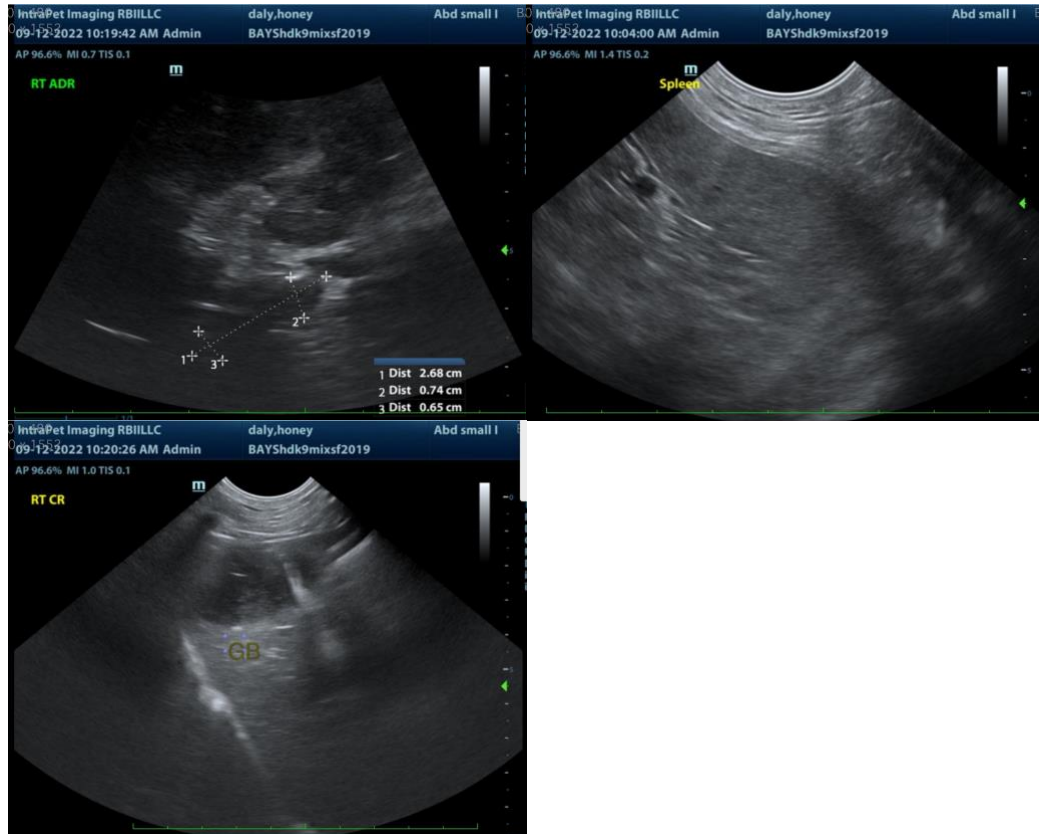
This patient's reported heartworm disease could be contributing to the increased liver enzymes, however, given the appearance of the liver and spleen combined with the concurrent history of mast cell tumor, a fine needle aspirate of both the liver and spleen is recommended if patient coagulation status is

appropriate.

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.

Additionally, leptospirosis is a differential for the increased liver enzymes, therefore testing is warranted, if not already evaluated.





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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