



PATIENT PRESENTING CLINICAL SIGNS

Belle Manelli Elevated liver enzymes.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

BREED

Chihuahua

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted. The left kidney measured 3.72 cm. The right kidney measured 4.18 cm.

AGE

12 Years

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.3 cm x 0.39 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 2.0 cm x 0.5 cm.

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

IMAGING PERFORMED BY

Kelly Vazquez

Liver

The **liver** revealed an expansive mixed hypoechoic mass measuring 2.8 cm with increased portal markings elsewhere. Coarse echotexture and hepatic remodeling noted. The gallbladder and common bile duct were unremarkable. A minor amount of gallbladder debris was noted.

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. George Cattiny

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

26272

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain

DATE

10/14/21



PATIENT

Belle Manelli

upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

SPECIES

Canine

- Left-sided liver mass, hepatic remodeling elsewhere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

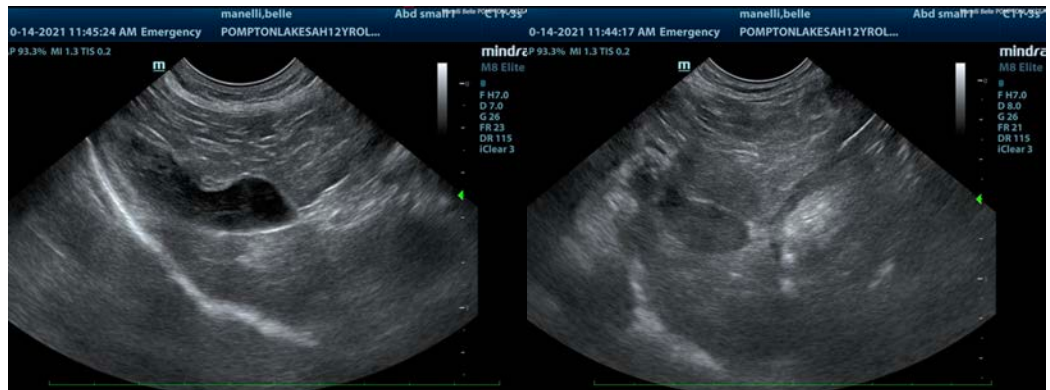
BREED

Chihuahua

Ultrasound guided FNA of the liver warranted. Pronounced nodular hyperplasia versus carcinoma or round cell neoplasia. The mass appears resectable. Other heterogeneous nodular changes noted, however the mass caudal liver mass was the only lesion that present capsular expansion.

SEX

Spayed Female



AGE

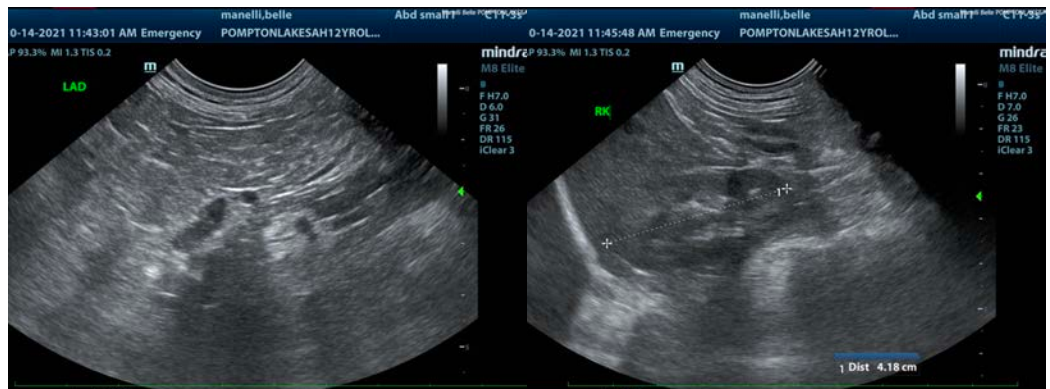
12 Years

WEIGHT

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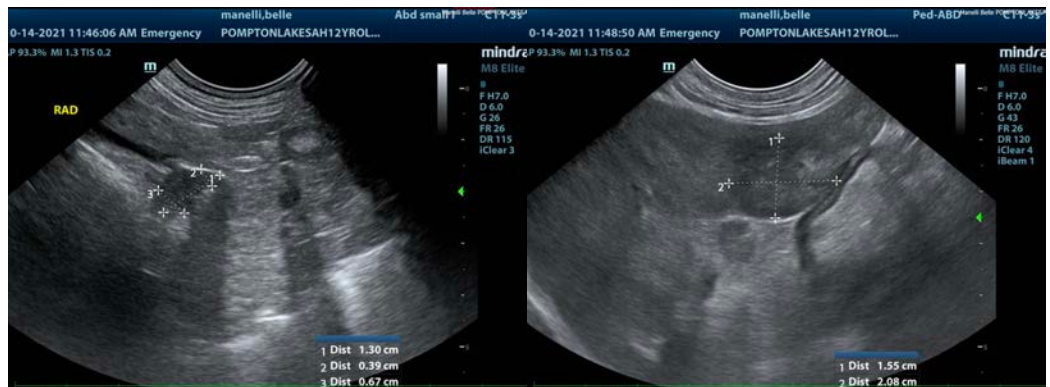


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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