



PATIENT

Nikita O'Donohue

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

11 Years

WEIGHT

68

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

21073

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Pre- Anes. for mass removal on leg. Has elevated liver values no current medications

Abnormal PE/Chem/CBC/UA Results: ALT= 420 UI/L, ALP= 494 IU/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was noted in the kidneys. The left kidney measured 6.67 cm. The right kidney measured 5.83 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, irregular and nodular, measuring 3.08 cm x 1.18 cm at the cranial pole and 0.73 cm at the caudal pole.

The **right adrenal gland** was heterogenous with mild remodeling, measuring 2.04 cm x 1.48 cm at the cranial pole and 0.58 cm at the caudal pole.

No evidence of vascular invasion noted by either adrenal gland.

Spleen

The **spleen** revealed an expansive hypoechoic nodule/mass, measuring 2.02 cm, with disrupted architecture. The splenic mass appeared to be expansive upon the capsule, suggestive for a malignant process, yet appears isolated.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Splenic mass- Splenic differentials include round cell neoplasia, emerging hemangiosarcoma, hyperplasia or abscessation (less likely).

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- Age-related renal changes with mineralization
- Nodular left adrenal with capsular expansion- Adenoma, adenocarcinoma, pheochromocytoma are all possible.

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- Heterogenous right adrenal gland with mild remodeling

- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures are warranted. If hypertension is present, then urine catecholamine is indicated. If urine specific gravity is < 1.020 , then work up for adrenal dependent Cushings is indicated. FNA of the splenic nodule/mass could be considered or direct splenectomy. Left adrenalectomy would be appropriate. FNA or liver biopsy is warranted at surgery. Chest radiographs and rapid echocardiogram are warranted to assess for metastatic disease.

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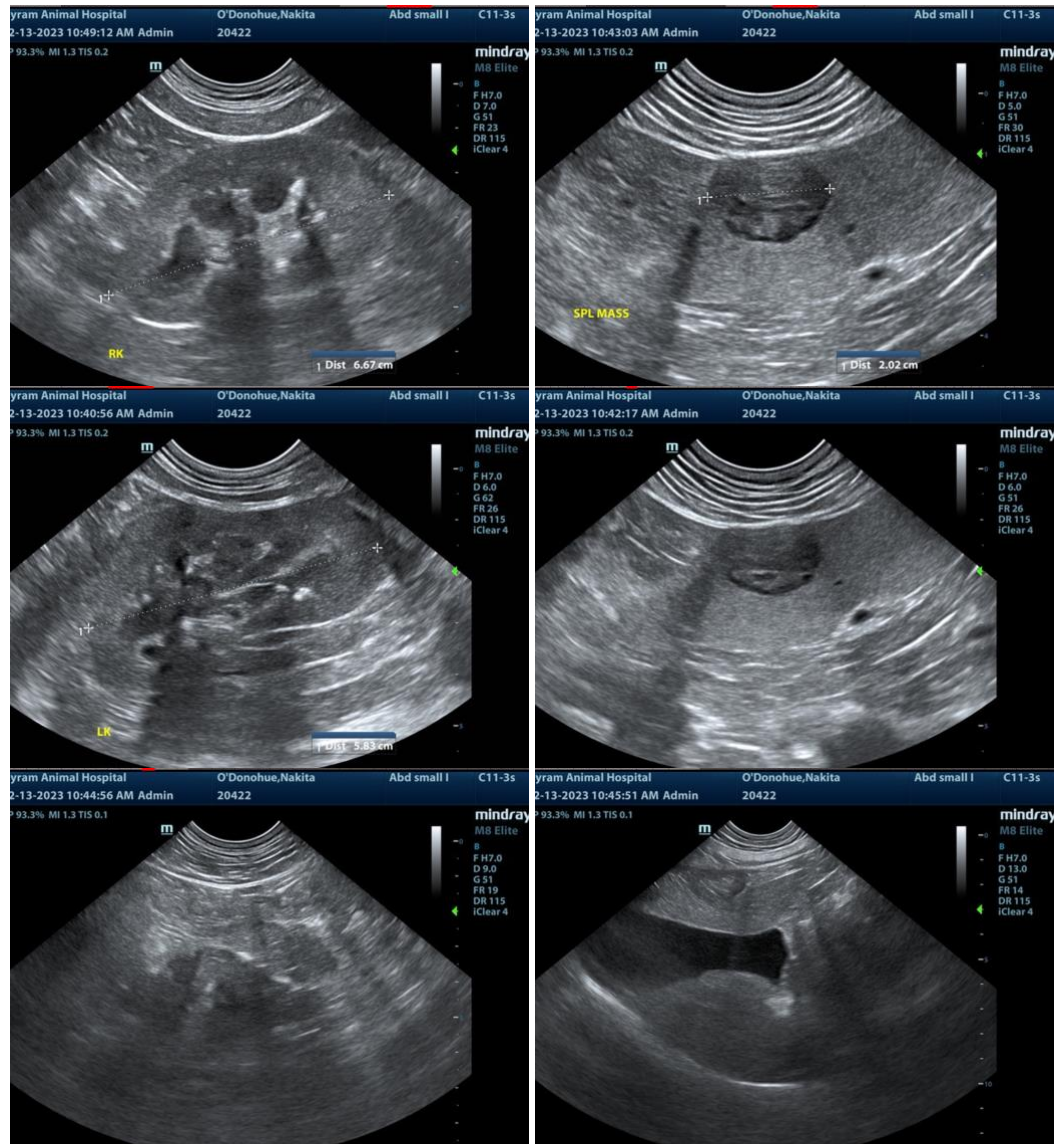
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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