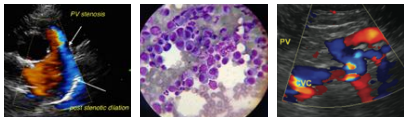
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/2/23

PATIENT

Lany Lecksell

SPECIES

Canine

BREED

Vzisla

SEX

Spayed female

AGE

4/16/09

WEIGHT

40.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Bay Country VH

REFERRING VET

Dr. McLean

INVOICE

42534

PRESENTING CLINICAL SIGNS

SQ Mast Cell Tumor, lab work showing azotemia with isosthenuria, elevations in liver values and electrolyte abnormalities and daily vomiting.
Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 was noted. Ureteral papillae were normal.

The **kidneys** presented moderate degenerative changes with irregular contour. The left kidney measured 6.07 cm with pyelectasia that measured 0.5 cm. The right kidney revealed pyelectasia with echogenic debris. The right kidney measured 4.84 cm with pyelectasia that measured 0.69 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.98 x 0.95 cm at the caudal pole and 1.04 cm at the cranial pole. Focal pinpoint mineralization was noted at the cranial body of the spleen. The right adrenal gland revealed a hypoechoic nodule at the caudal pole measuring 0.61 x 0.57 cm. The right adrenal gland measured 2.04 x 0.93 cm at the caudal pole and 0.87 cm at the cranial pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. Multi-focal, hypoechoic nodules were noted without disruption of architecture. Curvilinear patterns within the nodule were maintained. There is no overt evidence of neoplasia, likely nodular hyperplasia with vacuolar hepatopathy. Coalescing, hypoechoic cystic and nodular changes were noted. This created a mass that measured 3.6 cm in the left cranial liver. This appears potentially resectable. The caudal aspect of the left lateral liver revealed a hypoechoic, irregular mass that measured 5.8 x 4.1 cm, yet this may be a benign hepatoma. This appears to be adequately vascularized. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The cranial aspect of the stomach wall adjacent to the left liver measured 1.3 cm. A hypoechoic 2.0 x 1.6 cm mural nodule was noted. This does not appear to impinge upon the lumen. The small intestines and colon were unremarkable.

Pancreas

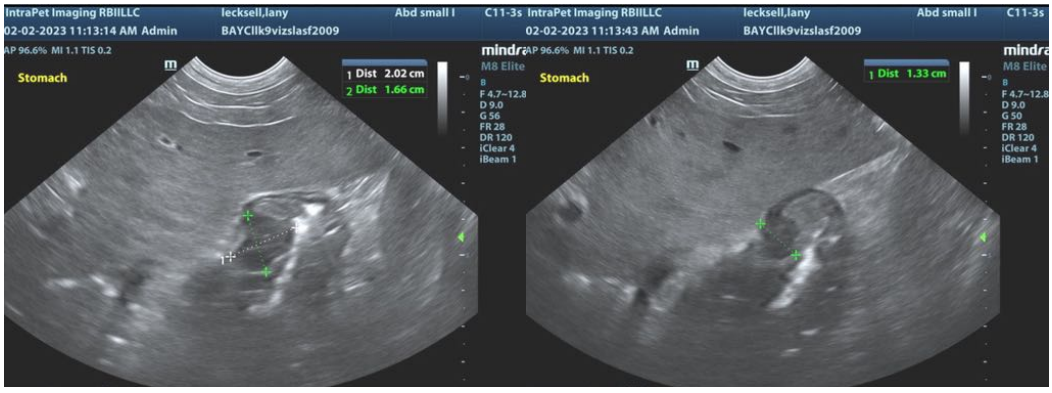
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

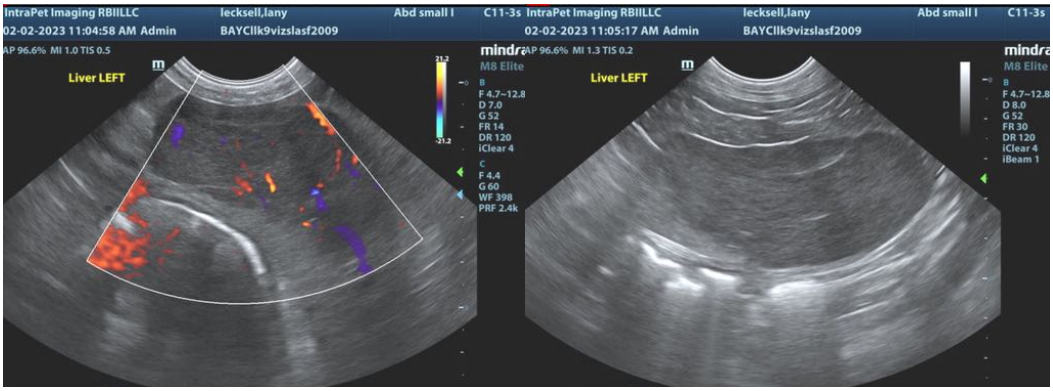
ULTRASONOGRAPHIC FINDINGS

Hepatoma and nodular hyperplasia liver lesions with potential for underlying carcinoma.
Gastric mural nodule, consider for round cell neoplasia.
Moderate degenerative renal changes, subjectively near end stage.
Bilateral adrenal hypertrophy, strong concern for pituitary dependent hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general hepatic parenchyma, left lateral liver and left cranial nodule/mass is warranted. Blood pressure measurements are warranted. Screening FNA of the hepatic pathology and attempt an FNA of the gastric mural nodule can also be considered. I do not believe that an endoscopy would be accessible to this lesion as it appears to be intramural and not luminal. Alternatively, left hepatic lobectomy and intraoperative ultrasound of the gastric wall to remove the gastric nodule can be considered; however, I am concerned about the long term viability of the kidneys. Urine culture and sensitivity as well as blood pressure measurements are recommended. 72- hour IV fluid protocol is recommended to stabilize the azotemia with FNA of the liver would be good starting points. Round cell neoplasia, healing ulcer and carcinoma are all potentials for the gastric lesion.

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lecksell,lany
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C11-3s
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Liver LEFT
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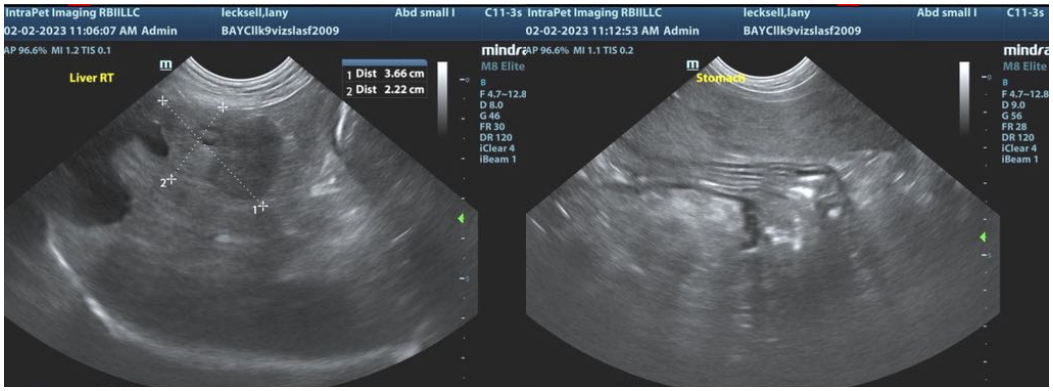
Liver LEFT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Liver RT
1 Dist 3.66 cm
2 Dist 2.22 cm
IntraPet Imaging RBIILLC
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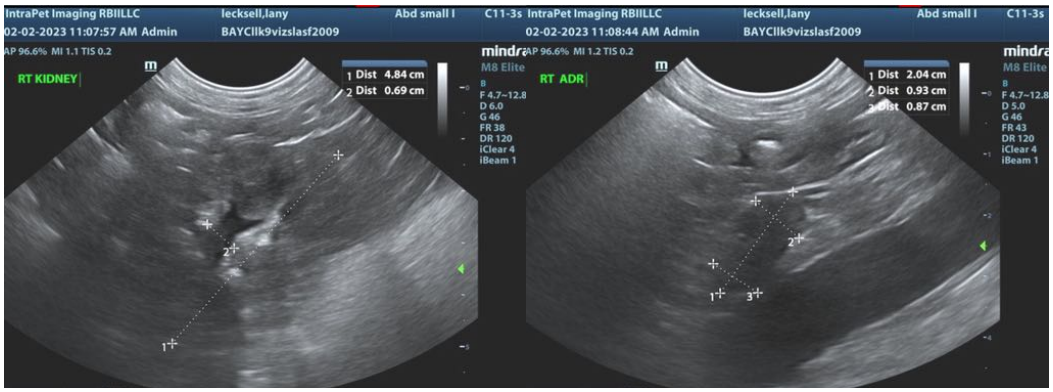
Stomach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C11-3s
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RT KIDNEY
1 Dist 4.84 cm
2 Dist 0.69 cm
IntraPet Imaging RBIILLC
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Abd small I
C11-3s
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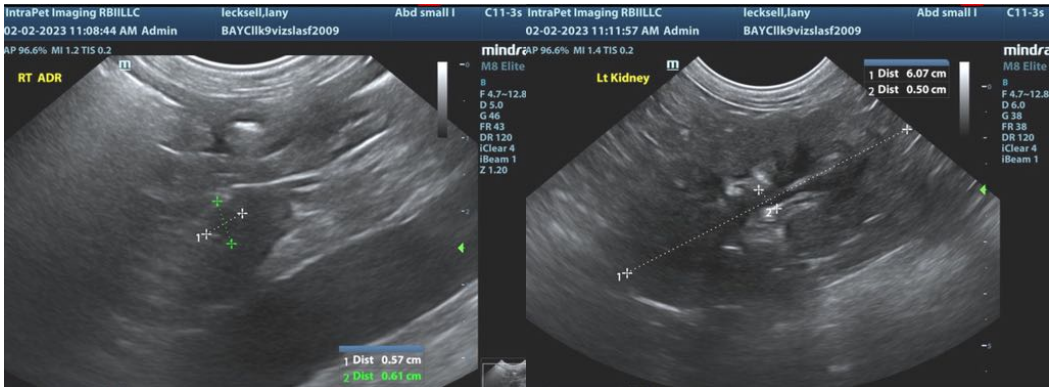
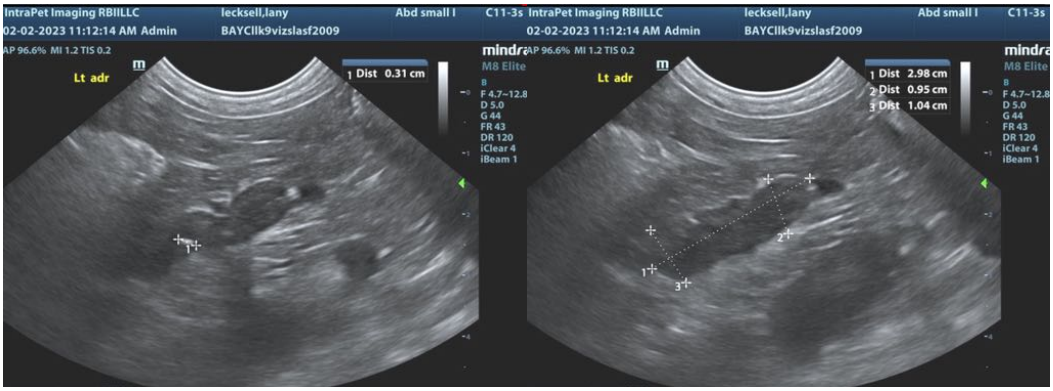
RT ADR
1 Dist 2.04 cm
2 Dist 0.93 cm





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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