



PATIENT

Aspen Brown

SPECIES

Mustelid

BREED

Domestic

SEX

Neutered male

AGE

2 years

WEIGHT

1.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moore

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Moore

INVOICE

43838

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History: presented for vomiting and lethargy yesterday. abdominal mass in liver noted on US - attempted to perform FNA on the mass today and the mass appears to have ruptured, free fluid noted in the cranial abdomen around kidneys and liver.

Abnormal PE/Chem/CBC/UA Results: elevated ALT, elevated tbili, mildly elevated CRE previous US findings- cholecystitis, hepatopathy and splenomegaly

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 2.5 cm. The right kidney measured 2.5 cm.

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.

Spleen

The **spleen** was mildly enlarged and folded upon itself. Subtle micronodular changes were noted. Splenitis versus reactive spleen.

Liver

The **liver** revealed slightly increased portal markings. The gallbladder and common bile duct 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 demonstrated normal luminal chyme and stool consistency respectively. An enlarged epigastric lymph node was noted and measured 0.8 x 0.4 cm. The length to width ratio was maintained.



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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.

Free Abdomen

Free fluid was noted adjacent to the spleen at the caudal splenic fold.

The splenic lymph node was also mildly enlarged at 0.4 cm and rounded.

ULTRASONOGRAPHIC FINDINGS

Cholangitis liver pattern.

Free fluid, suggestive for potential underlying neoplasia versus portal hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin of the free fluid was warranted. FNA of the liver is warranted with cytology and culture. Consideration for infectious disease or other cause of acute insult is indicated. The adrenal glands were not visualized. 25-gauge FNA of the spleen is also indicated after coagulation panel. The prognosis is guarded depending on cytology results.

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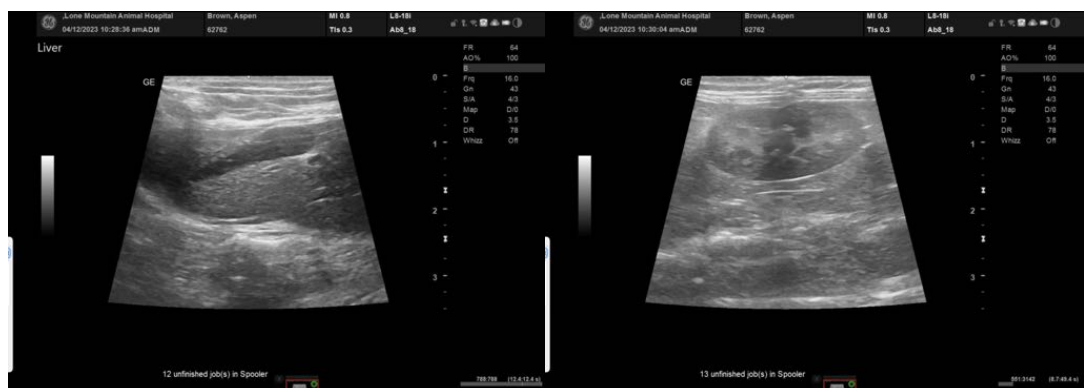
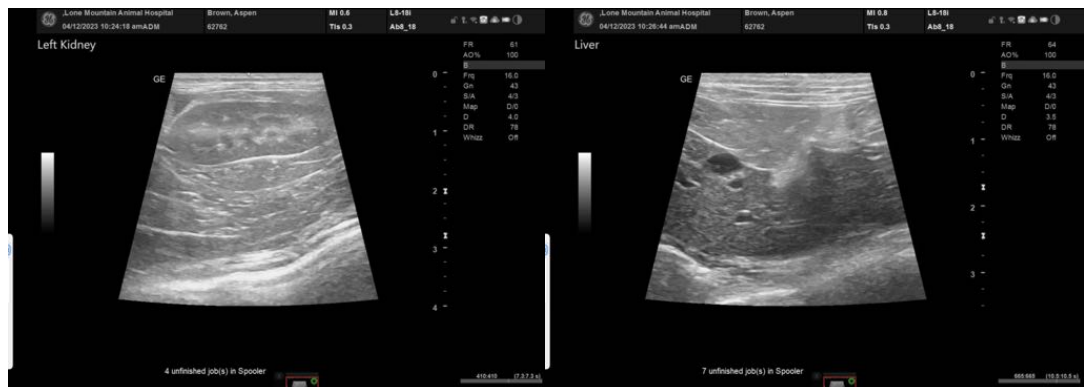
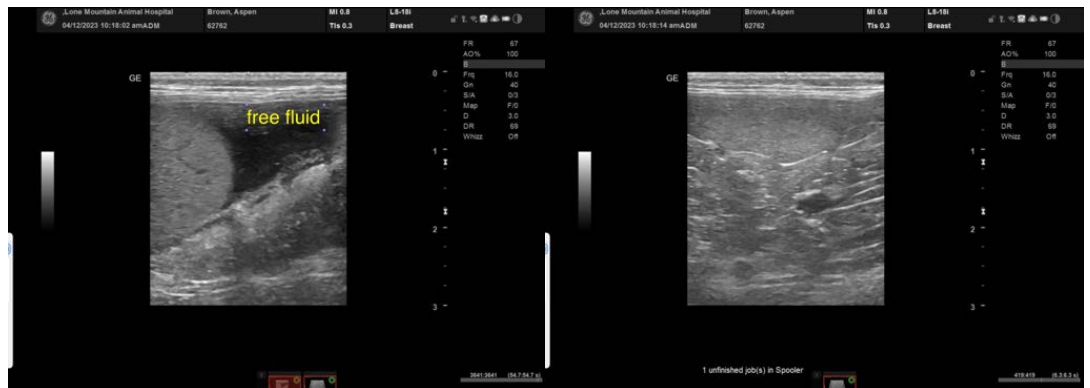
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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