



PATIENT

Posey Masters

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

8 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Nelson

HOSPITAL NAME

Valley Veterinary
Services

REFERRING VET

Dr. D'Ascenzo

INVOICE

30254

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History: Abdomen gradually becoming more distended. Liver and spleen enlarged on palpation. Suspicious for hyperadrenocorticism but not PU/PD
Abnormal PE/Chem/CBC/UA Results: Chem/CBC within normal limits

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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. Both kidneys measured 4.0 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. The left adrenal gland measured 1.38 x 0.39 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 0.6 cm at the caudal pole and 0.51 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed coarse architecture with multi-focal, hypoechoic nodular changes. Mild hepatic enlargement was present. 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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

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ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes.

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Nodular hyperplasia liver pattern with remodeling.

Minor potential for hepatic neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated of the general parenchyma and nodular changes for further definition. The adrenal glands appear structurally normal. Atypical Cushing's is a potential in this patient. The hepatomegaly with splenic folding may be causing the appearance of abdominal distension, yet there was no evidence of significant disease at this time.

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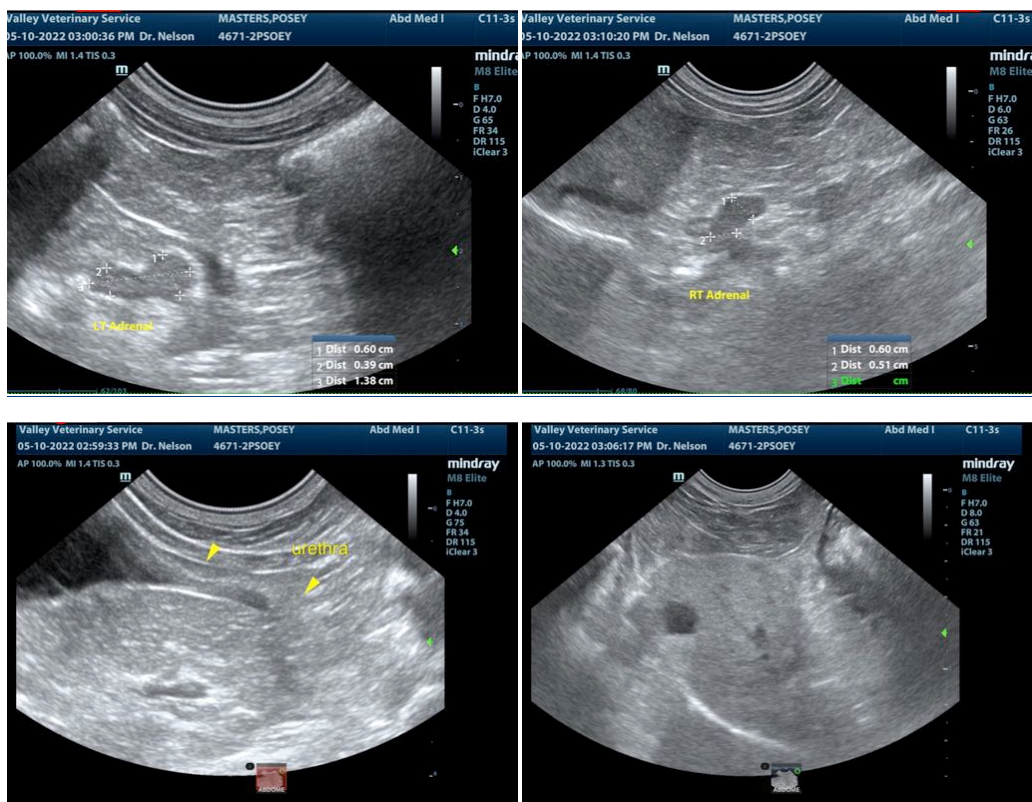
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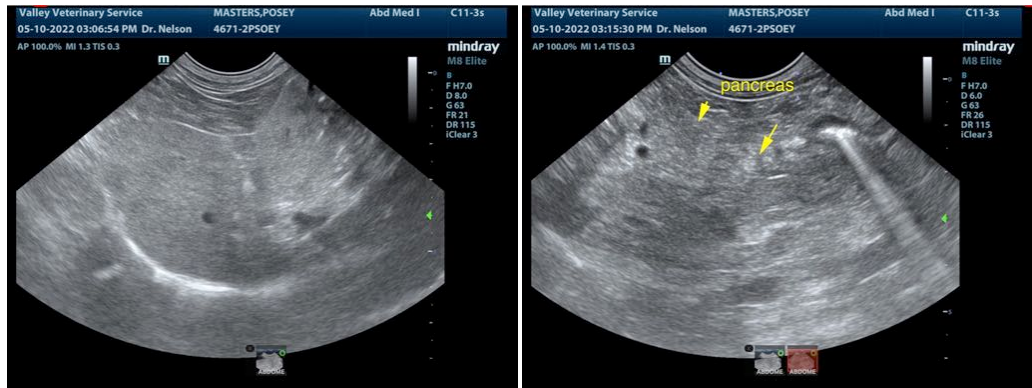
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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