



PATIENT

Yuri Yanover

SPECIES

Canine

BREED

Otter Hound

SEX

Intact Male

AGE

4 Years

WEIGHT

44 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Matheson

INVOICE

15815

DATE

5/30/22

PRESENTING CLINICAL SIGNS

History: Presented for distended abdomen with palpable fluid wave and decreased appetite. Patient is bright and alert. Chest x rays no abnormalities seen

Abnormal PE/Chem/CBC/UA Results: Severe elevation of liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & LIMITED HEART

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 **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 6.6 cm. The right kidney measured 7.73 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 right adrenal gland measured 0.73 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** was slightly enlarged yet fairly uniform. The spleen was mildly heterogeneous yet largely contained. Slight hypoechoic nodules noted. This does not appear to be a primary issue in this case.

Liver

The **liver** in this patient was riddled with multiple expansive nodular changes. The gallbladder was deviated caudally. Multiple coalescing nodules created masses with ill-defined margins. The liver did not present passive congestion.

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.

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.



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Free Abdomen

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A moderate amount of **ascites** noted.

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Heart

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A rapid view of the **heart** revealed no evident pathology.

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ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic masses
- Secondary ascites
- Normal echocardiogram- no evidence of passive congestion deriving from the thorax
- Spleen slightly enlarged and mildly heterogeneous with slight hypoechoic nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver would be warranted for further definition. Diffuse hepatic masses, likely carcinoma, metastatic disease. Parasitic disease possible yet less likely. Sampling is essential for a definitive diagnosis. Ascites secondary to diffuse hepatic disease with secondary portal congestion.

AGE

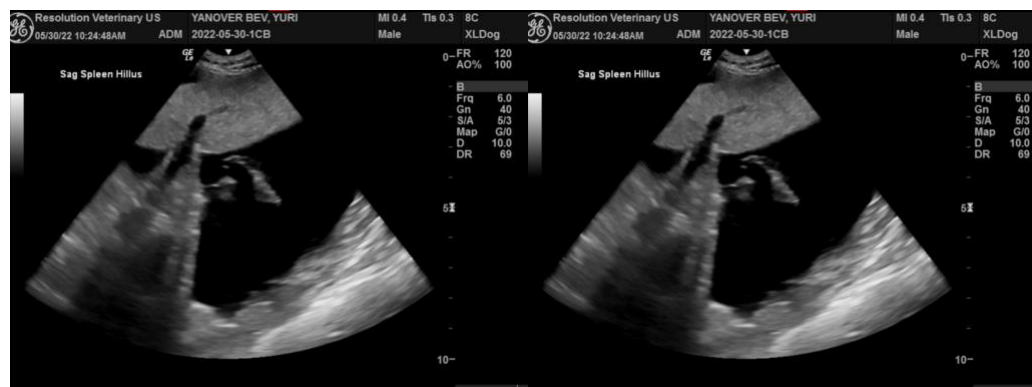
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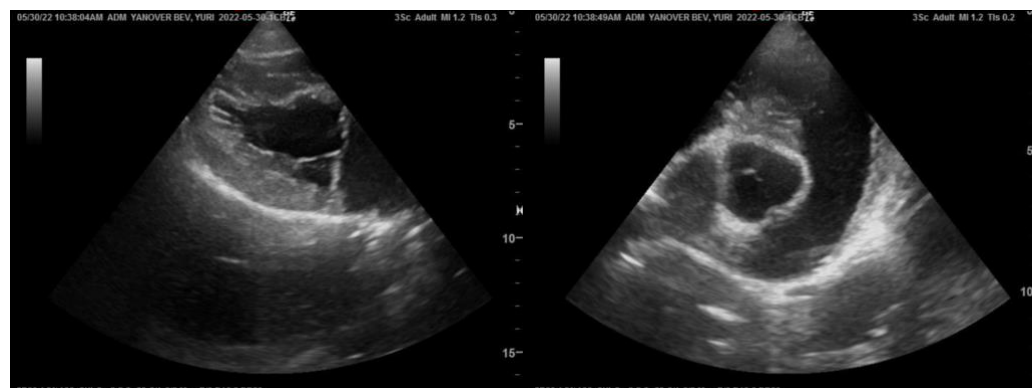
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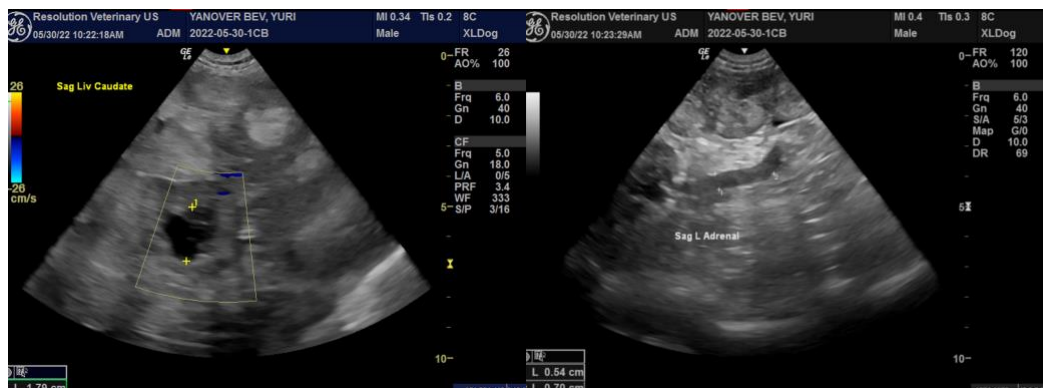
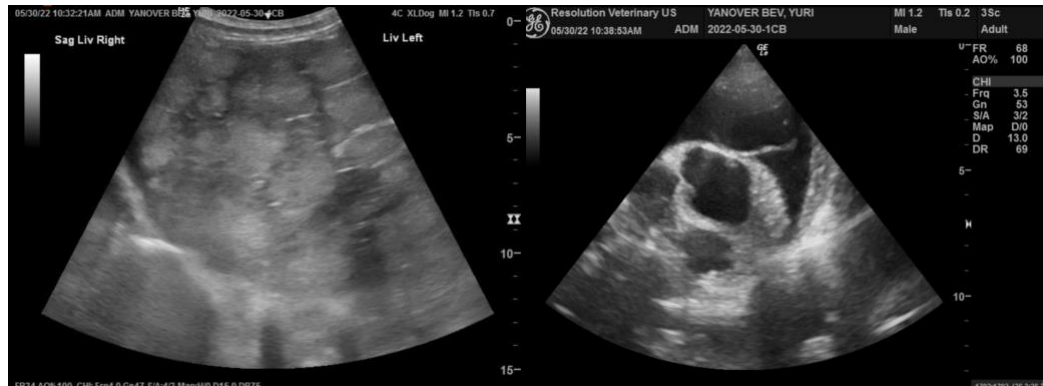
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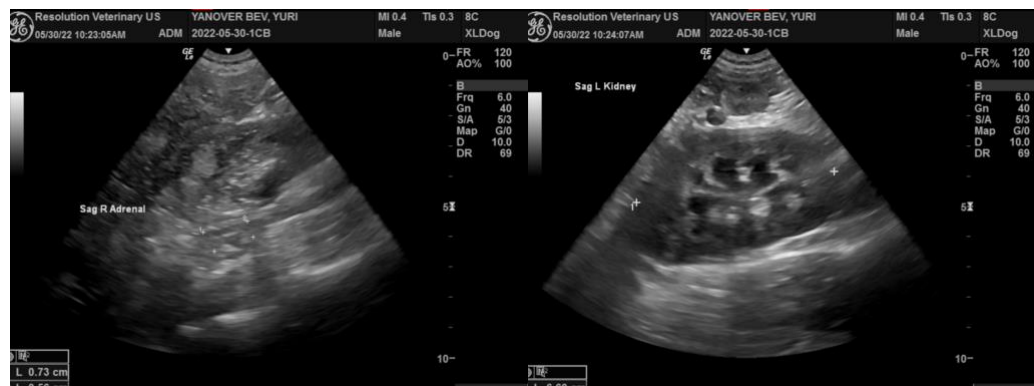
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com