

**DATE**

9/16/21

PRESENTING CLINICAL SIGNS

History: Dog has long standing history and is under treatment for IBD. In addition, has had chronic elevation of liver enzymes dating back to 7/2019. Dog was recently seen (9/11/2021) for enlargement and ulceration of a mass arising from the tail. Mass has reached a point where surgery is now necessary with possible amputation of distal aspect of tail. Blood profile (9/11/2021) show liver enzymes have significantly elevated from previous test (2/15/2021). Dog clinically stable and doing well with no significant signs other than normal/ occasional issues with IBD. Dog also diagnosed with cardiac murmur 2 years ago with no change in intensity of murmur or development of clinical signs of CHF.

PATIENT

Blossum Audlin

Current Medications: Cyclosporine 25 mg QD - since (10/2018); Budesonide 1.5 mg QD - since (6/2019).

SPECIES

Canine

Lab Results: attached - elevated liver enzymes.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 7-30-2019.

Sedation: declined

BREED

Stat Report: not requested

Portuguese Water Dog

SEX

Spayed Female

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.

AGE

4/11/09

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The right kidney measured 6.08 cm. The left kidney measured 5.98 cm.

WEIGHT

40 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

A hypoechoic nodule was noted and was deriving from the left adrenal gland and measured 1.0 cm. This is likely an adenoma or potentially emerging adenocarcinoma or pheochromocytoma. The left adrenal gland measured 2.95 x 0.61 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland was uniform and measured 2.75 x 0.5 cm at the caudal pole and 0.62 cm at the cranial pole.

HOSPITAL NAME

Fork VH

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner. True hypersplenism from an internal medicine standpoint causes sequestering of thrombocytes resulting in thrombocytopenia and anemia. Clinical manifestation of this phenomenon should be considered. US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

REFERRING VET

Dr. Doherty

INVOICE

91892

Liver

The **liver** was uniformly swollen with slightly increased portal markings. The parenchyma was unremarkable. This is consistent with acute inflammatory hepatopathy given the liver enzyme elevations. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were

normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** tract revealed minor increased submucosal echogenicity and mucosal speckling with striations. The lumen was unremarkable with no evidence of overt loss of mural detail or luminal disease was noted. However, inflammatory bowel is likely. The albumin levels should be monitored to assess for potential emerging protein losing enteropathy.

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

Non-specific acute on mild chronic inflammatory hepatopathy.

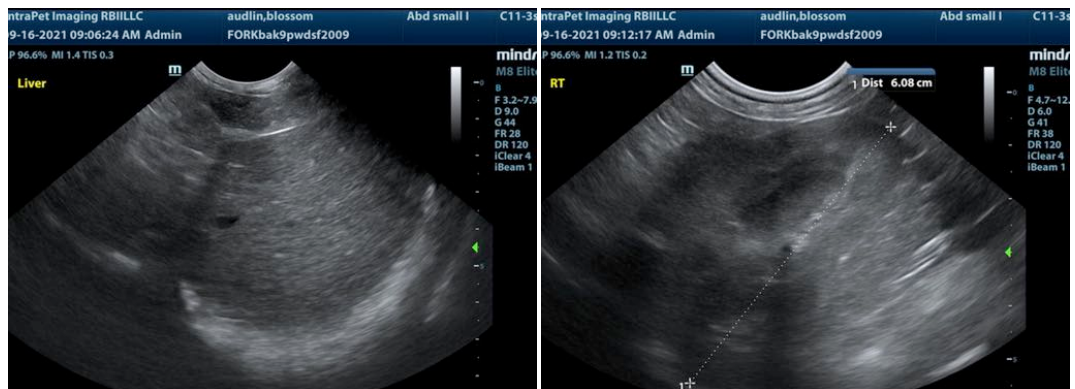
Minor hypersplenism.

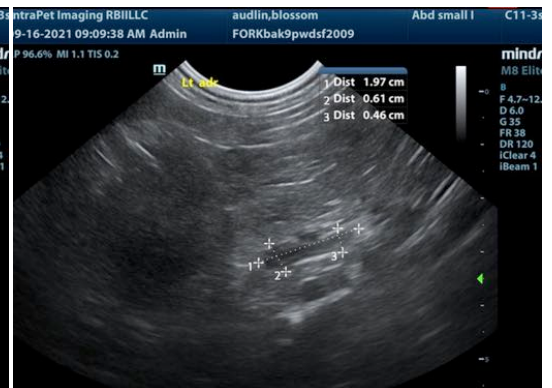
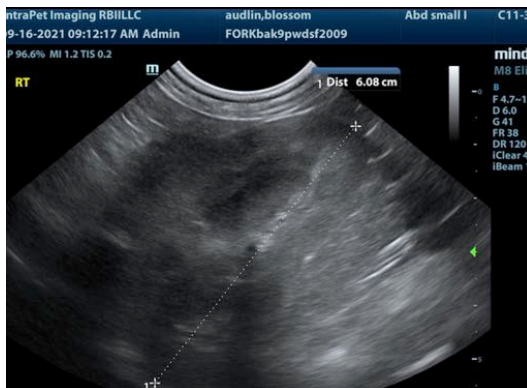
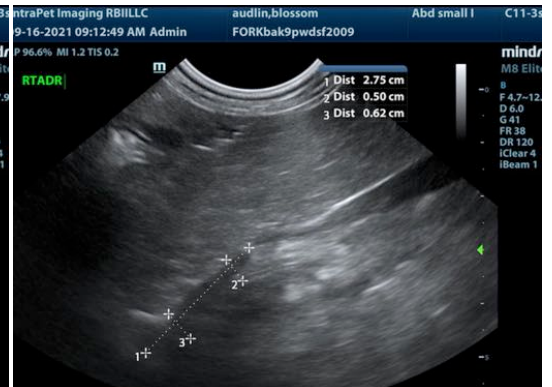
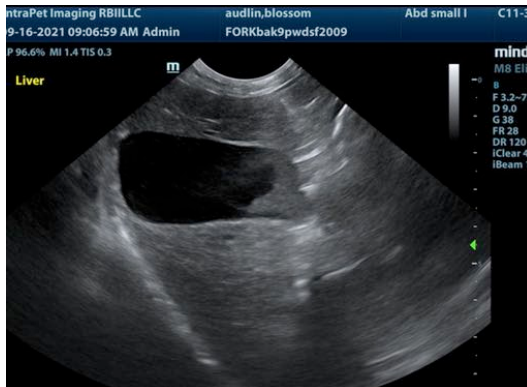
Hypoechoic left adrenal gland.

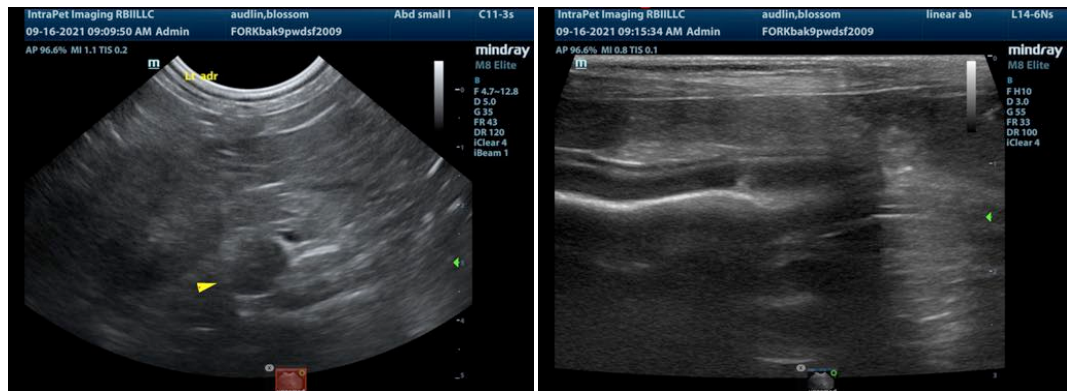
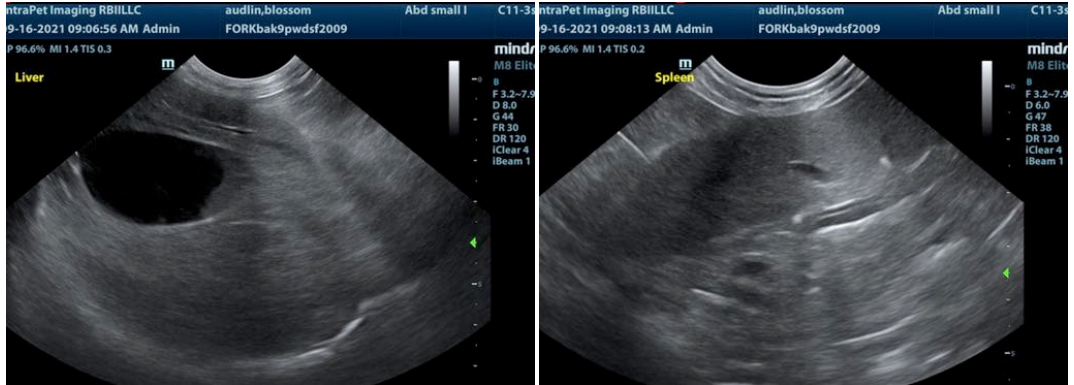
Persistent mucosal speckling and striations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted for further definition of inflammatory cell type. Leptospirosis titers are warranted. Blood pressure measurements are warranted. The albumin levels should be monitored. I recommend a fresh fecal smear and fecal floatation analysis. Emerging lymphangectasia is suspected.







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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