



PATIENT

Peanut Hileman

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Spayed Female

AGE

12 years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

91755

DATE

9/9/21

PRESENTING CLINICAL SIGNS

History: Peanut is a twelve year old, FS, Jack Russel Terrier with a history of chronic diarrhea. She was presented on 8/10/21 with a history of vomiting, diarrhea with mucous and blood, and lethargy. Her owner reported that Peanut had been laying in odd places and had been withdrawn from owners lately. On exam, she was painful on cranial abdomen palpation. Bloodwork showed increased neutrophils and monocytes, mildly increased ALP and abnormal snap cPL. Cerenia, metronidazole, bland diet, Fortiflora were prescribed. Peanut initially responded to treatment, but bloody diarrhea returned three days after metronidazole finished. TLI, PLI, cobalamine and folate are being submitted to lab today.

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 2.0 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 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. Corticomedullary calculi were noted in both kidneys, yet was non-obstructive. The left kidney measured 5.42 cm. The right kidney measured 5.25 cm.

Adrenal Glands

The right **adrenal gland** was 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 was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive



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of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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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

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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Free Abdomen

An undifferentiated, mixed, hyperechoic, mildly vascular mass was noted in the region of the right adrenal gland and right pancreatic limb. The exact origin cannot be ascertained. The mass extended to the area of the adrenal glands. It appears to be isolated. CT evaluation for surgical planning would be warranted.

IMAGING PERFORMED BY

Dr. Todd

ULTRASONOGRAPHIC FINDINGS

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Moderate, degenerative renal changes with calculi.

Undifferentiated mass in the region of the right adrenal gland and right pancreatic limb. The mass appears encapsulated and potentially resectable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Full coagulation panel and ultrasound-guided FNA could be considered. If the mass is adrenal in origin then pheochromocytoma, adenocarcinoma, and adenoma are all possible, if deriving from the pancreas then chronic pancreatic abscess or granuloma or infarcted lipoma are all possible. Supportive care is warranted until further imaging or direct exploratory surgery is considered. Ultrasound-guided 25-gauge FNA could be considered after coagulation panel. However, this carries some risk given the precarious nature of the mass. Three view chest radiographs are warranted to assess for any related thoracic disease.

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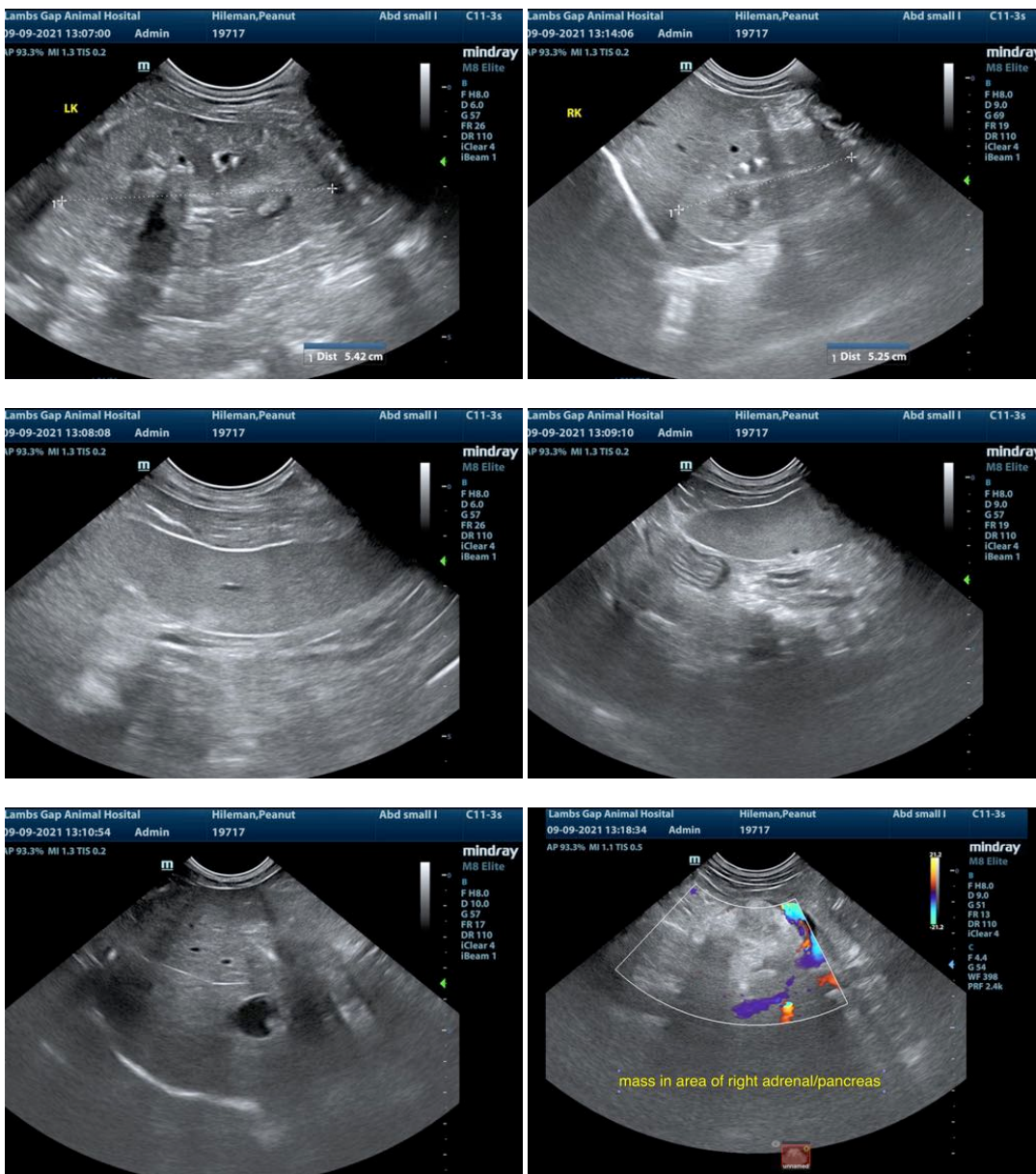
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com