

PATIENT

Patches Crawford

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Years

WEIGHT

28.6

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Readdy

INVOICE

12496

DATE

3.23.23

PRESENTING CLINICAL SIGNS

History: P had MCT removed in 2020 clean margins, suspected Pemphigus late 2020, responded to steroids. P discontinued steroids 6/2021. P had Ultrasound 12/2022, significant gallbladder sludge/early mucocele found P was started on Ursodiol at that time. Denamarin in use since beginning of steroid use in 2020. P has been panting excessively over the past 6 months slowly worsening. O has used gabapentin to attempt to control panting with no success.

Abnormal PE/Chem/CBC/UA Results: 12/2022 - ALT 189, ALK P - 686, Tbili - 0.6, 1/2023 - ALT - 77, ALKP - 445, TBili - 0.3, Triglycerides 857 (fasted) Chest rads 3/23 showed bronchial markings consistent with age.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.91 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.30 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole 0.44 cm / caudal pole 0.58 cm. The left adrenal gland has normal shape, and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at the cranial pole 0.31 cm / caudal pole 0.50 cm. The right adrenal gland has normal shape, and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma isoechoic to the liver and hyperechoic to the renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis. In the mid-body, towards the tail, there is smooth, round nodule that measures 1.20 cm x 0.98 cm. This nodule has a hypoechoic outside surrounding a more hypoechoic belly/center (e.g., target lesion). The nodule does slightly bulge at the contour.

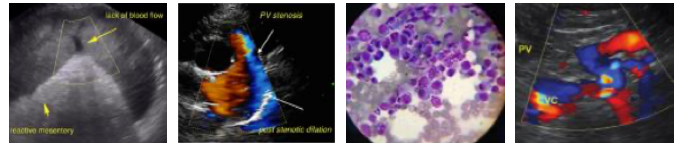
Liver

The liver is subjectively enlarged with normal contours, structure, and smooth peripheral margins. The echogenicity appears hyperechoic (isoechoic to the spleen) with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is some dependent debris that is not organized. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.



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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

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The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

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The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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A medial iliac lymph node is enlarged (0.62 cm in width by 0.90 cm in length) with mildly hyperechoic surrounding fat, likely reactive.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Splenic nodule rule out benign (extramedullary hematopoiesis, lymphoid hyperplasia, hematoma, other) versus malignant (carcinoma, round cell tumor, or even a metastatic lesion).
- Hyperechoic hepatomegaly

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Secondary Findings

- Improvement in reported appearance of gall bladder

IMAGING PERFORMED BY

Christina

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a splenic nodule that could be benign, although it does bulge the contour of the spleen, and has an almost target-like appearance, which raises concern for malignancy. Consider fine-needle aspiration.

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The liver is enlarged and hyperechoic (which could be due to vacuolar hepatopathy or hypertriglyceridemia). While infectious, inflammatory or other infiltrative disease is not suspected, based on this exam, it cannot entirely be ruled out.

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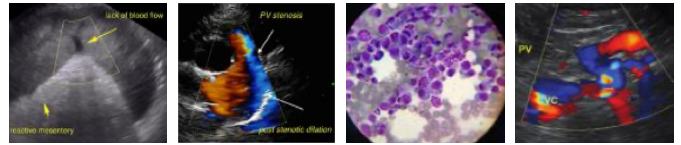
The adrenal glands are normal. However, given the lab-work changes and appearance of the liver on ultrasound, working up for adrenal hyperfunction could be considered as the cause of the excessive panting. Consider a UCCR, ACTH stimulation or low-dose dexamethasone suppression test. Alternatively, a trial with melatonin could be attempted.

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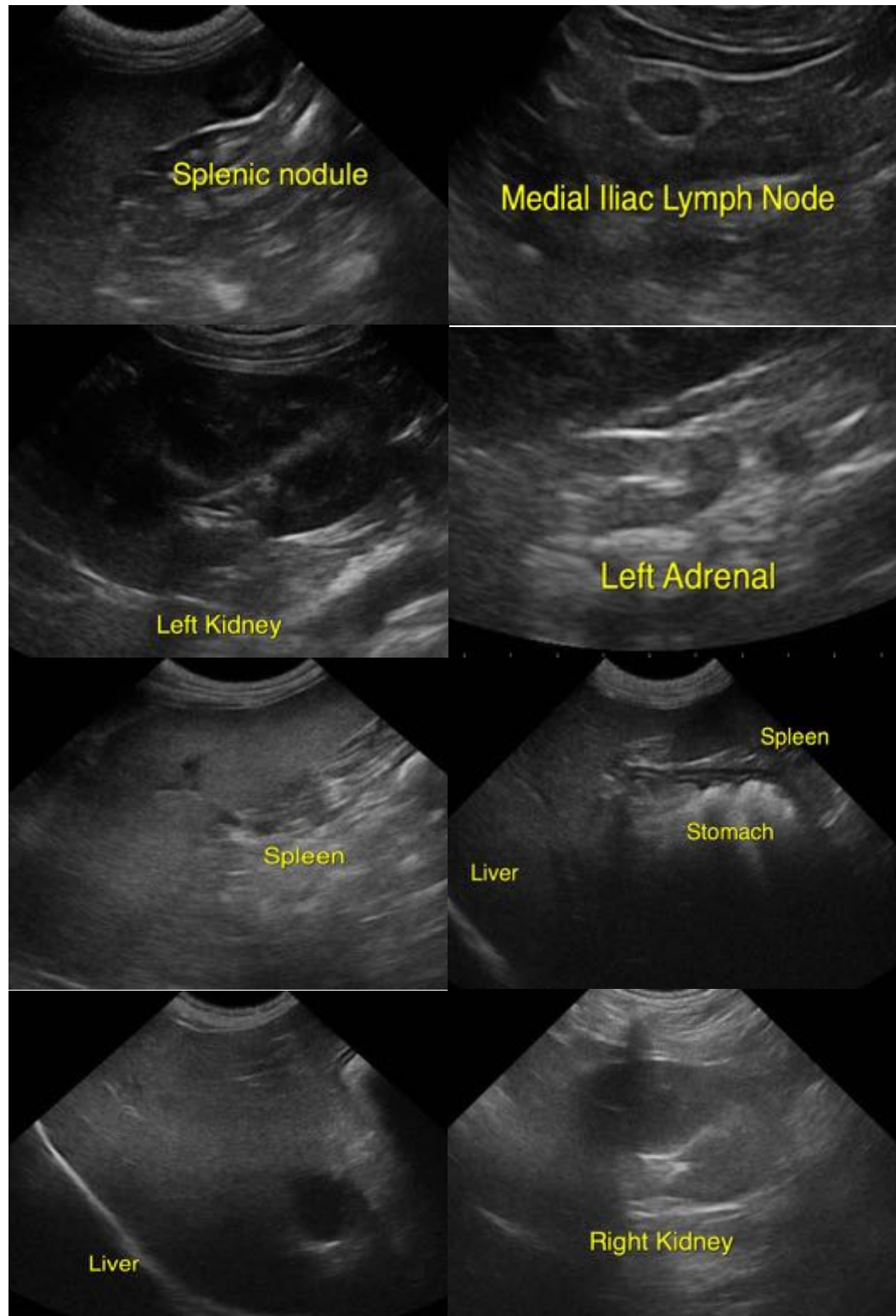
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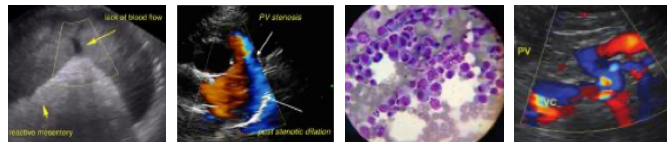
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
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