



PATIENT PRESENTING CLINICAL SIGNS

Buddy Sullivan
Increased thirst, appetite just ok. On pimobendan 2.5mg bid, apoquel 5.4 mg daily
Abnormal PE/Chem/CBC/UA Results: ALKP 759; remaining wnl.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The **urinary bladder** was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no sediment or uroliths. The ureters were not visible, which is normal. The bladder trigone were normal. The pelvic urethra was visualized to a depth of 2.0 cm post prostate and was normal in thickness and tone.

Beagle

SEX

Neutered Male

The residual **prostate** was visualized and found to be normal in size and echogenicity.

AGE

14.5 Years

The **iliac trifurcation** was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. The medial iliac lymph nodes were visualized and found to be normal in size, shape and echogenicity.

WEIGHT

25 Pounds

Both **kidneys** were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 5.0 cm. The right kidney measured 5.3 cm.

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

Adrenal Glands

The **left adrenal gland** was normal in size with a mildly irregular capsule contour, which is likely age related. The caudal pole of the left adrenal was mildly increased in size with on obvious cause or mass. The left adrenal gland measured 2.2 cm x 0.80 cm at the caudal pole and 0.60 cm at the cranial pole.

IMAGING PERFORMED BY

Diane McFadden

The **right adrenal gland** was normal in size with a mildly irregular capsule and contained a well demarcated hyperechoic nodule in the caudal pole that did not expand the capsule. The nodule in the caudal pole measured 0.80 cm x 0.70 cm. The right adrenal gland measured 2.3 cm x 0.60 cm at the caudal pole and 0.90 cm at the cranial pole.

HOSPITAL NAME

Ho-Ho-Kus VH

Spleen

REFERRING VET

Dr. Gannon

The **spleen** was normal size and shape with a smooth capsule contour. The spleen was in a normal position. The parenchyma had a finely textured and homogenous echogenicity. The vasculature was normal in structure, with no evidence of thrombus on power doppler examination.

INVOICE

44801

Liver

DATE

8/18/23

The **liver** was moderately increased in size with moderately irregular capsule contour. There were moderate heterogeneous parenchymal changes. There were several more pronounced nodular changes, the largest of which measured 5.0 cm x 4.4 cm in the caudal left liver, which were mixed echogenicity and mildly capsule displacing. There was a smaller, similar echogenicity nodule in the deep right liver near the portal hilus.



PATIENT

Buddy Sullivan

The **gallbladder** was mildly increased in size with a normal shape and contained echogenic non-mineralized sludge that was mobile. The cystic duct and common bile duct were visualized and found to be normal in size and shape.

SPECIES

Canine

Gastrointestinal

The **stomach** was largely empty with normal size, shape, and position. The stomach wall was normal in thickness and maintained appropriate layering. The **small intestine** displayed normal curvilinear patterns throughout, with normal wall thickness and layering. Normal peristalsis was present. The visible **colon** wall was normal in thickness and layering. There were no visible masses or focal lesions.

BREED

Beagle

Pancreas

SEX

Neutered Male

The pancreas was normal in size with a mildly irregular capsule contour. The parenchyma was isoechoic to heterogeneous compared to the mesentery. No signs of active inflammation or overt nodules noted. This may represent an aging change or previous bouts of pancreatitis.

AGE

14.5 Years

Free Abdomen

No peritoneal effusion or lymphadenopathy was noted on examination of the peritoneal cavity.

WEIGHT

25 Pounds

ULTRASONOGRAPHIC FINDINGS

- Moderate hepatomegaly with heterogeneous nodular changes diffusely
- Moderate gallbladder sludge, non-mucocele
- Right adrenal nodule
- Aging changes in both kidneys, moderate
- Heterogeneous right pancreas

INTERPRETED BY

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DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver could represent pronounced nodular hyperplasia, as can occur in some older dogs. There is the potential for hepatic focal neoplasia in the larger nodule, although it is considered less likely. The heterogeneous right pancreatic changes may be previous bouts of pancreatitis or an aging change. There is no active inflammation currently and it is not likely playing a clinical role.

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Ho-Ho-Kus VH

The right adrenal nodule could represent a lipoma, a benign adenoma, or a more aggressive tumor such as adenocarcinoma or pheochromocytoma. Monitoring would be advised if the clinical signs fit.

REFERRING VET

Dr. Gannon

FNA of the liver nodules and liver parenchyma could be done for inflammatory cell type and to potentially rule out hepatic neoplasia, although some nodules required core biopsy. Hepatic support including Ursodiol and Denamarin could be done to see if it improves the clinical signs.

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PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

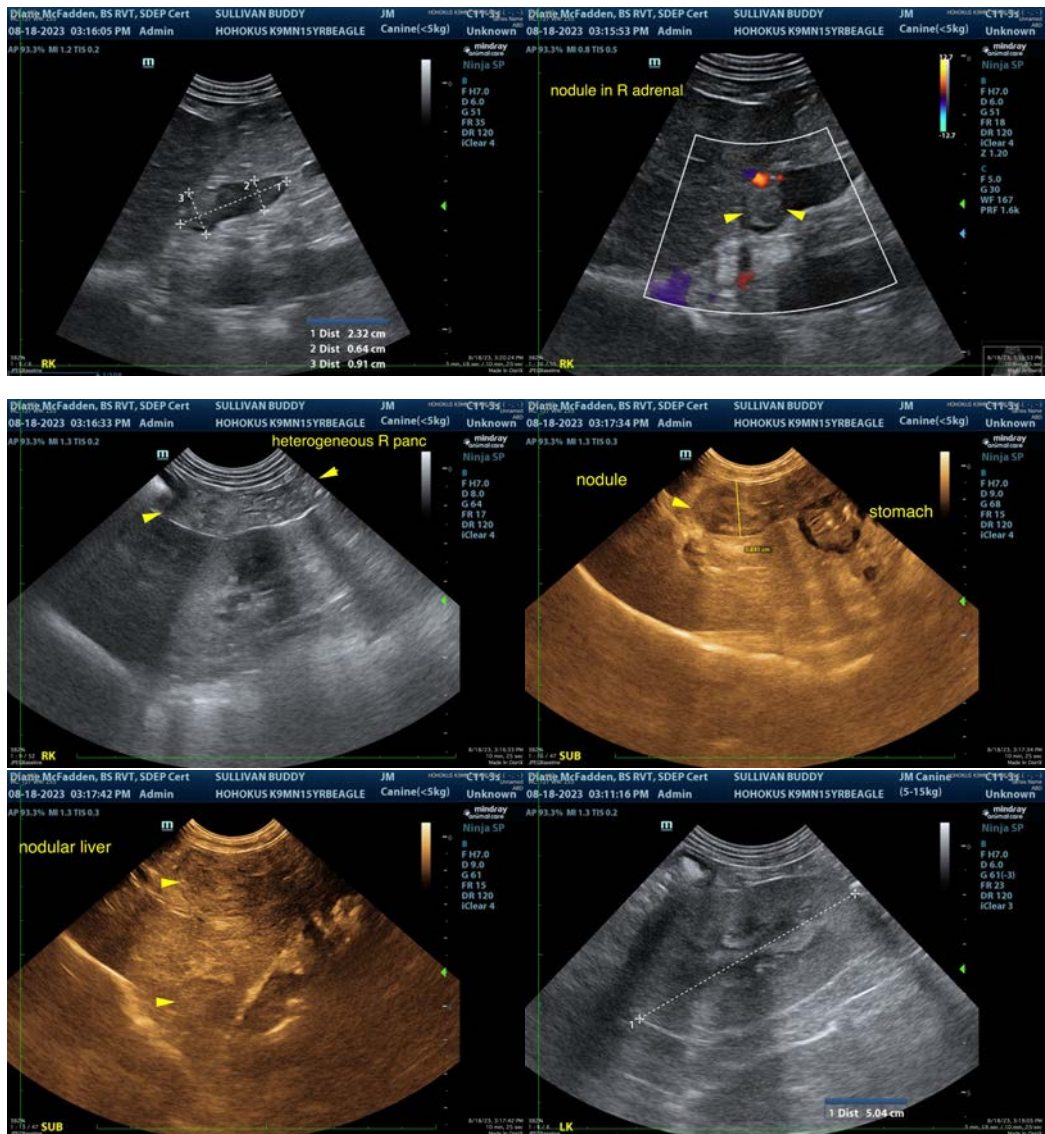
Dr. Gannon

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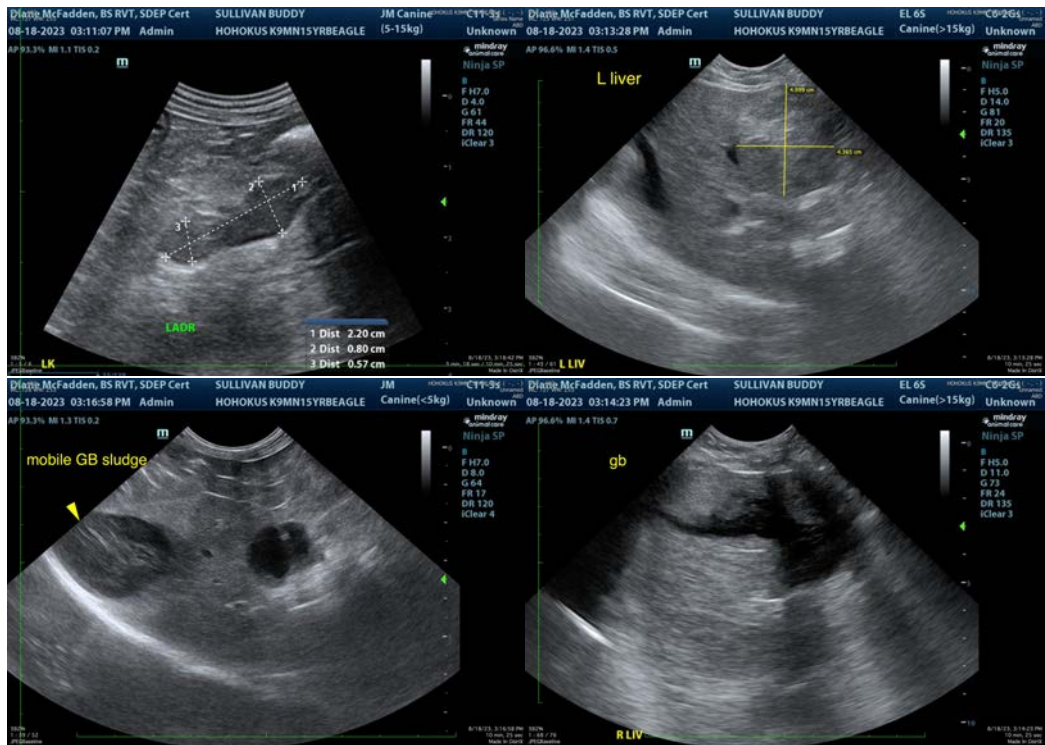
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
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