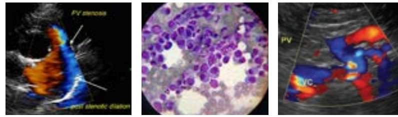


DATE

11/17/21

PATIENT

Pebbie Beal

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

10/26/08

WEIGHT

11 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

BPH of Westminster

REFERRING VET

Dr. Jantz-Stephis

INVOICE

29868

PRESENTING CLINICAL SIGNS

History: rec ultrasound to further evaluate progression of abdominal mass if owner elects. Other DDX: Cruciate Ligament Rupture, Complete Stable/Persistent/Chronic, Murmur Undergoing Therapy, Hepatopathy Stable/Persistent/Chronic, Geriatric Pet Stable/Persistent/Chronic, Neoplasm of Abdomen, Stable/Persistent/Chronic Periodontal Disease Stage 2 Doctor Postponed.

Current Medications: Galliprant 20mg Give 0.5 tablets every 24 hours for 30 days, Gabapentin 250mg/5ml Solution (per ml) Give 2 mls every 8 hours for 30 days, Furosemide 12.5mg
1 tablet every 12 hours for 30 days.
Lab Results: 11-7-21 CBC/IOF: elevated ALKP 1039, elevated ALT 755 r/o liver mass vs other, mildly elevated TBILI r/o hemolyzed sample, mildly elevated BUN and CRT.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

**Patient was scanned in the standing position due to patient respiratory distress. Palpable heart murmur noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.16 cm) with small, non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.41 cm) with small, non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the

vasculature and biliary tract appear normal. There is a very large mixed echogenic, partially moth eaten mass effect visualized in the right side of the liver, measuring 11.43 cm x 9.02 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

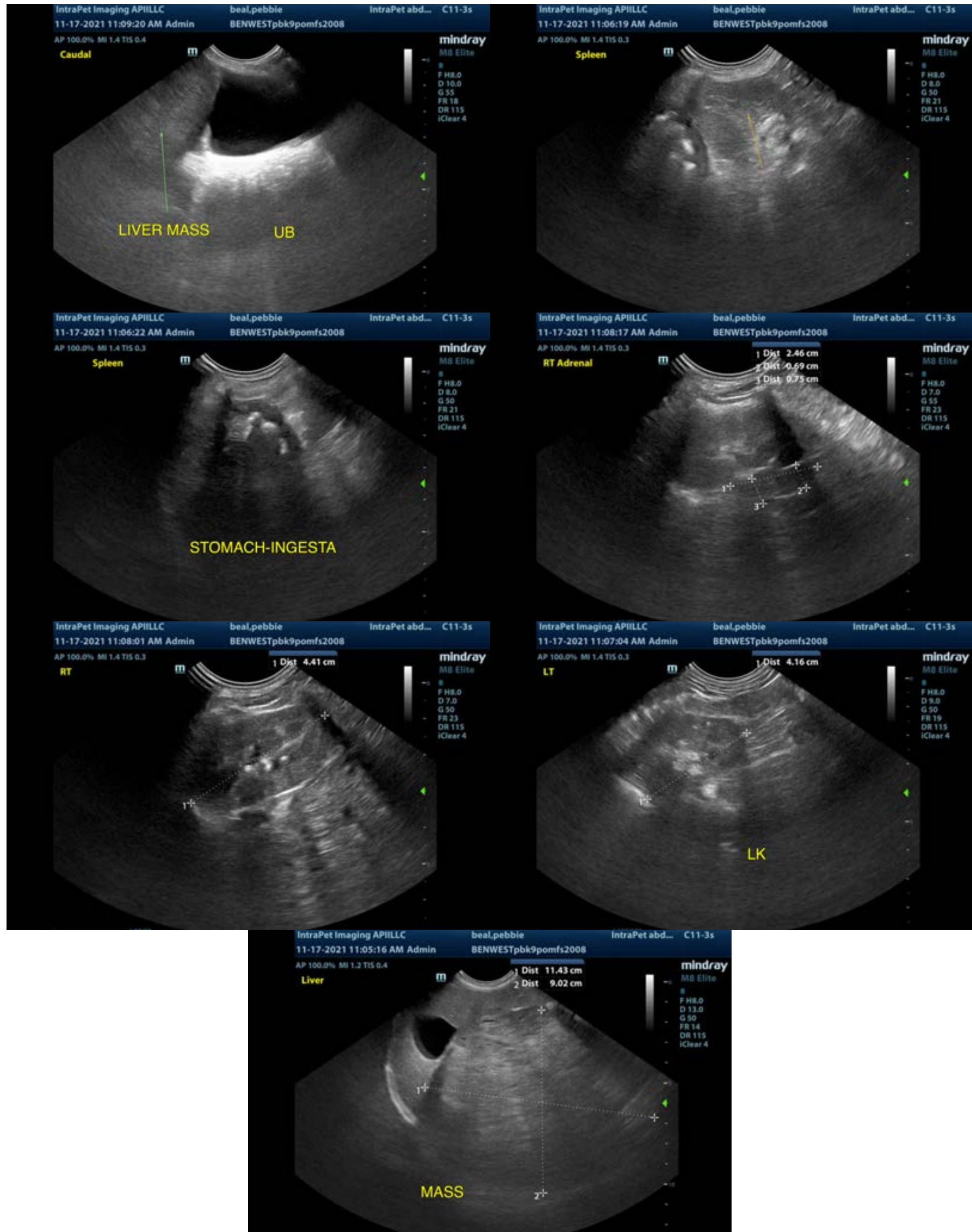
ULTRASONOGRAPHIC FINDINGS

- Large, slightly mottled/moth eaten right-sided liver mass – The size and appearance of this mass is most consistent with a primary liver mass (benign or neoplastic). Other possibilities exist.

- Mildly reduced corticomedullary distinction in both kidneys with non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large, right-sided liver mass is visualized, which extends all the way back to the urinary bladder. A primary hepatic mass (adenoma, carcinoma) is favored due to the large size. These masses can have a relatively benign nature and can have a very favorable prognosis with surgical removal. Recommend 3-view thoracic radiographs and advanced imaging (CT scan) of the abdomen to further assess for surgical removal of the mass. Recommend cardiac ultrasound.



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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