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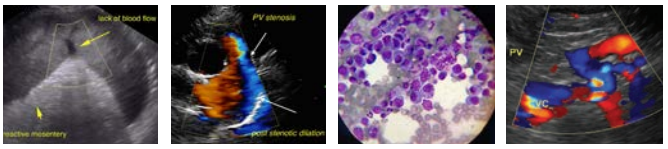


PATIENT
Scooter Jackson

SPECIES
Canine

BREED
Pekinese X

SEX
Spayed Female

AGE
15 Years 11 Months

WEIGHT
10.8 Pounds

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

IMAGING PERFORMED BY
M. Kermendy, CVT

HOSPITAL NAME
Wauwatosa VC

REFERRING VET
Dr. Ericka Haynes

INVOICE
33809

DATE
12/29/21

PRESENTING CLINICAL SIGNS

Recent history of liver enzyme elevation. Patient diagnosed with pancreatitis on 12/8/21; treated with a two week course of Denamarin and Metronidazole. Pancreatitis clinically resolved, but liver enzymes remain unchanged.
Abnormal PE/Chem/CBC/UA Results: ALT=467 on 12/23 (10-125) ALP=1750 on 12/23 (23-212) AST=99 on 12/1 (16-55)

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 (3.83 cm) with pyelectasia at 0.45 cm and small cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.2 cm) with pyelectasia at 0.35 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

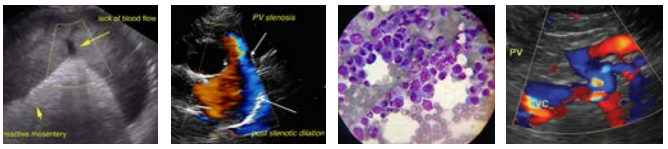
Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a very large hyperechoic, multilobulated mass effect towards the right side of the liver measuring >8.0 cm x 7.2 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 contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.41 cm. 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 increased echogenicity in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous liver with very large hyperechoic mass – likely consistent with a primary liver mass. This could be benign or cancerous.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mild/moderately thickened small intestine – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large hyperechoic liver mass visualized. Based on the size, I suspect this is a primary hepatic mass. Consider a contrast CT scan to further evaluate the margins of the mass effect and evaluate it for possible surgical removal. Despite the large size of these masses, if they can be completely removed, they often carry a fair to good prognosis. Recommend 3-view thoracic radiographs.

Additionally, there are changes associated with the kidneys, consistent with chronic progressive renal disease/age related renal disease, but the pyelectasia is concerning for possible pyelonephritis, as no obvious obstruction is visualized. Recommend urinalysis, culture and blood pressure evaluation.

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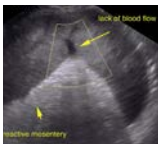
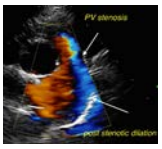
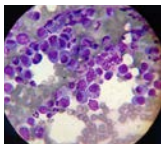
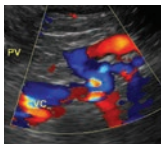

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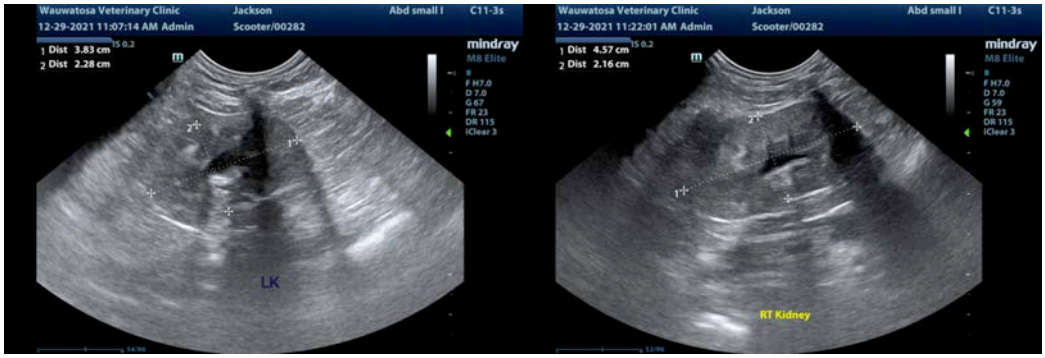

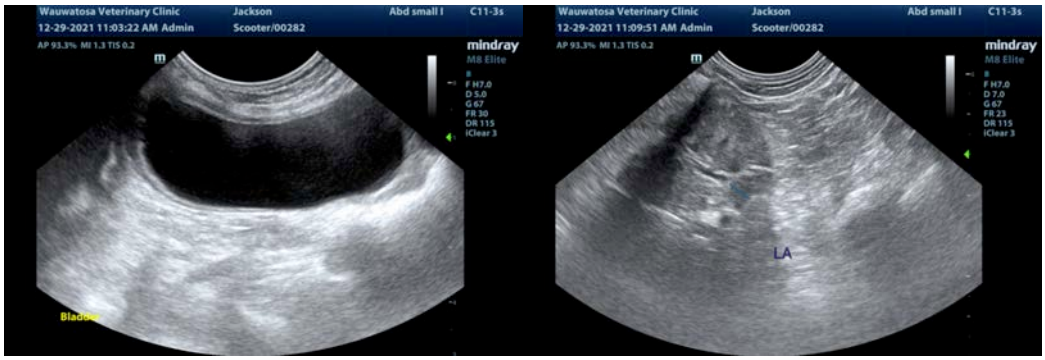

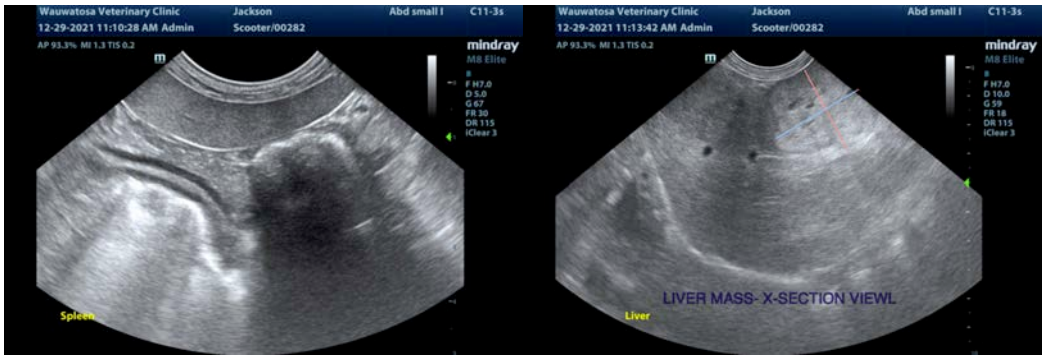

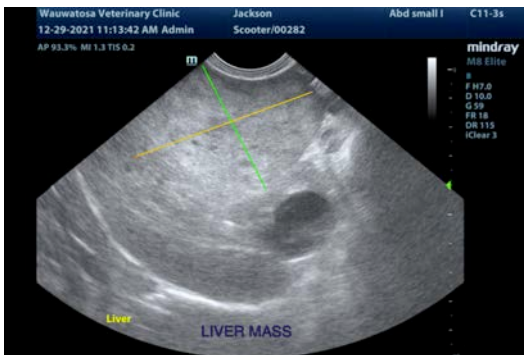

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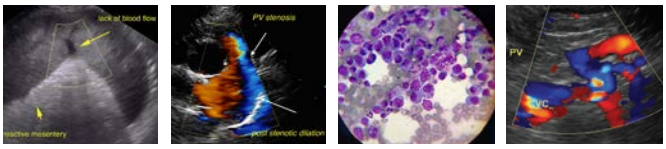

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com