

**DATE PRESENTING CLINICAL SIGNS**

2/10/22

History: anorexia and wt loss x 2 months (20# total), very thin bcs and marked generalized muscle atrophy on physical exam, otherwise wnl.

PATIENT

Vaquita Rodriguez-Cortes

Current Medications: Entyce appetite stimulant started 2/2/22 - little success.

Lab Results: cbc - mild reticulocytosis, chem - markedly elevated ALP, ALT, AST, GGT, tbili, mildly elevated, SDMA, t4 - wnl, ua - marked bilirubinuria, fecal - wnl.

Radiographs: chest rads recommended but not performed.

SPECIES

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Canine

Sedation: dexdomitor 0.7 mL + butorphanol 0.5 mL IM

BREED

Stat Report: Not requested.

Bernese Mtn Dog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Spayed Female

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.

AGE

1/15/15

The left kidney has a normal shape and size (7.48 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

58 Pounds

The right kidney has a normal shape and size (6.88 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

The right adrenal gland is normal in size measuring 0.50 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.

HOSPITAL NAME

Bay Country VH

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an ill-defined, hypoechoic nodule measuring 1.5 cm within the parenchyma of the spleen.

REFERRING VET

Dr. Sabella

Liver

The liver is normal in size, heterogeneous and somewhat hypoechoic in echogenicity. The visible portions of the vasculature and biliary tract appear normal. There is a large, isoechoic, irregular mass effect towards the caudal aspect of the left side of the liver. This mass measures 7.4 cm x 7.0 cm.

INVOICE

35592

The gall bladder lumen is moderately distended. The wall of the gall bladder has irregular polypoid projections and there is a moderate amount of non-organized echogenic debris. 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.

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

There is a scant amount of free fluid in the area of the spleen. There is no evidence of a significant lymphadenopathy. A sublumbar lymph node is noted at 0.78 cm. The omentum is generally of normal echogenicity.

Other

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

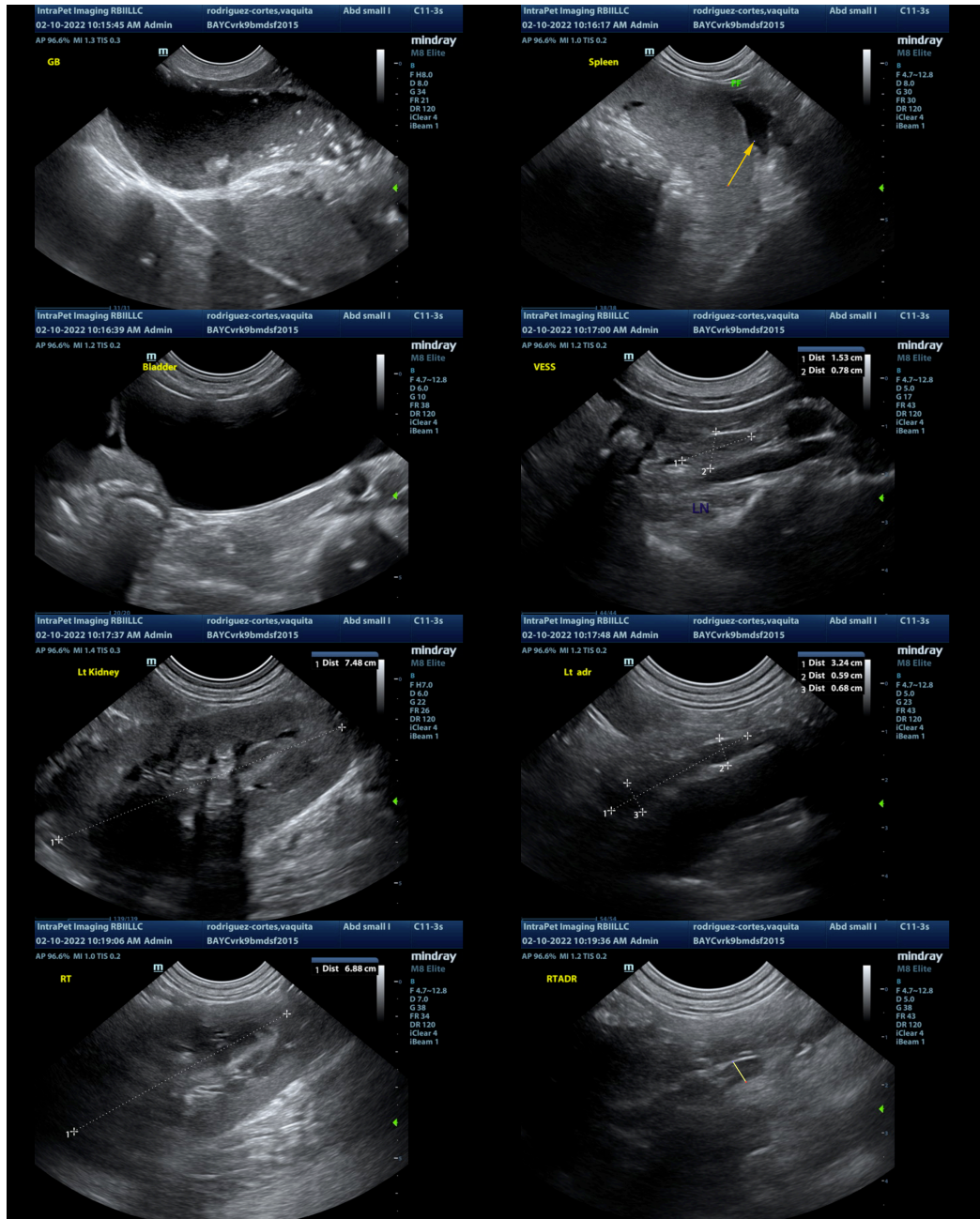
ULTRASONOGRAPHIC FINDINGS

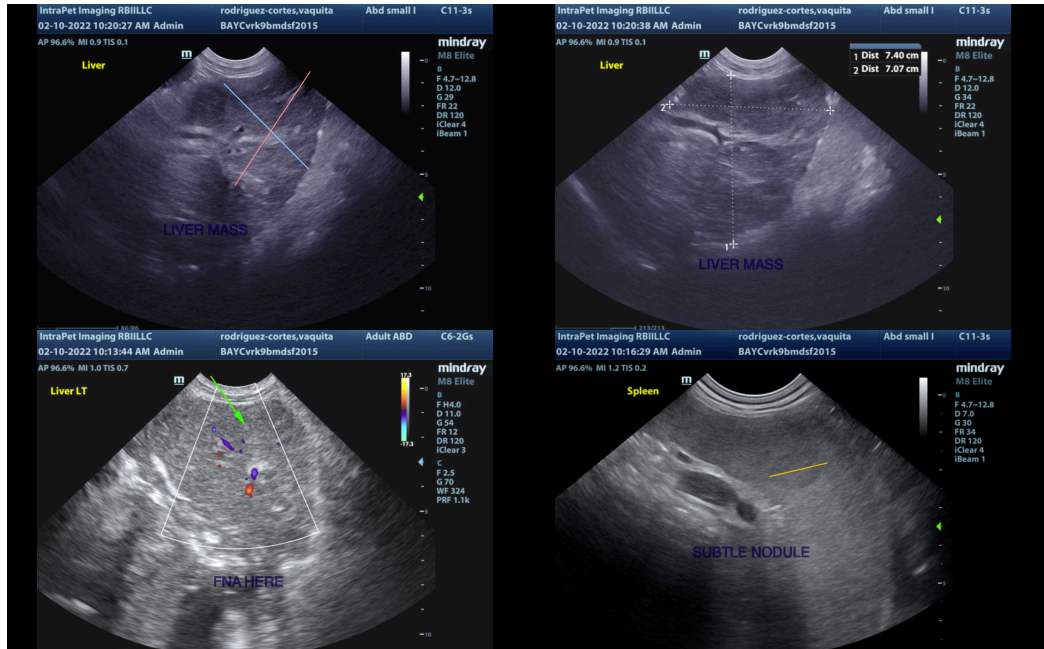
- Large, mottled, spleen with hypoechoic nodule – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous, hypoechoic liver with hyperechoic, irregular mass effect – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The mass lesion is somewhat irregular, and considering the weight loss, there is concern for a possible neoplastic process.
- Moderate gallbladder debris and polyps – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is large and mottled. This combined with the mass effect in the liver is concerning for possible underlying neoplastic process. Recommend a fine needle aspirate of the spleen and liver mass, and recommend 3-view thoracic radiographs. Depending on cytologic results, an abdominal CT scan could be considered for surgical planning and removal of the hepatic mass, provided there is not significant concern

for metastatic neoplasia.





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.

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