

**DATE PRESENTING CLINICAL SIGNS**

2/16/22

History: Seen on 2/4 for having a hard time getting up off the ground -- front or back legs going out, trouble on stairs. More trouble in last few days; shaking if standing too long, sits back down. Chewing on back leg. Sensitive spots on back by hips. Drinking more in last week or so. On exam, he was resistant to cervical ROM, right hip extension. Matted fur was present interdigitally. Area of tightly matted fur present on medial aspect of right rear leg with erythema, area of moist dermatitis nearby.

PATIENT

Finley Simms

SPECIES

Canine

BREED

Goldendoodle

Current Medications: Codeine 30 mg -- 1 to 1.5 tab PO Q 8-12 hours, PRN for pain #15, Simplicef 200 mg -- 1 tab PO SID #14. Animax ointment -- Apply a thin layer to affected skin BID x 14 days. Long-term: Gabapentin 300 mg -- 2 caps PO BID, Galliprant 60 mg -- 1 tab PO SID.

Lab Results: CBC: Decreased HCT 36.2%, Decreased RBC, HGB, Elevated platelets. Chem: Elevated ALT 294 U/L, Elevated AlkP 1686 U/L. T4: WNL. U/A: SG = 1.020 (first morning).

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Neutered Male

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.

AGE

1/5/10

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT

83 Pounds

The left kidney has a normal shape and size (8.55 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)

The right kidney has a normal shape and size (8.04 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Adrenal Glands

The left adrenal gland is large in size measuring 1.02 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.

HOSPITAL NAME

Paradise AH

The right adrenal gland is normal in size measuring 1.2 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.

REFERRING VET

Dr. Twardzik

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.

INVOICE

35695

Liver

The liver is subjectively normal in size, and 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, irregular, mixed echogenicity, solid, somewhat hyperechoic mass effect involving a large portion of the right side of the liver measuring >14.7 cm x 10.79 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.

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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Large, irregular, solid mass effect involving the right side of the liver – Concerning for a mass effect (benign or metastatic neoplasia). Due to the size of this lesion, a primary liver mass is suspected.

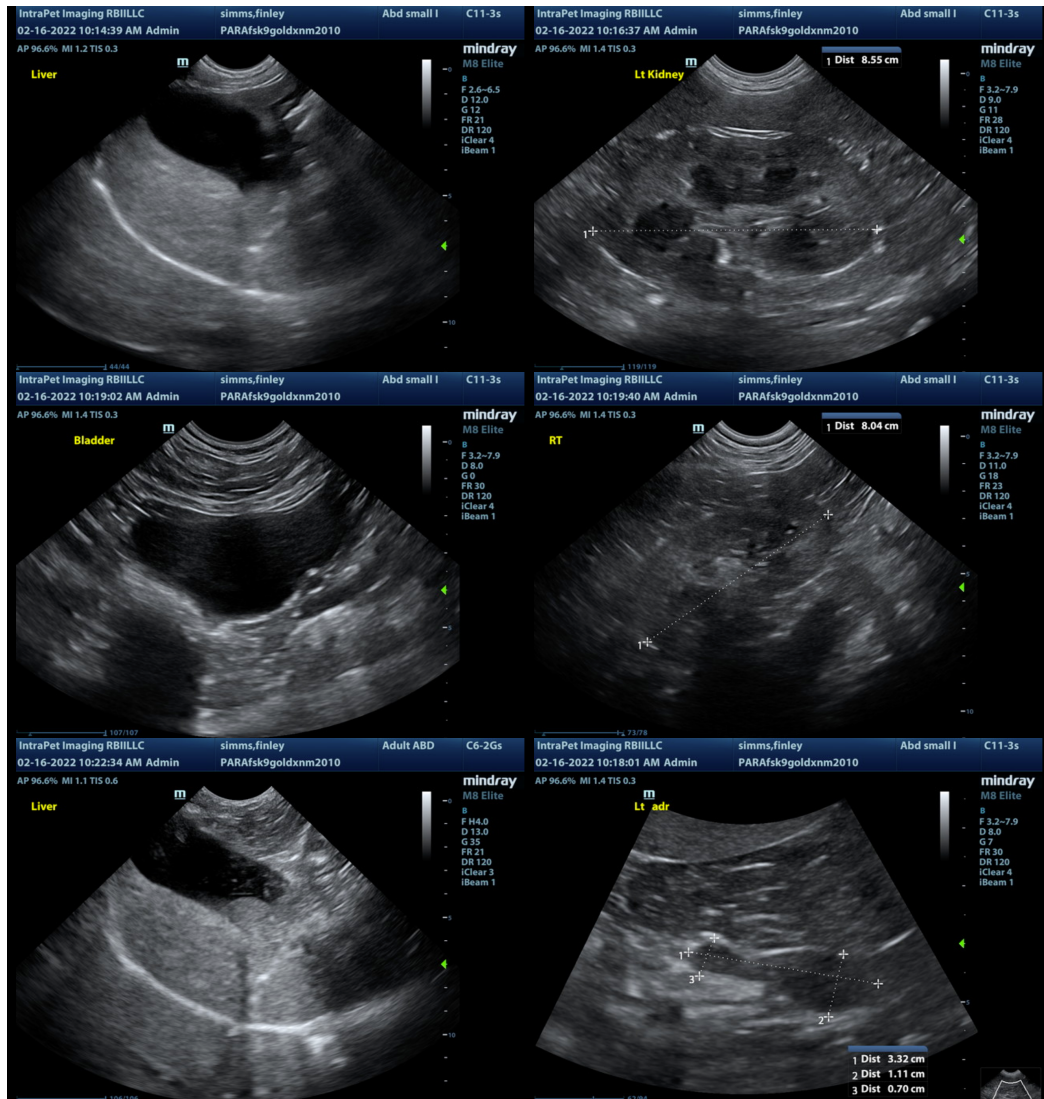
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

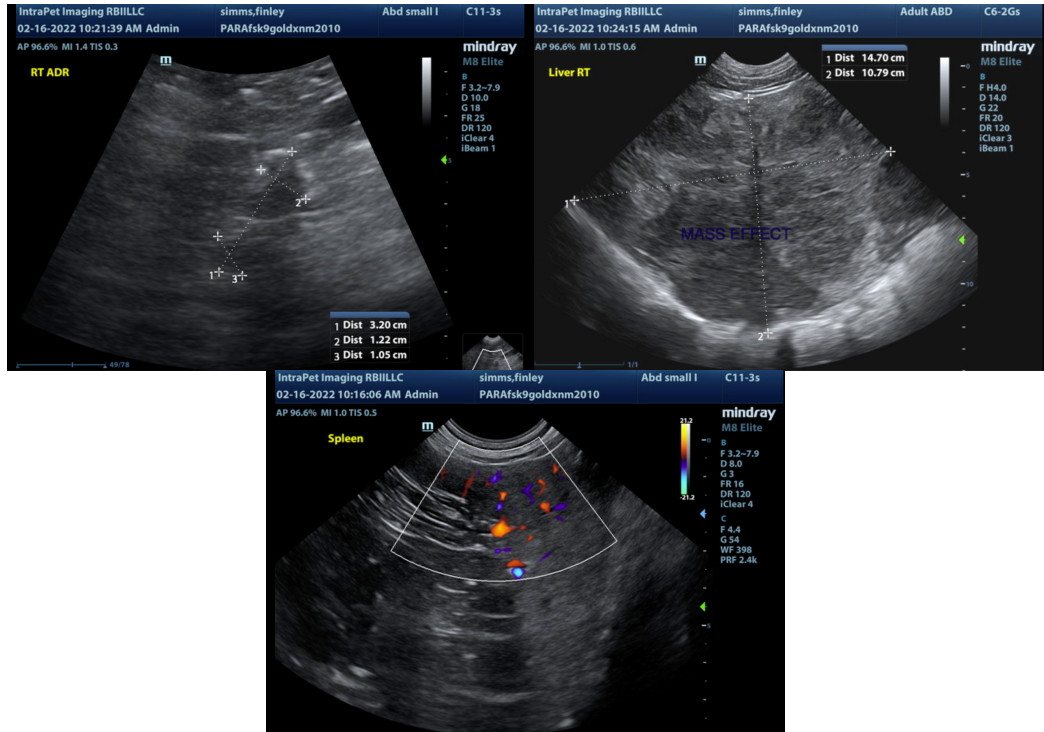
There is a very large, irregular liver mass in the right side of the liver. No obvious lesions are visualized in other areas.

- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- Recommend CT scan to get a better idea of the scope and involvement of the liver mass for possible surgical removal. If this is a primary liver mass, prognosis can be good with complete excision.

- Consider a fine needle aspirate of the mass lesion to rule out any unexpected findings (atypical tumor, infection, etc.).

Additionally, there is bilateral adrenomegaly present. This pet could be drinking more due to the liver mass, or could possibly have pituitary dependent hyperadrenocorticism. I would consider a liver function test to see if the liver mass is affecting liver function, and consider an ACTH stimulation test in the future when this patient is not feeling sick. I suspect the anemia represents an anemia of chronic disease.





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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