



PATIENT

Bailee Phenix

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

JRT

SEX

Spayed Female

No sedation needed - Chief Concern/Provisional Diagnosis: concerned about a potential space occupying mass in the upper quadrant of abdomen. Diagnosis: ddx: space occupying mass within the upper quadrant of the abdomen (splenic HSA vs hepatic mass vs other) diagnosis open History/Physical Findings: P originally presented for concerns over allergies. Upon exam, noted that the abdomen appears distended. Palpated a rounded structure on the left lateral aspect of the abdomen, potentially liver or spleen. Summary of Laboratory Abnormalities: Performed Total Body Function panel. Total protein is elevated at 7.9, globulin is elevated at 3.7, AST is elevated at 69, ALK phos is elevated at 269, BUN/ CREAT ratio is elevated at 36, cholesterol is elevated at 328, triglyceride is elevated at 591, precision PSL Is elevated at 251, lymphocytes are elevated at 32, all other values WNL. Radiographic Abnormalities: Appreciated a space occupying mass and marked loss of detail within the abdomen. The colon appears displaced ventrally. Current Therapy and Medications: Clavamox 125 mg BID, gave 30 mg Cytopoint on 3/21/22, neo-poly-dex ointment.

AGE

12 Years

WEIGHT

22.2 Pounds

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.

INTERPRETED BY

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

The left kidney has a normal shape and size (5.22 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.

The right kidney has a normal shape and size (5.02 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 BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.75 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

Valley Vet Clinic

The right adrenal gland is normal/borderline large in size measuring 0.91 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. Anna Lopez

Spleen

The spleen is large 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 are two small, hypoechoic nodules visualized. One measures 0.68 cm, the other measures 0.33 cm. Neither lesion deforms the splenic capsule.

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PATIENT

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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 hypoechoic nodule visualized within the parenchyma measuring 0.97 cm. Additionally, there is a mixed echogenic nodule measuring 1.8 cm.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

SEX

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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.

AGE

12 Years

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. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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. There is an occasional prominent mesenteric lymph node, one visualized measures 0.72 cm. The omentum is of normal echogenicity.

IMAGING BY

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LVT

ULTRASONOGRAPHIC FINDINGS

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- Large, mottled spleen with two hypoechoic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

REFERRING VET

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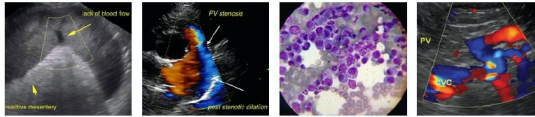
- Heterogeneous liver with a small hypoechoic nodule and a small mixed echogenic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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- Prominent mesenteric lymph node – A single prominent mesenteric lymph node was visualized. Possible differentials include inflammation, less likely infection or neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no solitary space-occupying mass effect visualized on today’s exam. The liver and spleen both do appear enlarged with rare ill-defined hypoechoic nodules. These lesions trend towards a more benign etiology, but underlying neoplastic change cannot be ruled out entirely. Recommend a fine needle aspirate of the liver and spleen.

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Additionally, the adrenal glands are borderline “plump”. If signs of Cushing’s are present, you could consider adrenal function testing. You could consider adrenal function testing, as this could be a possible differential for the hepatomegaly observed.

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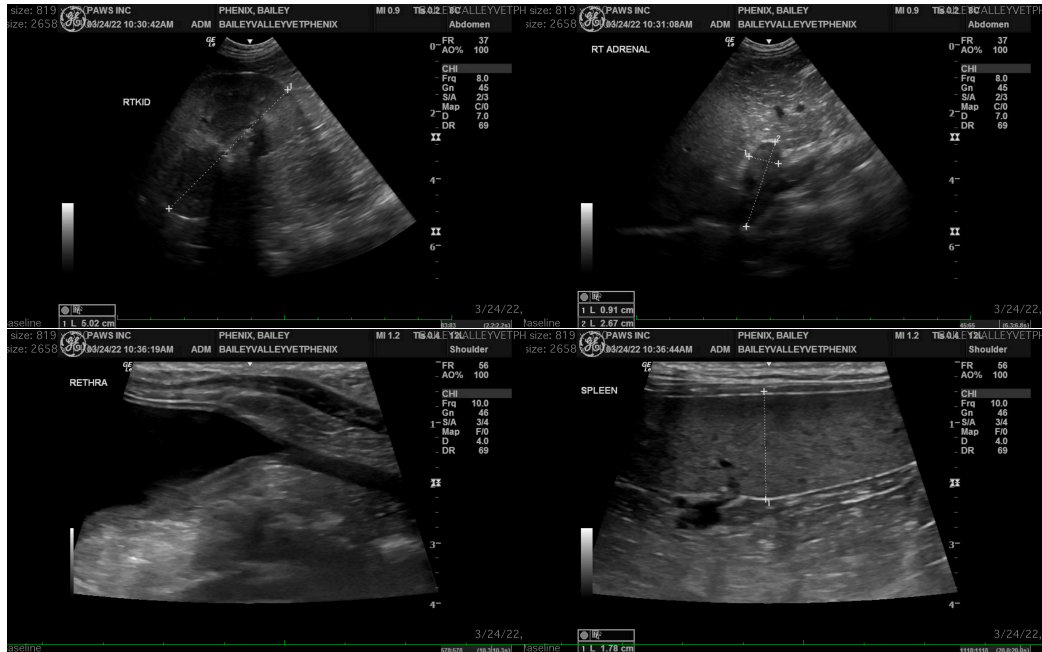
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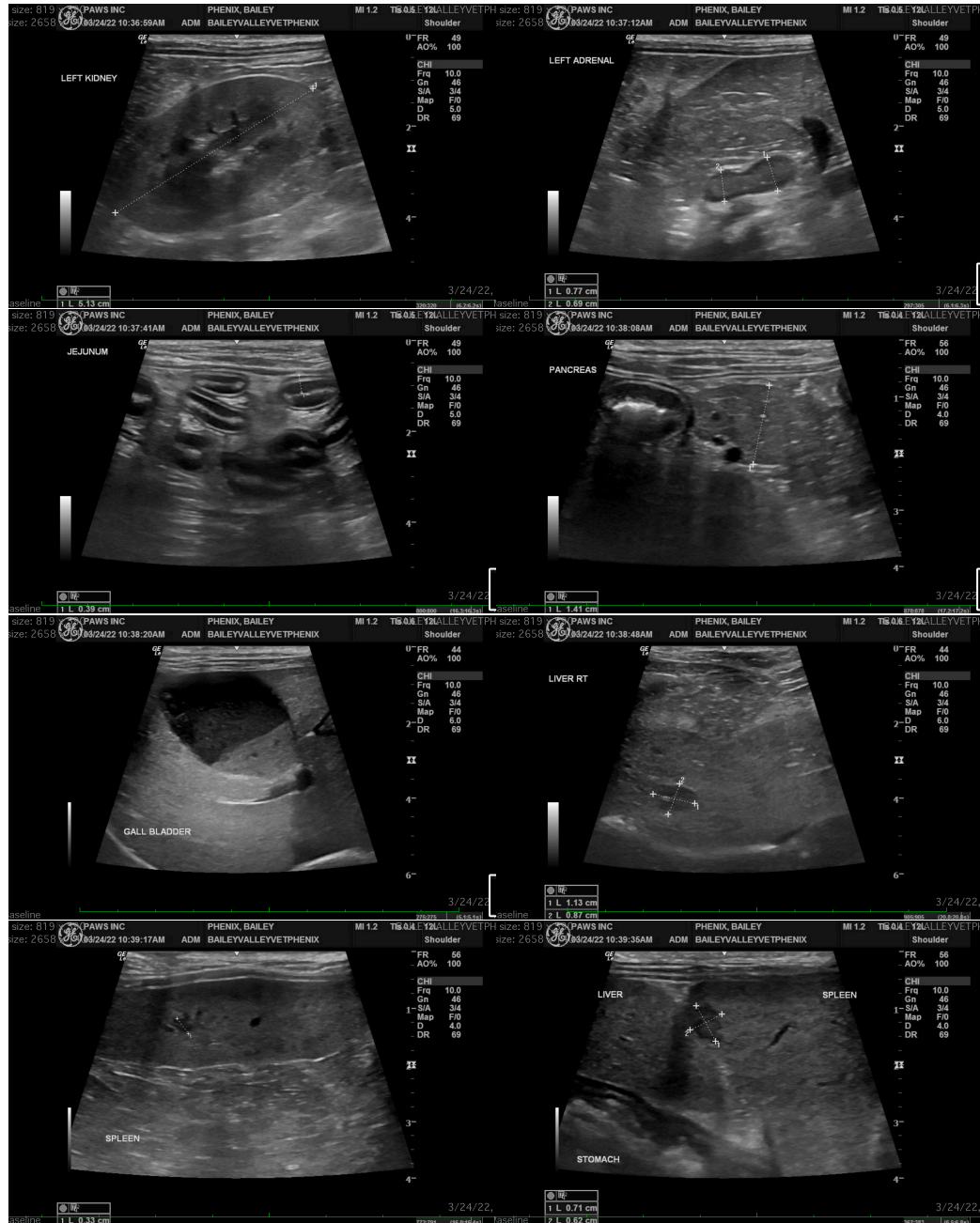
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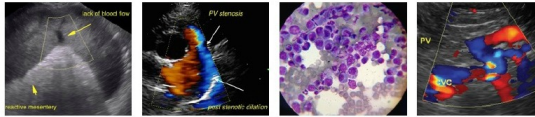
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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12 Years

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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