

**DATE PRESENTING CLINICAL SIGNS**

3/9/22

Pt presents with acute inappetance. Issue has been slowly ongoing for approx 2-3 weeks. Pt will eat a little canned food but then dislikes one brand and o is constantly switching foods. Pet o pt is having increase PU/PD. Pt has decreased activity and o has noticed distended, hard abdomen. No c/s/v. Pt had a small episode of loose stool but most likely secondary to switching food. Pt had TPLO procedure on LHL in past.

PATIENT

Barrett Ormiston

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

3/3/14

WEIGHT

126 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Eldersburg VH

REFERRING VET

Dr. Alper

INVOICE

36038

Current Medications: None listed.

Lab Results: Mild elevation in WBCS, SDMA 43, Crea 2.1, AST 72, ALP 1084, GGT 19, Bilirubin – total 0.7, T4 0.5. UPC 0.6.

Radiographs: see attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 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.

The left kidney has a normal shape and size (7.93 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 (9.11 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.76 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 right adrenal gland is normal in size measuring 0.94 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 large in size, irregular, and severely mottled. There are numerous hypoechoic nodules throughout the splenic parenchyma, varying in size from approximately 0.75-1.5 cm. These lesions disrupt the splenic capsule, causing a scalloped margin. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size and very irregular in shape. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal.

The parenchyma is severely diffusely nodular with too numerous to count discrete hypoechoic nodules varying in size from 0.5-2.0 cm throughout the parenchyma.

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

There is a small amount of free abdominal fluid. No lymphadenomegaly. The omentum is generally of increased echogenicity around the liver and spleen.

Other

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

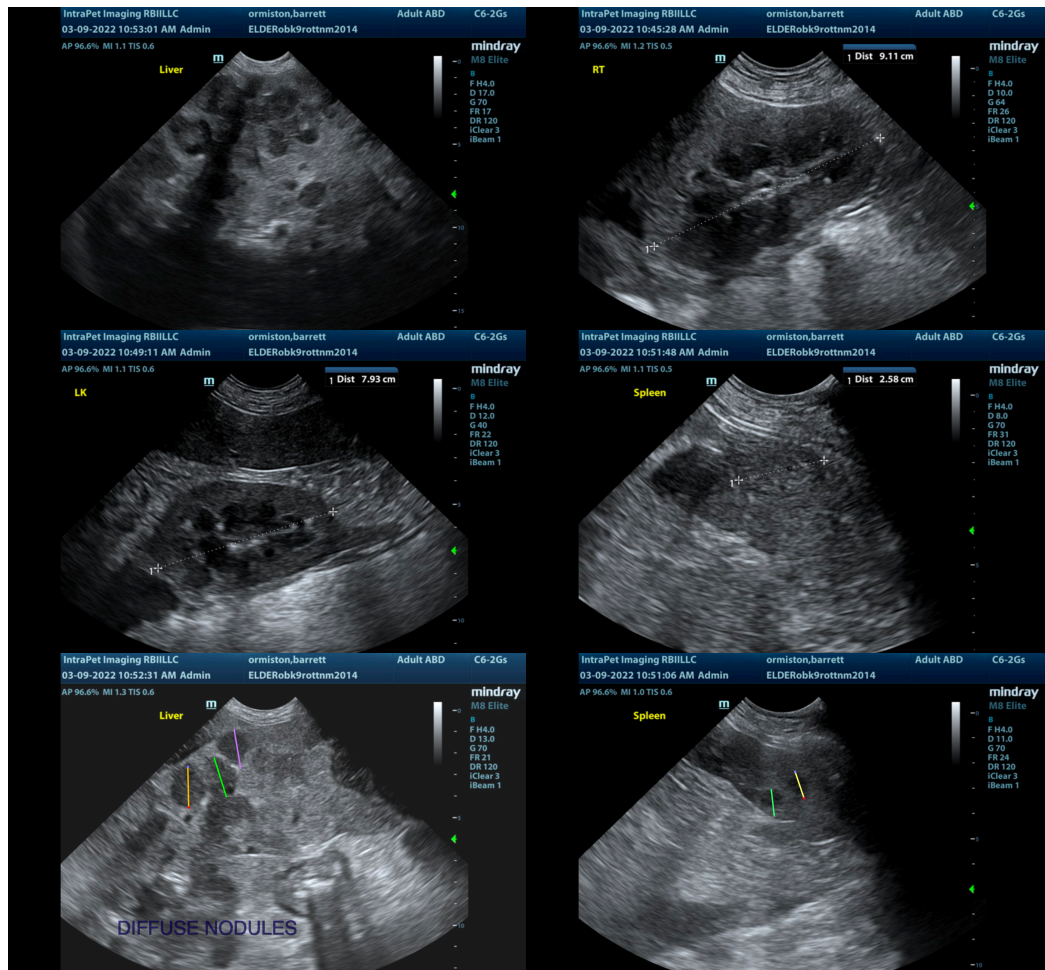
ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mottled spleen with diffuse hypoechoic nodules – 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. The findings are concerning for a possible underlying neoplastic process.
- Large, irregular, severely nodular liver – These are discrete hypoechoic lesions with high concern for a neoplastic process. Primary differentials would include histiocytic sarcoma, hemangiosarcoma, lymphoma, etc.
- Small volume free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely enlarged with discrete nodules throughout the parenchyma. This irregular appearance is very concerning for an underlying neoplastic process. Recommend a fine needle aspirate of the liver. Additionally, the spleen is irregular and has hypoechoic nodules. Recommend a fine needle aspirate of the spleen as well.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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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