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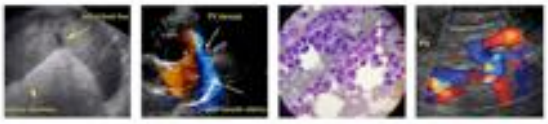

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Sasha Christophe

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

12 years

WEIGHT

62 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Four Paws AC

REFERRING VET

Dr. Lester

INVOICE

96697

DATE

3/9/22

PRESENTING CLINICAL SIGNS

History: Species Canine Gender (Altered?) SF Age/ DOB 12y 5m, DOB 10-1-2009 Weight in Pounds 61.8# Breed Husky History Decreased appetite, lethargic, urinary incontinence Physical Exam Findings BAR-H, overweight, BCS 7/9, leaked large volume of urine while laying in cage. Trial of phenylpropanolamine initiated 3/1/2022 Abnormal CBC Values WNL Abnormal Chemistry Values SDMA 21 (0-14) ALT 689 (18-121) AST 113 (16-25) ALP 2770 (5-160) GGT 15 (- 13) Abnormal UA Values None SG 1.027 Radiograph Findings (Email if Available) 2 view abdomen – NSF, spondylosis Reason for Ultrasound Decreased appetite, elevated liver enzymes
Abnormal PE/Chem/CBC/UA Results: ace/trob sedation

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 (6.47 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. A 0.38 cm cortical cyst was noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.72 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 0.88 cm at the cranial pole and 0.7 cm at the caudal pole and 2.78 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat atypical in appearance as there is a hyperechoic nodule in the cranial pole measuring 1.17 x 0.85 cm. This nodule minimally deforms the adrenal gland and there is no evidence of vascular invasion.

The right adrenal gland is normal in size measuring 0.78 cm at the cranial pole and 0.63 cm at the caudal pole and 2.8 cm in length. 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 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 area of irregular tissue adjacent to the hilus of the spleen. This is most consistent with two ill-defined, hypoechoic nodules. One measures 0.6 cm in diameter and the other measures 1.65 cm.

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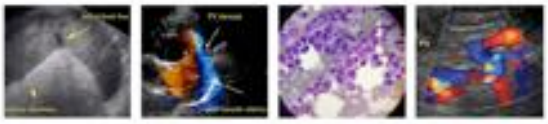

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Liver

The liver is subjectively large 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 large, solid, hyperechoic mass effect present measuring 7.36 x 5.24 cm. Additionally there is a hyperechoic nodule that measured 1.12 cm in diameter. The gallbladder lumen is moderately distended. The wall of the gallbladder 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

The stomach contains minimal luminal contents. The majority of the wall 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 largely adequate with no impression of reduced peristaltic activity. There is an area in what appears to be the pyloric region of the stomach where there is a focal, hypoechoic mass that measures approximately 1.8 x 2.54 cm. This area has complete loss of layering and the wall measures 1.4 cm in thickness.

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. There is severe mesenteric lymphadenopathy visualized particularly in the cranial abdomen where the gastric lymph node is hypoechoic and enlarged measuring 3.69 x 2.6 cm and 1.36 x 1.13 cm. Additionally there is a lymph node near the left kidney measuring 1.12 cm in diameter and mesenteric lymph node measuring 0.57 cm and 0.65 cm in diameter. The omentum is of increased echogenicity around the enlarged lymph nodes.

Heart

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

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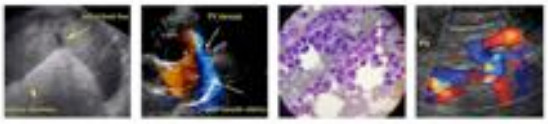

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Hyperechoic nodule in the cranial pole of the left adrenal gland. Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Two hypoechoic nodules in the region of the hilus of the spleen. 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
- Large heterogenous liver with a large, focal, hyperechoic mass effect and a hyperechoic 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. The focal mass effect could represent a benign or neoplastic lesion.
- Focal area of severe gastric wall thickening with complete loss of layering. The findings are suspicious for a gastric wall mass in the region of the pylorus. Differentials include neoplasia (benign or malignant) and less likely an ulcer or focal edema, etc.
- Severe cranial mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS:

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect involving the liver as well as a gastric mass and severely enlarged cranial abdominal lymph nodes. I recommend a FNA of the gastric lymph node, liver mass and if possible the gastric mass. Round cell neoplasia is suspected although other possibilities exist.

There is a small, hyperechoic nodule in the cranial pole of the left adrenal gland. Considering the other issues at hand the current recommendations are to continue to monitor this lesion with ultrasound and consider a blood pressure evaluation. If there is severe symptoms of Cushing's present, severe hypertension or the mass lesion is growing then further evaluation is warranted.

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

The irregularity noted in the spleen is somewhat subtle and would be difficult to sample due to its location near the hilus and major vessels. Options are to consider a general splenic aspirate and/or continued monitoring with ultrasound.

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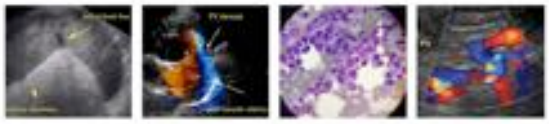

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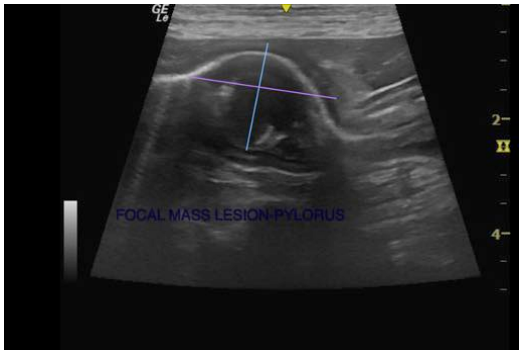

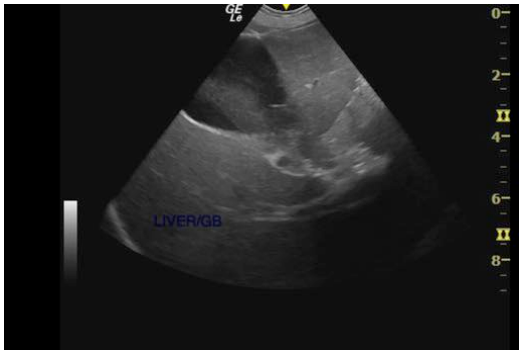

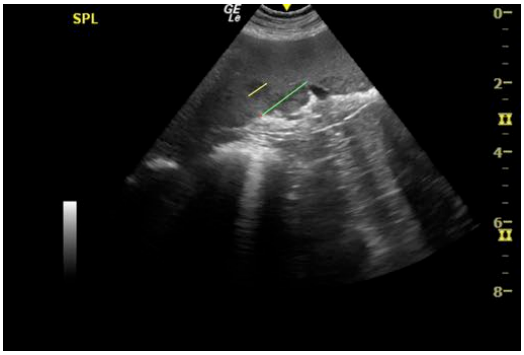

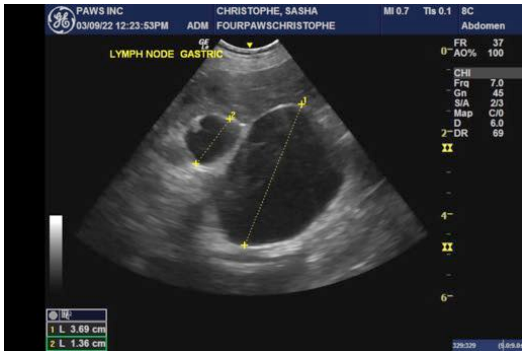

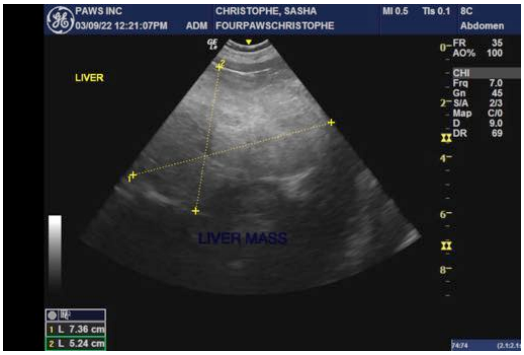

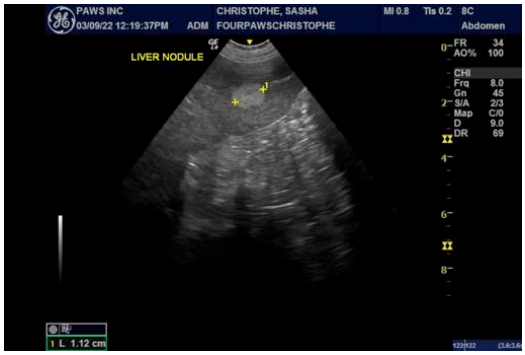

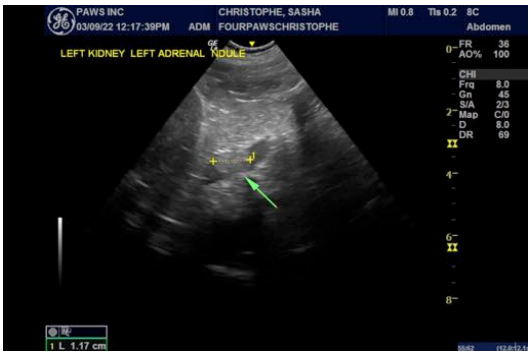

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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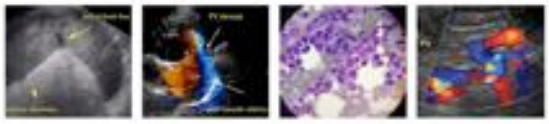

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