

**DATE PRESENTING CLINICAL SIGNS**

4/1/22 Decreased appetite for last 2 weeks. Won't eat dog food, only interested in chicken/eggs. Has been eating less of that normally. No v/d. Drinking normally, uncomfortable on palpation of cranial abdomen. Difficult to perform deep palpation. Abdomen appears mildly distended, no fluid wave.

**PATIENT**

Gus Castoro Current Medications: None listed.

**SPECIES**

Canine Lab Results: Mild Monocytosis, elevated ALKP, ALT, GGT (ALKP is twice what it was in Jan), Lipase elevated. Radiographs: R lateral- poor detail in mid-cranial abdomen, mass effect dorsal displacement of stomach, S1 displaced caudally. Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.

**BREED**

Labrador

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

Neutered Male 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**

6/3/09 The left kidney has a normal shape and size (7.97 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**

78.3 Pounds The right kidney has a normal shape and size (7.85 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 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.

**IMAGING PERFORMED BY**

Stephanie Pearce RDCS, RVT

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.63 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**

Festival Vet Clinic

The right adrenal gland is normal in size measuring 0.72 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. Beron

**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**

36669

**Liver**

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count hypoechoic nodules making up the bulk of the hepatic parenchyma. These nodules vary in

size from approximately 0.5-2.0 cm. There is no uninvolvement of liver visualized. These nodules disrupt the hepatic margins.

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***

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***

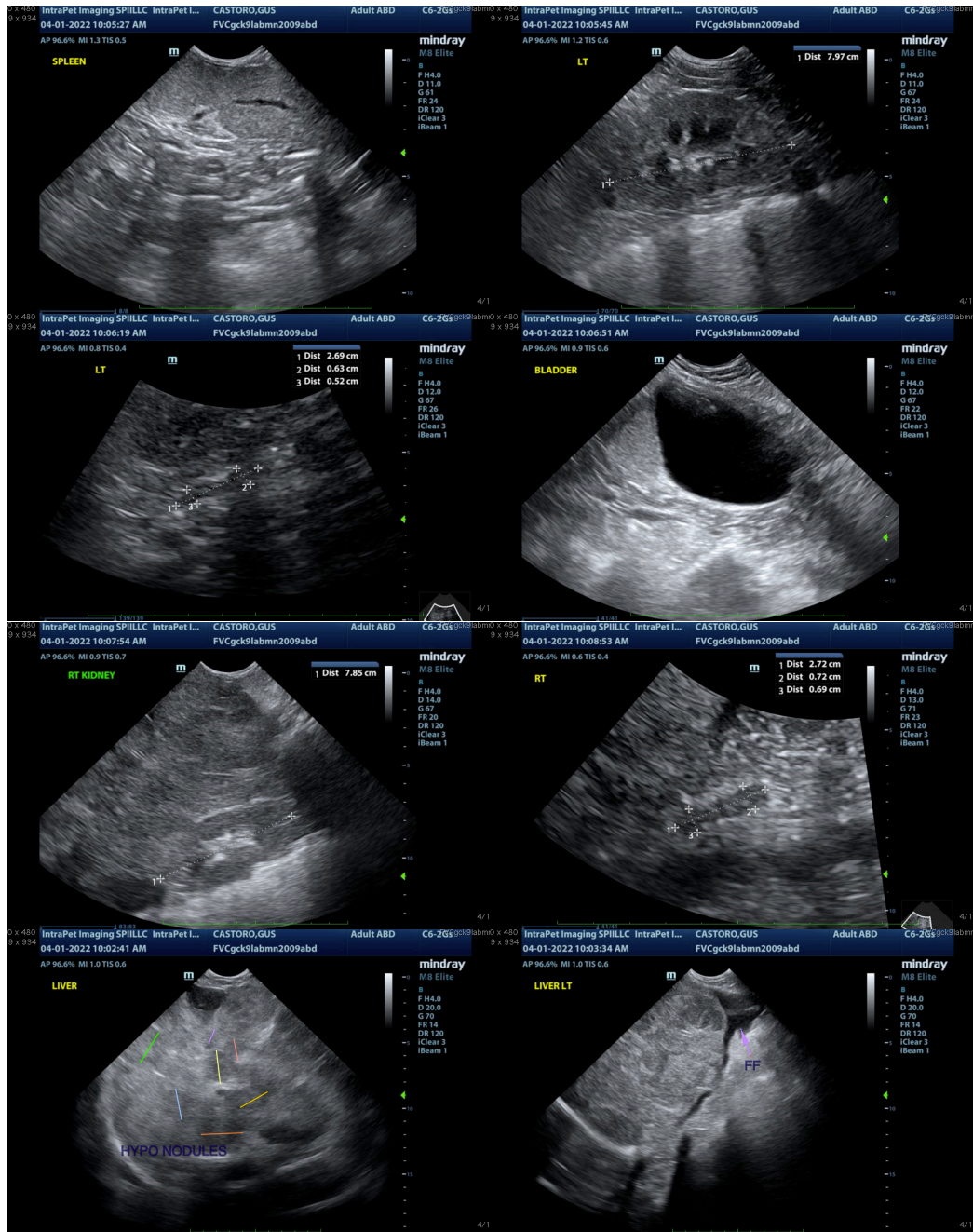
There is a small amount of free abdominal fluid present. There is no lymphadenopathy noted. The omentum is of slightly increased echogenicity, particularly in the cranial abdomen.

## **ULTRASONOGRAPHIC FINDINGS**

- Large, irregular, diffusely nodular liver – Primary differential for these nodules would be a neoplastic process. Benign regenerative nodules are possible, but less likely.
- Moderate gallbladder debris – The gastric distension and hypomotility could be consistent with focal ileus or a proximal duodenal obstruction.
- Small amount of free abdominal fluid

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is severely abnormal with too numerous to count hypoechoic nodules. Most are hypoechoic, some have a somewhat target lesion like appearance. Primary differential would be an underlying neoplastic process. Secondary would be numerous regenerative nodules. Recommend a fine needle aspirate of the liver and 3-view thoracic radiographs. If cytology is not diagnostic, consider submitting a fluid sample and a biopsy of the liver.



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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