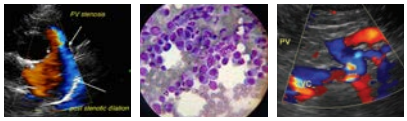
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/10/23

PATIENT

Becks Banks

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

10/17/11

WEIGHT

97 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Marciszewski

INVOICE

47295

PRESENTING CLINICAL SIGNS

Presented for acute ruptured mass on skin that has been present for years; consult to remove surgically; FNA-NSF; history of mast cell tumor on hindleg that family declined removal/treatment
Clinical control of hypothyroidism

Current Medications: Thyro-tabs: 0.8 mg PO q12 hours, Benadryl, Dasuquin
Lab Results: Elevated ALP + ALT, borderline low RBC/anemia
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic IV.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 prostate is normal in size (1.4 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.36 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (7.62 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.79 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 0.90 cm at the cranial pole, 0.66 cm at the caudal pole, and 2.76 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 somewhat abnormal in appearance in that there is a very subtle ill-defined hyperechoic region in the center of the adrenal measuring 0.71 cm x 0.91 cm, which does not deform the shape of the adrenal. No evidence of vascular invasion visualized.

Spleen

The spleen is surgically absent.

Liver

The liver is normal in size but slightly irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an iso- to slightly hyperechoic small mass effect visualized in the caudal aspect of the liver in the region of the portal vein measuring 3.72 cm x 2.8 cm.

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 mild fluid. 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. Duodenum wall measures 0.49 cm. Jejunum wall measures 0.37 cm. 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 area of 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 a very small, hypoechoic structure in the left cranial abdomen surrounded by a small amount of hyperechoic mesentery measuring 0.71 cm x 0.91 cm. The significance of this is uncertain. It could be a small lymph node.

ULTRASONOGRAPHIC FINDINGS

- Surgically absent spleen.
- Iso- to hyperechoic small hepatic mass – This could represent a benign or neoplastic lesion.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Ill-defined hyperechoic region in the right adrenal gland – This is most consistent with hyperplasia, although an early neoplastic lesion cannot be ruled out. Recommend continued monitoring.
- Small, hypoechoic nodule in the left cranial abdomen – The significance of this is unclear. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small iso- to hyperchoic mass effect visualized in the liver, deep in the region of the portal vein. Unfortunately, I suspect this region would be difficult to aspirate. Recommend continued monitoring (recheck ultrasound in 2-3 months). Depending on the degree and proportion of the liver enzyme elevations present, you could consider the following:

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history

- If not already done, consider pre and post prandial bile acids to evaluate liver function

- If the ALP is significantly elevated relative to the ALT and symptoms consistent with Cushing's are present, consider adrenal function testing (ACTH stim)

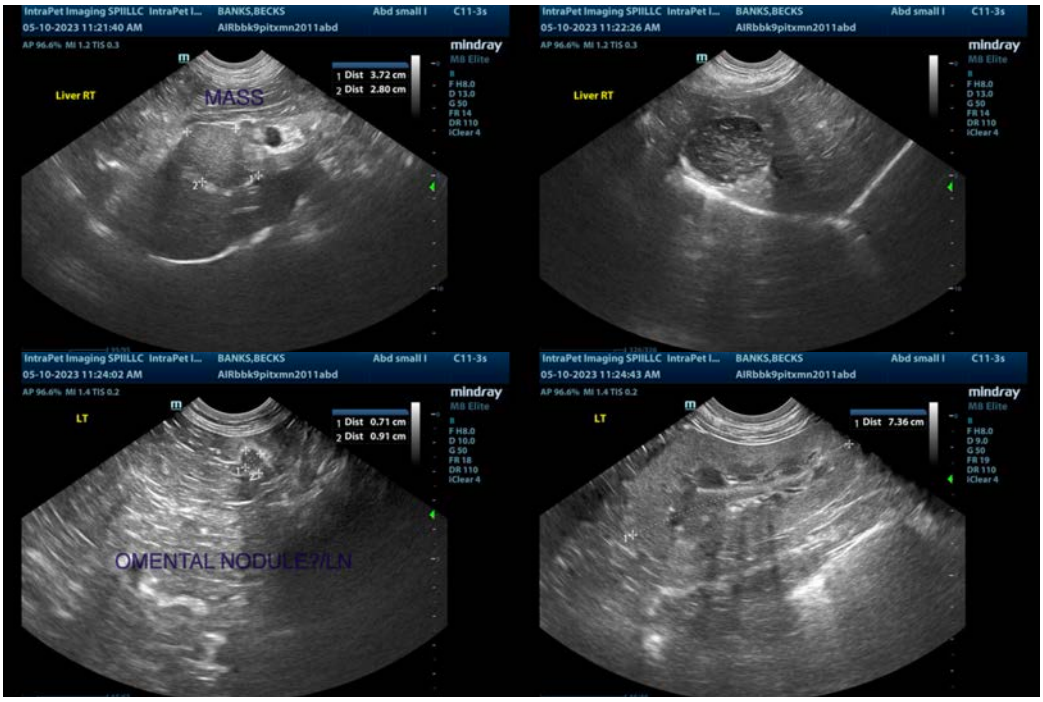
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)

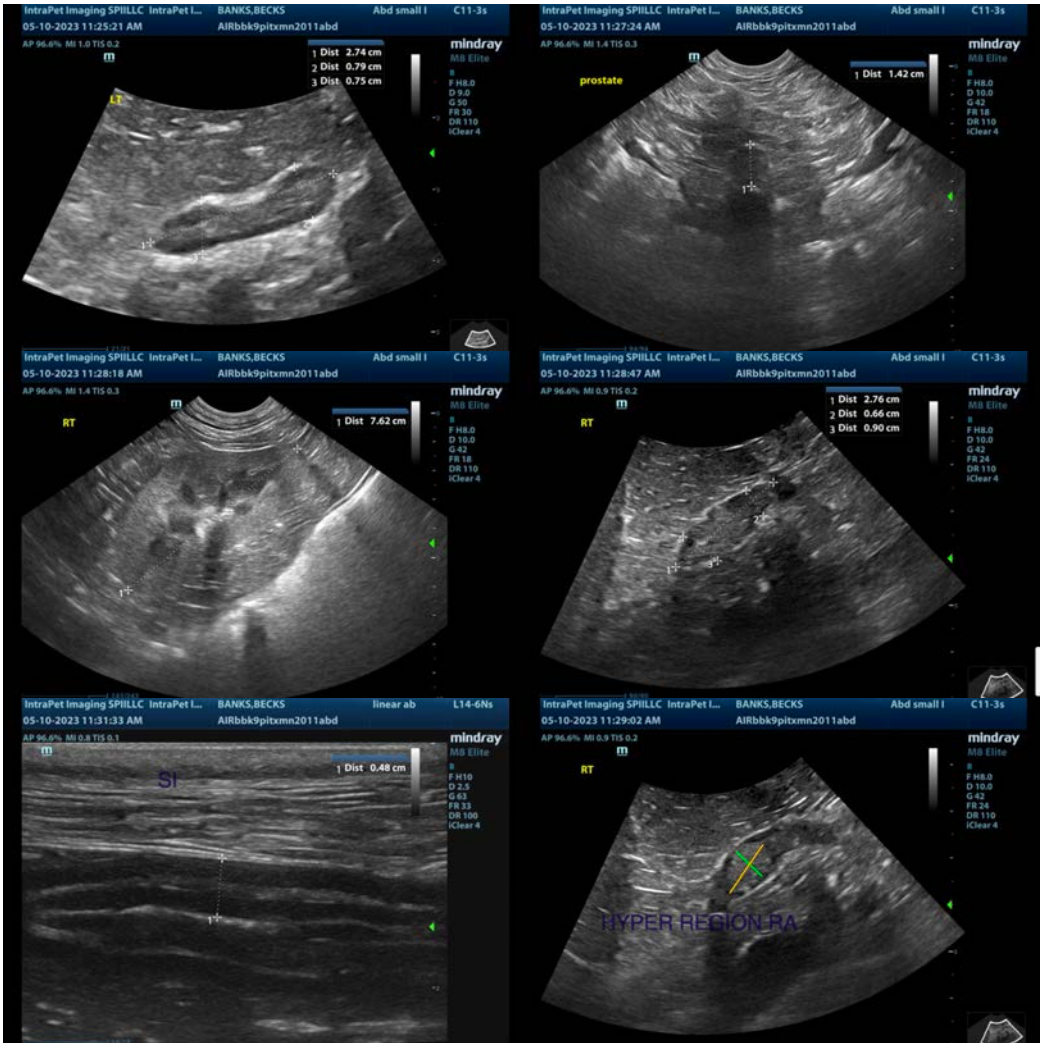
- If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc.) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

There is a small ill-defined hyperechoic region visualized associated with the right adrenal gland. This most likely represents an area of hyperplasia, but continued monitoring is warranted for progression of this lesion.

There is a small hypoechoic nodule in the left cranial abdomen of unknown significance. At this time, it is very small and has a small amount of surrounding hyperechoic mesentery. Consider continued monitoring.

Recommend three view thoracic radiographs to evaluate for possible 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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com