



PATIENT

Charlie Varteresian

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

10 Years

WEIGHT

32.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

37386

DATE

5/4/22

PRESENTING CLINICAL SIGNS

came in for wellness exam and blood work performed : elevated liver and renal values
Abnormal PE/Chem/CBC/UA Results: CBC - NSF Chem - increased ALP, ALT, Crea and Urea, lipase; otherwise NSF UPC - 0.3 (increased) Urine - SG 1.019 otherwise NSF TT4/TSH - WNL

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 (0.83 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 (5.05 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.87 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.68 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 0.64 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 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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal.

There is a hyperechoic mass lesion in the right cranial abdomen, measuring approximately 4.37 cm x 4.72 cm. This appears to be coming into contact with the liver, but origination from the liver cannot be 100% confirmed. Suspect hepatic mass.



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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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

SPECIES

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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.

BREED

Golden Doodle

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.

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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.

Pancreas

WEIGHT

32.7 kg

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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A prominent mesenteric lymph node is visualized measuring 0.67 cm. The omentum is of normal echogenicity.

Other

A solid, hyperechoic mass effect is visualized in the right cranial abdomen, lateral to the right kidney. This is in contact with the liver, and based on the historical information provided, I suspect it is a hepatic mass, but this cannot be definitively confirmed (this is the same mass described under liver).

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ULTRASONOGRAPHIC FINDINGS

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- Hyperechoic, solid mass visualized in the right cranial abdomen – suspect this is originating from the liver, but this cannot be 100% confirmed. This lesion could be consistent with a benign or malignant mass.
- Mildly heterogeneous liver – 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.
- Mild left-sided pyelectasia and reduced corticomedullary distinction – The bilateral renal findings are consistent with age-related change. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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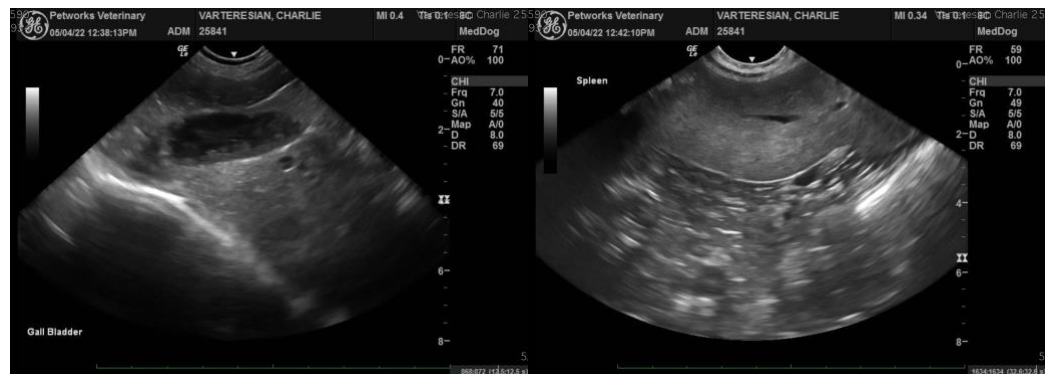
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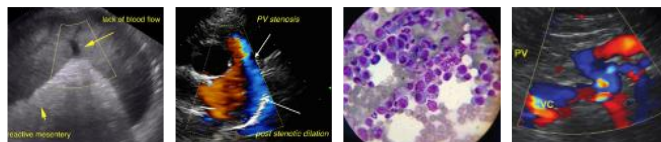
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hyperechoic mass effect visualized lateral to the right kidney. The origin of the mass is not 100% clear. It appears to come in contact with the liver, and based on size and location, the liver would be the most likely source, but this cannot be 100% confirmed. Options moving forward include a fine needle aspirate of the mass lesion, and then advanced imaging (contrast CT scan) or referral to a veterinary surgeon for further evaluation/removal. Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

It is not 100% clear if the liver enzyme elevation is due to the mass effect, although it would seem likely. Based on the history provided, you could consider screening for Leptospirosis, performing a urinalysis and culture based on the mild pyelectasia noted, and performing a liver function test. A biopsy of the liver could be considered at the time of surgery.





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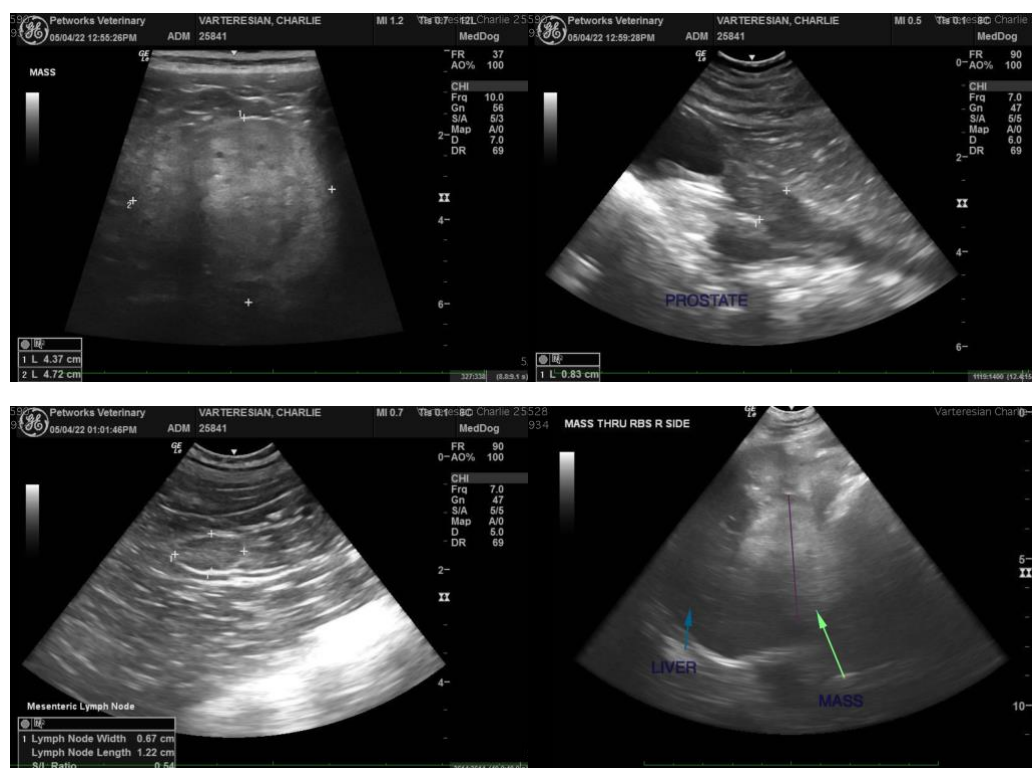
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com