



DATE PRESENTING CLINICAL SIGNS

7/5/22 Presented on 6/9 for decreased appetite and lethargy of 3 weeks duration with past 3 days pet had been vomiting. Has a history of sharpei fever and has been on colchicine for years. On exam 2lb weigh loss but over past year has been a total of 7 lbs. Waxy debris on ears Swollen hocks

PATIENT

Nayla Johnson

Current Medications: Colchicine 0.6 mg 1/2 T sid, carprofen 75 mg 1/2 tab bid.

Lab Results: mild pyuria and hematuria on UA, bloodwork insignificant

SPECIES

Canine

Radiographs: hepatomegally and gas in stomach.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Sharpei

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.

AGE

6/27/09

The left kidney has a normal shape and size (5.28 cm). Overall echogenicity is slightly hyperechoic with poor 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

38.6 Pounds

The right kidney has a normal shape and size (5.14 cm). Overall echogenicity is slightly hyperechoic with poor 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)

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.59 cm at the cranial pole, 0.98 cm at the caudal pole, and 2.54 cm in length. It is observed in its normal position cranial to the left renal artery. It is somewhat irregular in appearance in that it is hypoechoic and the caudal pole is larger than the cranial pole, giving the appearance of asymmetry and a possible caudal adrenal lesion. There is no obvious evidence of vascular invasion.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Fullerton AH

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. There is a hypoechoic mass effect visualized within the parenchyma measuring 3.12 cm x 2.2 cm. This lesion deviates the splenic capsule.

REFERRING VET

Dr. Unger

Liver

The liver is subjectively normal 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. No focal nodules or cystic lesions are observed.

INVOICE

39196

The gall bladder lumen is moderately distended. The wall of the gall bladder is mildly thickened at 0.33 cm. There is a moderate amount of mineralized debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It generally measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. There is an area of abnormal tissue visible deep in the left cranial view with an apparent irregular hypoechoic mass effect measuring 4.76 cm x 3.42 cm. This lesion is concerning for a gastric mass in the region of the cardia/esophageal inlet, but imaging is intercostal, and other possibilities exist. In this region, wall thickness appears to be approximately 1.3 cm and there is a loss of distinct layering.

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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Irregular mass effect in the left cranial abdomen – The appearance is suggestive of a mass effect at the cardia/esophageal inlet.
- Prominent caudal pole of the left adrenal gland – The significance of this is unclear, as there is no discrete mass effect visualized. Nonetheless, this could represent an early neoplastic lesion or a normal anatomic variant.
- Hypoechoic splenic mass – A focal, solid, mixed echogenic mass is present within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.
- 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. The significance of this is unclear, given the lack of liver enzyme elevations.
- Mineralized debris visualized within the gallbladder and mild gallbladder wall thickening – Recommend continued monitoring. This is less concerning with the absence of liver enzyme

elevations.

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

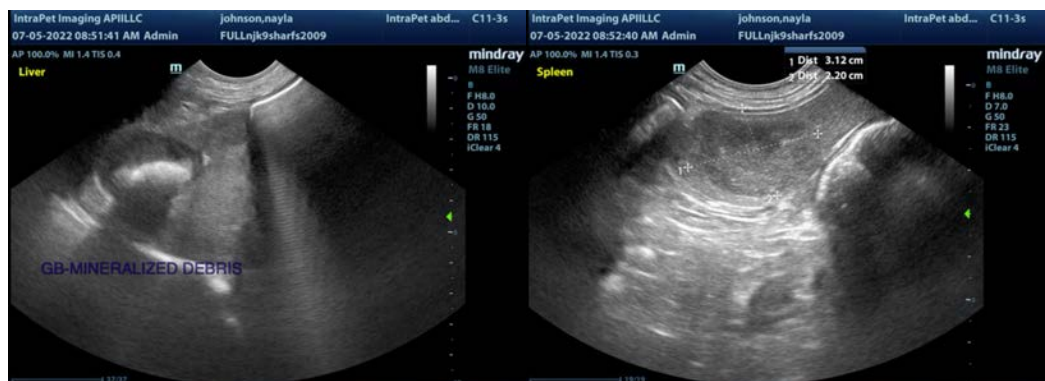
There is an irregular mass effect visualized in the left cranial portion of the abdomen, deep and intimately associated with the liver. This is suggestive of a mass effect at the cardia/pyloric inlet, but advanced imaging (contrast CT scan) would likely be necessary to further delineate the extent and involvement of this abnormal tissue. I do not see a clear window to sample this tissue, as it lies under the liver. This could represent a benign or neoplastic process.

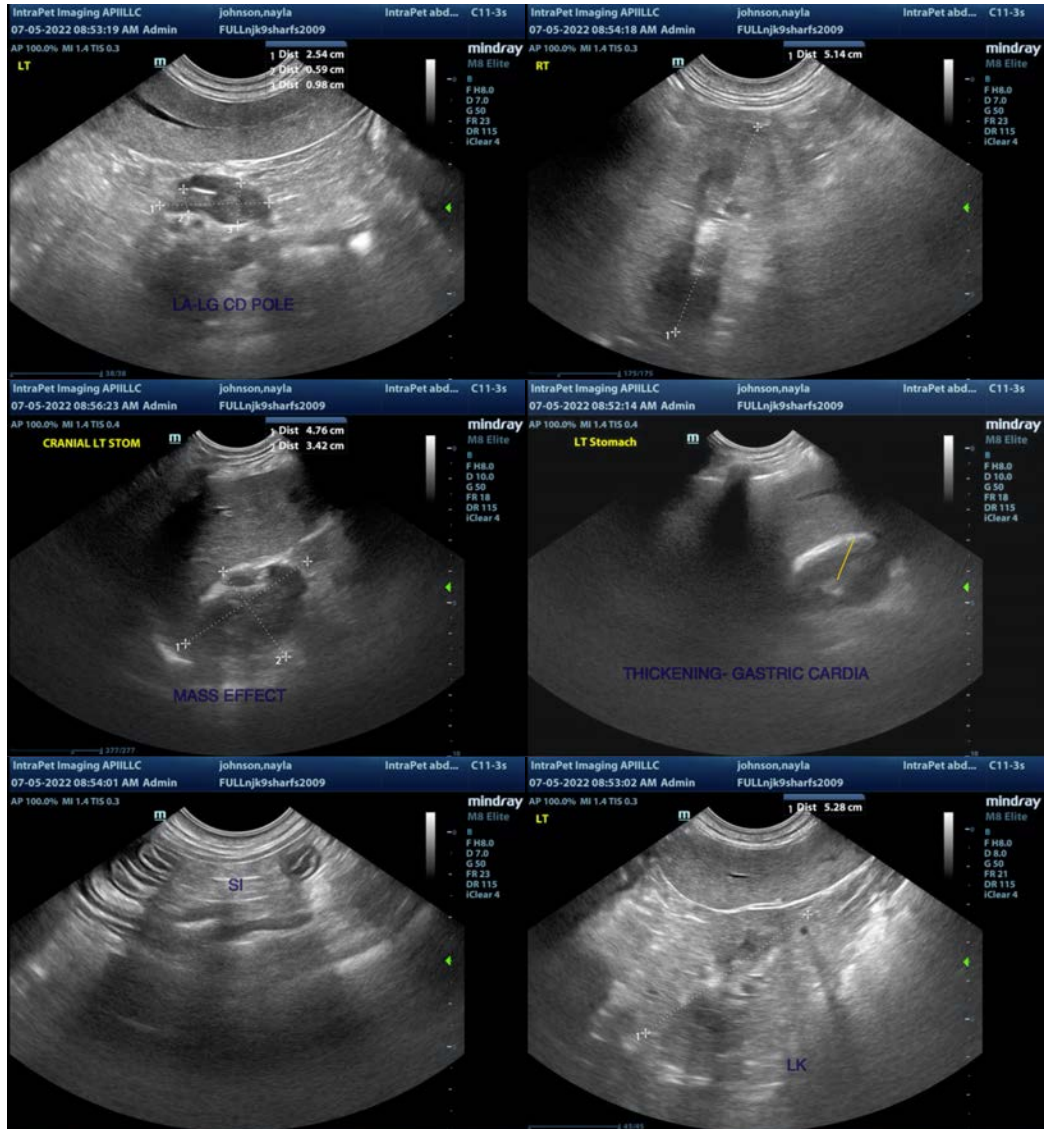
Additionally, there is a mass on the spleen. This could represent a benign or cancerous mass lesion. Options moving forward would include splenectomy with histopathology for both diagnostic and therapeutic purposes, or a fine needle aspirate of the lesion.

The caudal pole of the left adrenal gland is somewhat enlarged and slightly irregular. The significance of this is unclear. Given the other concurrent findings, if there are no symptoms of Cushing's disease present, I would likely recommend a blood pressure evaluation to try and rule out a pheochromocytoma and continued monitoring with ultrasound or further evaluation with contrast CT scan.

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

In an ideal situation, I think a contrast CT scan could help evaluate the suspected gastric mass, look for evidence of metastatic lesions associated with the splenic lesion, and further evaluate the adrenal gland to try and make a plan moving forward. Depending on the situation, this may represent surgical intervention (recommend consultation with a veterinary surgeon) or symptomatic management.





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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