IMAGING PERFORMED BY

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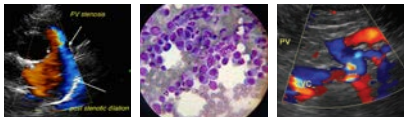

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DATE

8/2/22

PATIENT

Yoshi Walters

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

6/1/08

WEIGHT

38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

40051

PRESENTING CLINICAL SIGNS

Elevated liver values with increased drinking and urination.

Current Medications: Tyro-tabs 0.5mg- 1 AM, ½ PM, Galliprant 60mg ½ SID.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 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.

The left kidney has a normal shape and size (6.01 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.

The right kidney has a normal shape and size (6.17 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 0.89 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 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.

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 large in size, and normal in 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, hyperechoic and heterogeneous mass effect present with numerous small intraparenchymal cysts, measuring >13.58 cm x 9.7 cm.

The gallbladder appears large and distended with striations consistent with a gallbladder mucocele. The gallbladder has fluid surrounding it and localized inflammation. It appears deviated due to the large hepatic mass present.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

There is a moderate amount of echogenic free abdominal fluid. No lymphadenopathy. The omentum is hyperechoic in the region around the liver and gallbladder.

ULTRASONOGRAPHIC FINDINGS

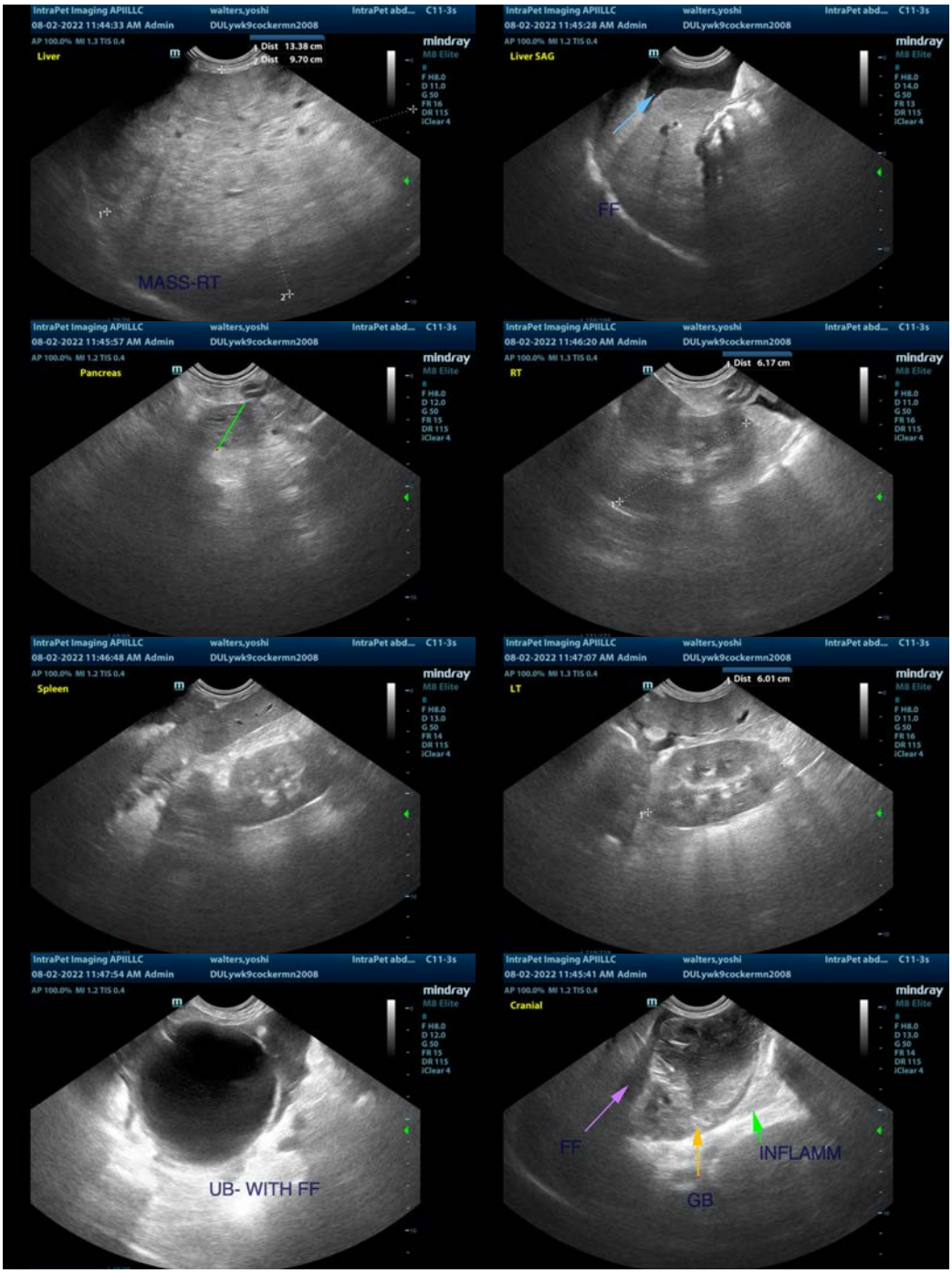
- Large, hyperechoic/mixed echogenic and mildly cystic right-sided hepatic mass – most consistent with a primary hepatic mass, although other possibilities exist.
- Gallbladder mucocele with surrounding inflammation and fluid – could be consistent with a diseased or ruptured gallbladder mucocele. Alternately, the fluid and inflammation could be secondary to the localized hepatic mass.
- Moderate echogenic free abdominal fluid – This could be consistent with sterile or septic peritonitis or hemorrhage. Recommend sampling, fluid analysis and cytology.
- Hypoechoic, prominent pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large right-sided hepatic mass visualized. The appearance of this large hepatic mass favors a primary liver mass. These can be benign or cancerous, but they tend to have somewhat benign behavior, and prognosis can be good if surgical resection is possible.

Additionally, the gallbladder appears abnormal with the characteristics of a gallbladder mucocele and surrounding inflammation and fluid. It is uncertain if this inflammation and fluid is secondary to the gallbladder or the liver mass itself. Recommend sampling of the abdominal fluid to determine if this is hemorrhage, septic, or sterile peritonitis, etc. Consider a contrast CT scan to further evaluate the liver mass and gallbladder for surgical intervention.

Consider three view thoracic radiographs to rule out 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.

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