SonoPath
Clinical Sonography & Telecytology
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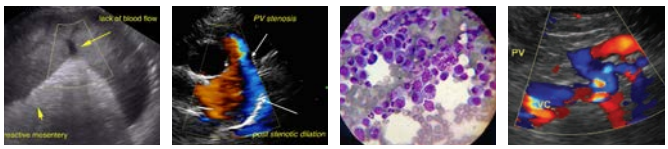

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1-800-838-4268 info@sonopath.com

PATIENT
Nina Gonzalez

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
13 Years

WEIGHT
7.9 Pounds

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos Vet Center

REFERRING VET
Dr. Walker

INVOICE
44551

DATE
8/8/23

PRESENTING CLINICAL SIGNS

The patient presented as a referral for an abdominal ultrasound to evaluate abnormal changes (mass effect) noticed on radiographs seen while taking thoracic rads when pt was evaluated for heart condition. PT has hx of heart murmur grade V/VI. Current medications furosemide 10mg/ml 0.7ml PO BID, Pimobendan 1.2 mg 1 tab AM 1/2 tab PM, theophylline 100 mg/ml 0.3 SID was given as needed when coughing, and omeprazole 10 mg/ml 0.4 ml PO SID.

Abnormal PE/Chem/CBC/UA Results: CHEM: BUN 51 (7-27) ALT 181 (10-125) Radiographs show cardiomegaly worst on the right side, with mass effect with dorsal displacement of the gastrointestinal. Rads added as supporting documents. Heartworm test: Negative

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 left kidney has a normal shape and size (3.07 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 (3.17 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 0.45 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.

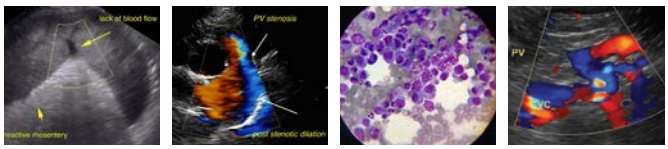
The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 large and irregular with normal echogenicity. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined region in the caudal aspect of the liver, which is hyperechoic, creating a subtle ill-defined mass effect measuring approximately 1.55 cm x 2.08 cm. Adjacent to this area, there are numerous expansile, hypoechoic, multiloculated cystic appearing lesions



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in the caudodorsal aspect of the liver, extending caudally in the abdomen, distal to the stomach and the right kidney. This abnormal cystic region measures >7.25 cm x 6.9 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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. Duodenum wall measures 0.42 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Large, irregular liver with a large, ill-defined, multiloculated cystic region – Findings are most consistent with a complex hepatic cyst, cystadenoma, or carcinoma.
- Large gallbladder with a large amount of intraluminal debris with some adherence to the gallbladder wall – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

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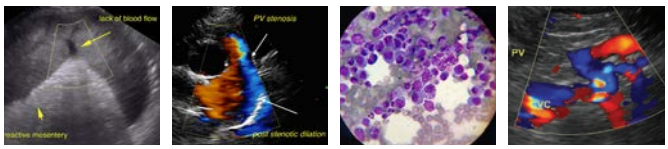

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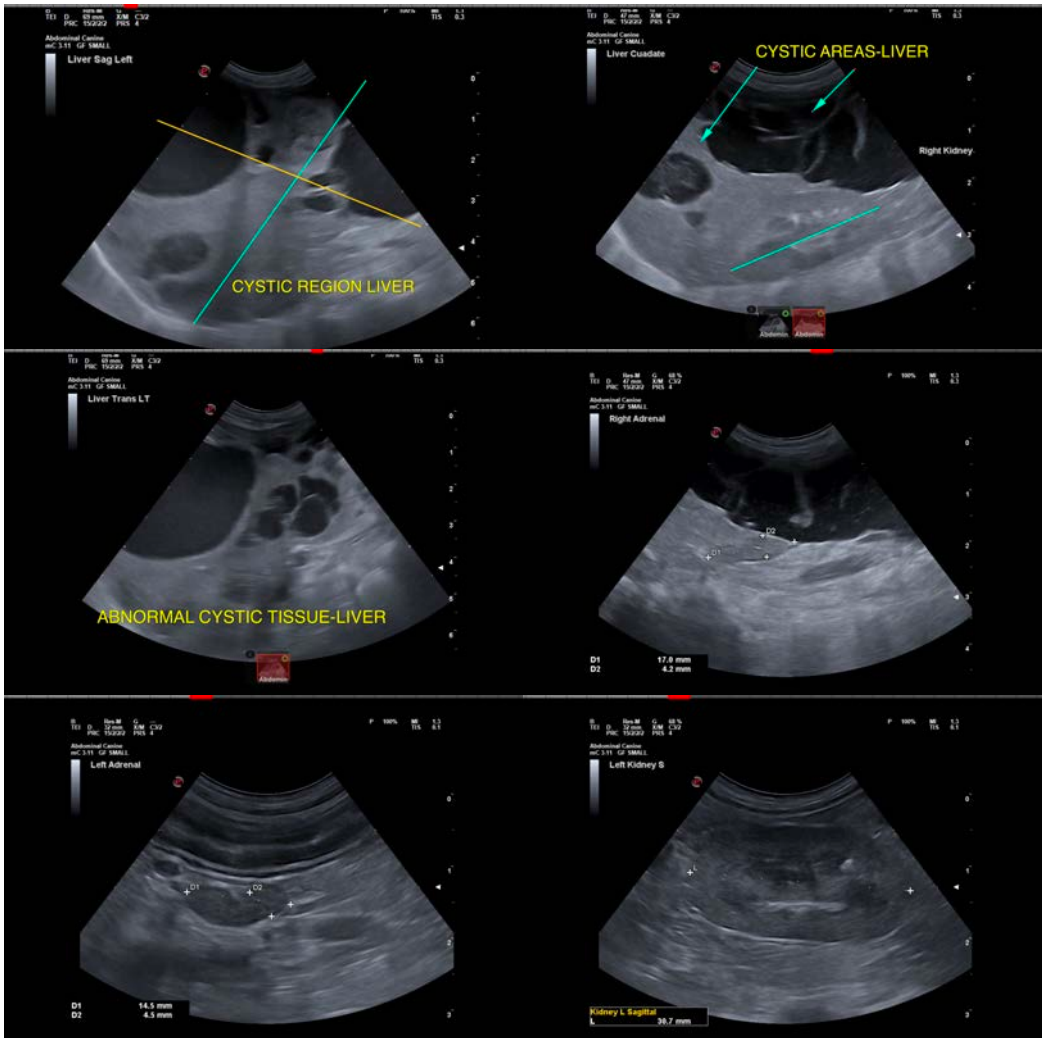
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, poorly defined, multiloculated cystic lesion visualized in the cranial to mid abdomen. This appears most consistent with an association with the liver and very likely could represent a benign cystic structure such as a cystadenoma, etc. It is likely that a contrast CT scan would be necessary to fully evaluate the extent and confirm the origins of this lesion. The gallbladder is distended with a large amount of intraluminal material, but minimal surrounding inflammation or wall thickening. Evaluation of the bile duct is very challenging due to the cystic lesions in the region. Consider chronic empirical Ursodiol therapy and continued monitoring of liver enzymes and the gallbladder with ultrasound.

Therapeutically, this lesion could be evaluated for surgical resection, particularly if it is primarily involving a single liver lobe. If this is a benign lesion, it could be relatively asymptomatic, but symptoms could arise, as the lesion may continue to enlarge. Additionally, an underlying neoplastic lesion (cystadenocarcinoma, etc.) cannot be ruled out.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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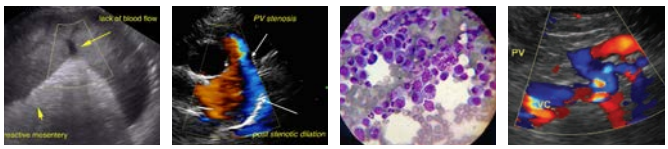

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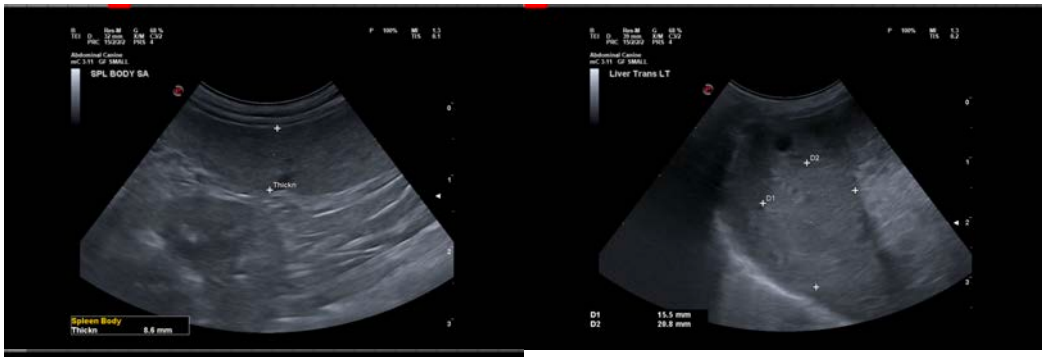

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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