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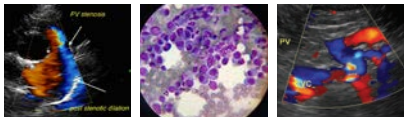

SonoPath
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DATE

8/9/22

PATIENT

Diesel Sapack

SPECIES

Canine

BREED

Jack Russell

SEX

Neutered Male

AGE

10/19/09

WEIGHT

9.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

40268

PRESENTING CLINICAL SIGNS

Progressive PUPD, polyphagia, panting, lethargy, bloating. On DDAVP for suspect DI (not helping much). Elevated liver enzymes. PE--hepatomegaly, abdominal distention

Current Medications: Desmopressin 0.1mg PO BID.
Lab Results: Chem 7/13 (rDVM): ALT 758, AST 91, ALP 996, chol 435
CBC 7/13: PLT 482K. 6/17 UA: USG 1.010, pH 7.0 (on BID desmopressin).
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, or masses. In the dependent portion of the urinary bladder, there is a small area of hyperechoic shadowing material, most consistent with a small stone or grouping of small stones, sandy debris. Consider urinalysis and culture. Correlate with abdominal radiographs.

The prostate is normal in size (0.62 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 (4.86 cm) with mild pyelectasia at 0.14 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.33 cm) with mild pyelectasia at 0.20 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.

Adrenal Glands

The left adrenal gland is large in size measuring 3.72 cm x 3.4 cm. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is large, rounded, and heterogeneous with no discernable cranial or caudal pole. There is no evidence of obvious vascular invasion. Findings are consistent with a left adrenal mass.

The right adrenal gland is normal in size measuring 0.51 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 in size and irregular. 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, slightly hypoechoic, heterogeneous mass effect on the right side of the liver measuring 5.05 cm x 4.92 cm.

The gallbladder lumen is significantly distended. There is a large amount of intraluminal echogenic material, much of which is adhering to the gallbladder wall with mucosal stranding evident, most consistent with an early gallbladder mucocele. There is no surrounding inflammation or fluid noted.

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 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.

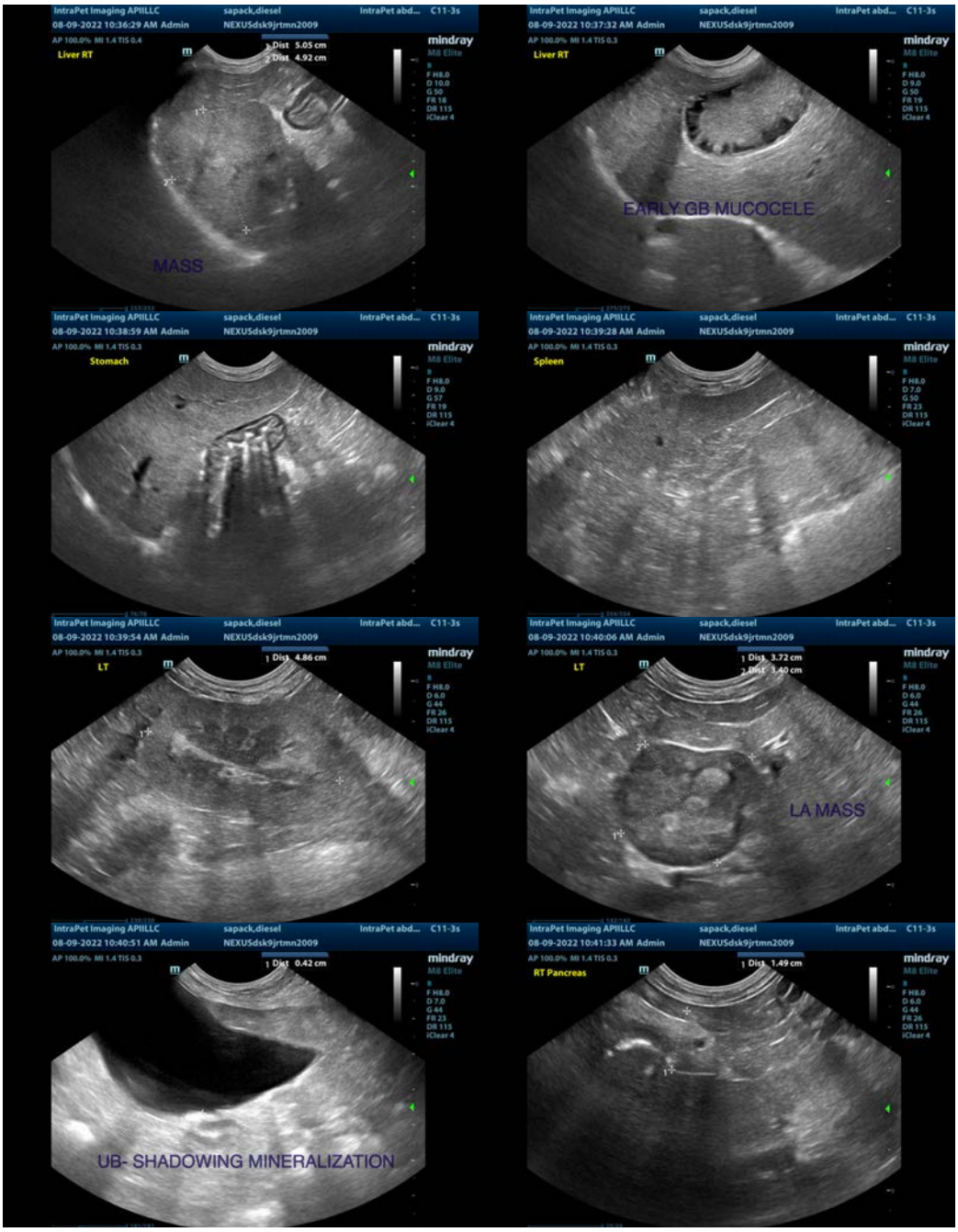
ULTRASONOGRAPHIC FINDINGS

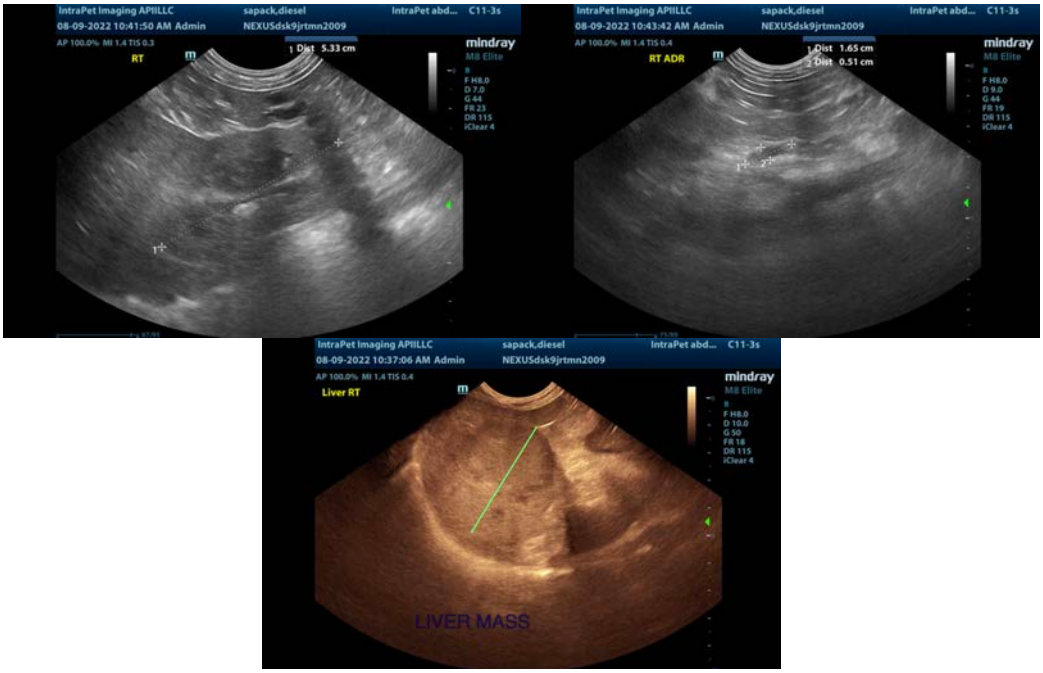
- Small calculi/sand debris visualized in the dependent portion of the urinary bladder – Consider urinalysis, culture and radiographs to confirm.
- Large, mixed echogenic left adrenal mass – Left adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – The bilateral renal findings are consistent with age-related change.
- Large, heterogeneous liver with right-sided liver mass – 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. Findings are most consistent with a primary liver mass, but other differentials are possible.
- Early gallbladder mucocele – There is no evidence of surrounding inflammation or fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant findings on today's exam include a right-sided liver mass, a left-sided adrenal mass, small stones in the urinary bladder, and an early gallbladder mucocele.

Recommendations regarding this exam to be determined by Dr. Cara Steele.





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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