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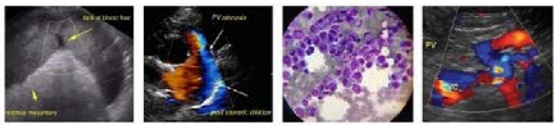

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Hope Dewitt

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe Animal Hospital

REFERRING VET

Dr. Gardiner

INVOICE

25747

DATE

9/22/21

PRESENTING CLINICAL SIGNS

Recheck U/S for heart and abd as had 2 liver masses 6 months ago. HR today 154, heart murmur 3-4/6. 2 mg pimobendan q 12 hours, 100 mg gabapentin bid. Last echo March 8, 2021.
Abnormal PE/Chem/CBC/UA Results: n/a - not done recently. Last done April 2021

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 right kidney has a normal shape and size (4.63 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.

The left kidney has a normal shape and size (3.81 cm). Pyelectasia noted at 0.28 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm. 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 0.51 cm. 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 echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The spleen is subjectively normal in size with no focal parenchymal abnormalities. The blood flow through the hilus and splenic parenchyma appears normal.

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 are numerous ill-defined hyper- and hypoechoic nodules throughout the hepatic parenchyma. The most notable lesions are a mixed echogenic mass deep and towards the right side of the liver measuring 2.2 cm x 2.6 cm. This is similar to the previous measurement of 2.43 cm x 2.33 cm. Additionally, there is a larger, hyperechoic, irregular mass visualized superficially towards the left side, which deforms the hepatic margins and measures 3.7 cm x 2.2 cm (previous measurement was 2.75 cm x 2.25 cm, which appears larger and more pronounced on today's scan. Another lesion is observed near the gallbladder, which is hypoechoic with a hyperechoic center, measuring 1.2 cm, and a superficial hypoechoic nodule deforming margins at 1.0 cm in length.

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

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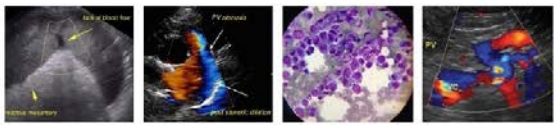

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Gastrointestinal

The stomach appears contains minimal luminal contents. It measures at a normal thickness of XX cm 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. 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. No 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

- Large, heterogeneous nodular liver with at least 3 discreet mass effects. Mild progression of mass effects is observed. These lesions are most consistent with cancerous nodules, although progression appears relatively slow at this time.
- Decreased corticomedullary distinction in both kidneys and left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mild gallbladder debris – The gastric distension and hypomotility could be consistent with focal ileus or a proximal duodenal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously evaluated liver masses are still evident, and appear to be slightly larger. I suspect there is progression of these lesions, but it has been by approximately 20-30%. Options moving forward include continued monitoring or fine needle aspirate of at least the superficial lesion on the left side. If a cancerous lesion is confirmed, then consultation with a veterinary oncologist could be considered. Recheck 3-view chest radiographs warranted for both evaluation of metastasis and the previously reported heart disease.

The renal changes observed are likely consistent with age related degeneration. There is mild pyelectasia in the left kidney. Consider urinalysis and culture along with blood pressure evaluation.

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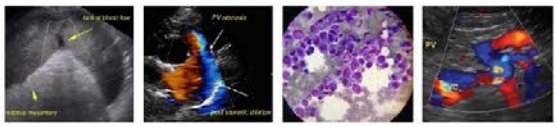

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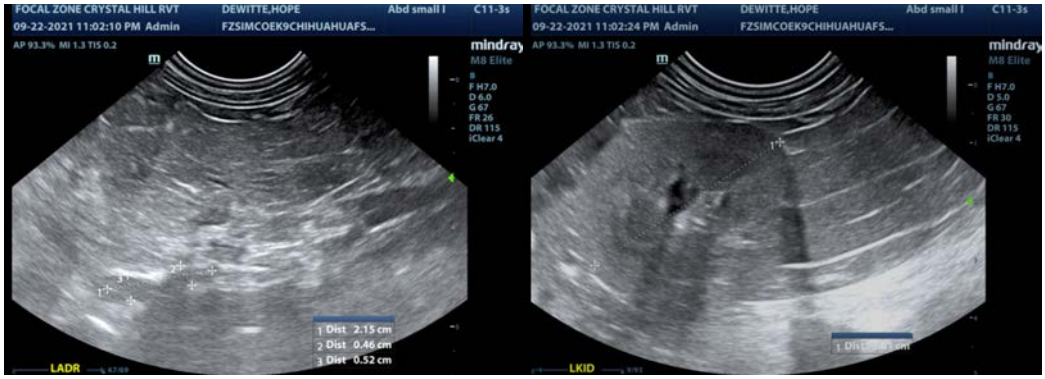

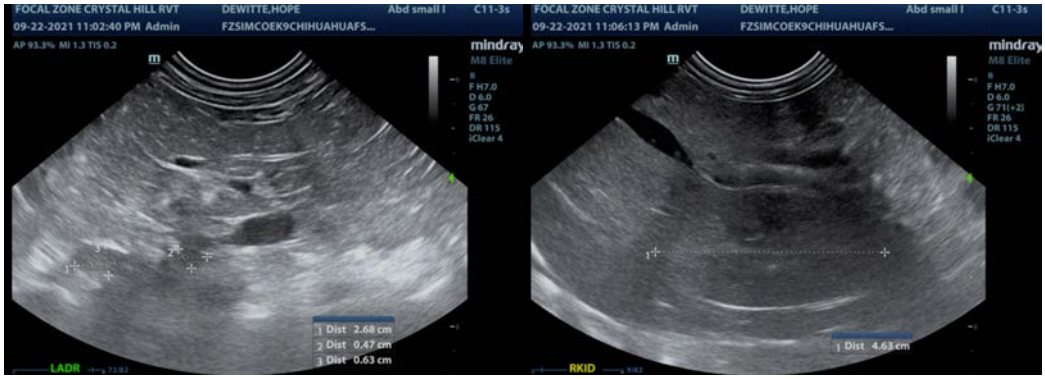

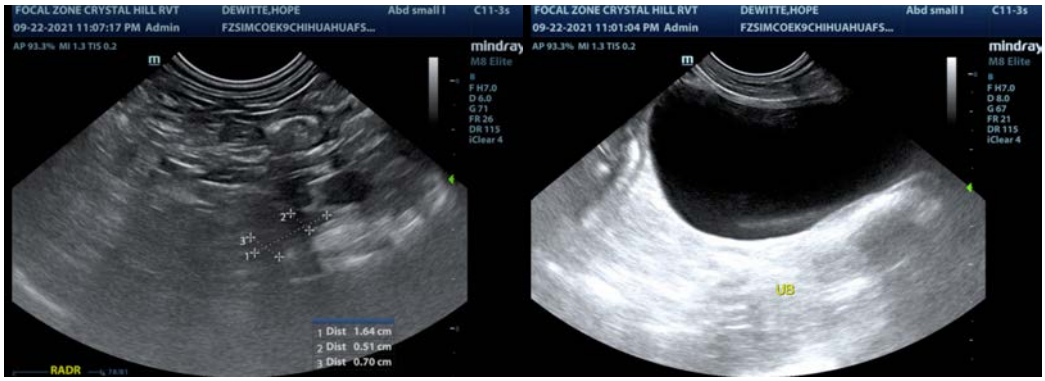

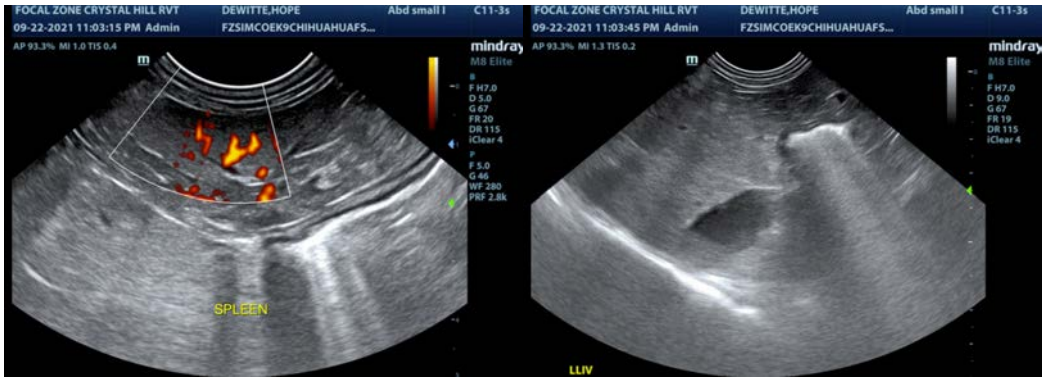

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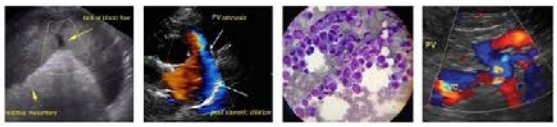

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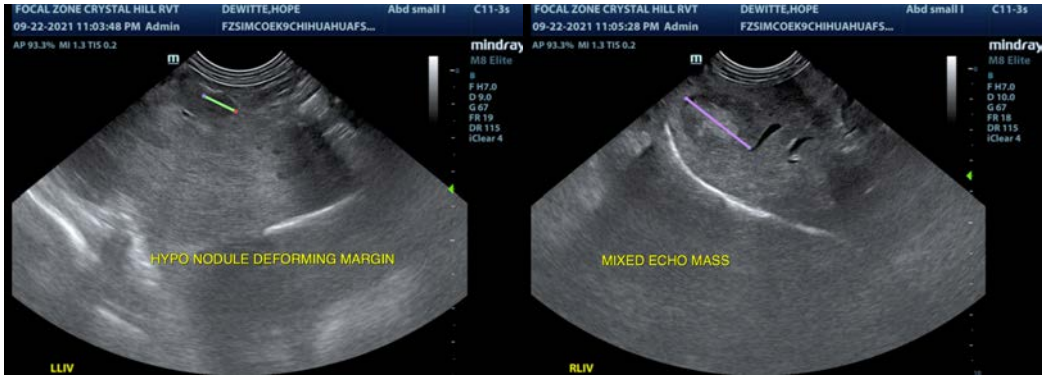

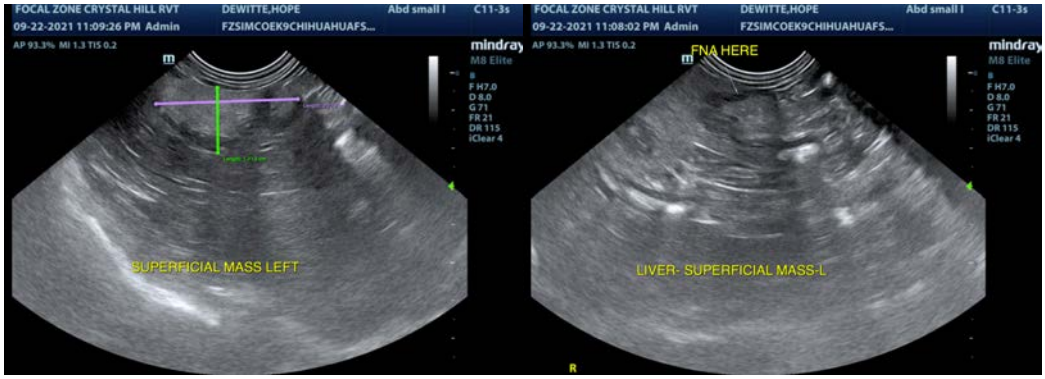

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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