

PATIENT

Ayla Friedrich

SPECIES

Canine

BREED

Yorkie

SEX

SF

AGE

10 Years

WEIGHT

6.2 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bowers

INVOICE

47642

DATE

10-1-21

PRESENTING CLINICAL SIGNS

Diabetic patient, relatively well controlled. Did just finish a course of antibiotics for UTI. She has had elevated ALP that we have been checking over the last several months. Her last check was >2400 Abnormal PE/Chem/CBC/UA Results: Exam findings are unremarkable, her last BG curve was low so we decreased the insulin dose and are rechecking a curve next week. Performed FNA of mass at time of ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia or overt pyelonephritis. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.5 cm length x 0.60 cm width in the caudal pole. The right adrenal gland measured 1.7 cm length x 0.60 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver / Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A moderately enlarged nonhomogeneous hepatic mass appearing to occupy the right lateral to caudate liver was present. A focal cystic component was noted within the mass without overt evidence of mineralization. The mass measured approximately 5.0 x 4.0 cm.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, non-shadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental small intestinal digesta and chyme were present. No signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The right pancreatic limb exhibited normal size and contour with mildly nonhomogeneous echogenic parenchyma and mild pancreatic duct dilation. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Right lateral to caudate liver mass - hyperplasia, granuloma, neoplasia or other possible.
- Minor gallbladder debris (nonmucocele).
- Mild age related kidneys, no overt pyelonephritis.
- Bilateral mild prominent adrenal glands.
- Echogenic to heterogeneous pancreas - nonspecific, patient variant, parenchymal remodeling, and possible low grade fibrosis owing to previous inflammation or chronic inflammation possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial monitoring of urine culture and sensitivity likely indicated given the diabetic status of this patient. Further clarification of the hepatic mass via pending cytology warranted although potential biopsy may be required for a definitive diagnosis. The mid to left liver was sonographically unremarkable although some contribution of metabolic / reactive / vacuolar (diabetic) hepatopathy to the ALP elevation may be possible.

Empirically, hepatosupportive medications including denamarin and ursodiol may prove beneficial. Three view chest radiographs suggested to rule out occult thoracic pathology if not done.

The bilateral mildly prominent adrenal glands were nonspecific and may be a normal patient variant. adrenal testing may be considered if clinically indicated.

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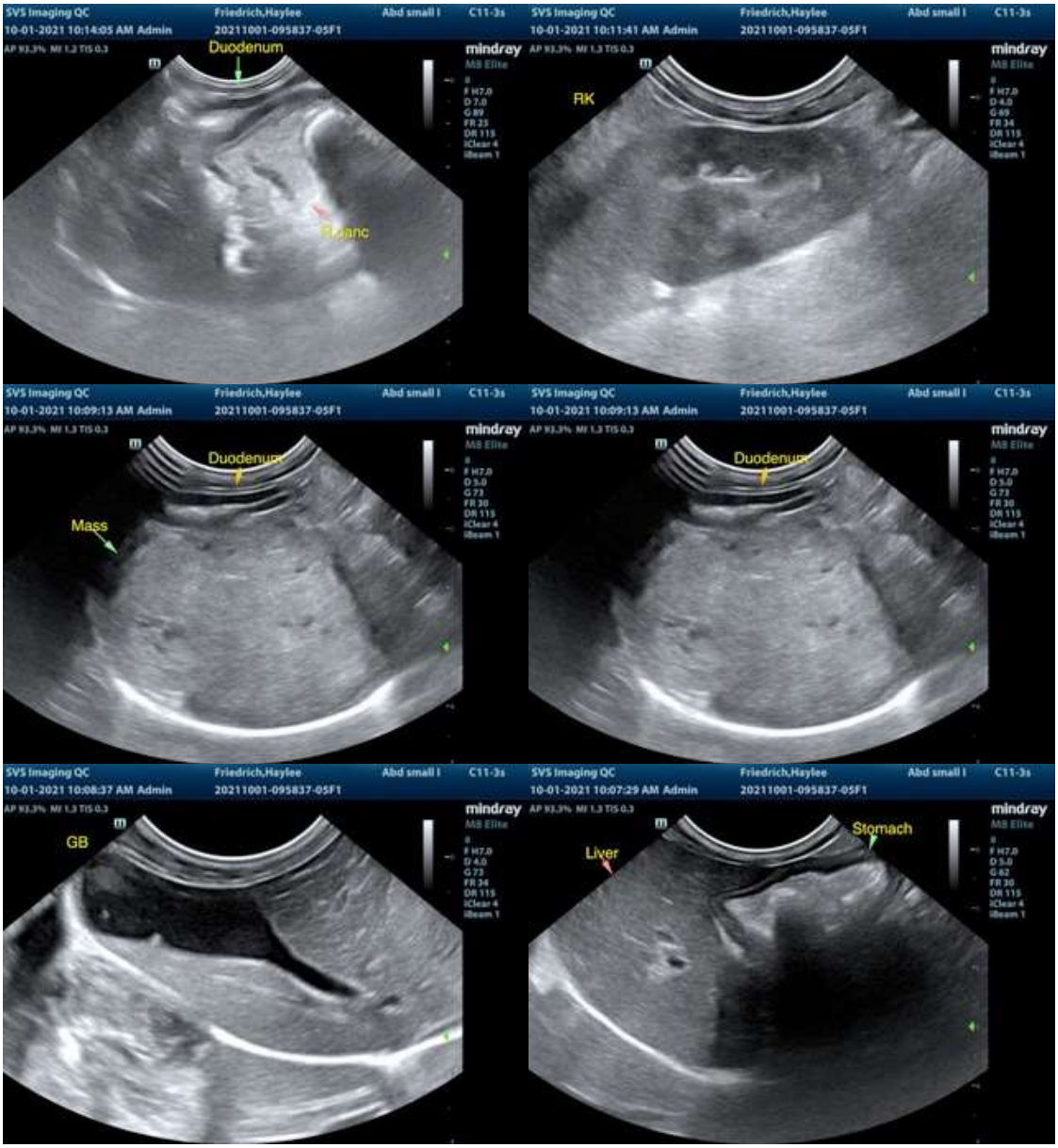

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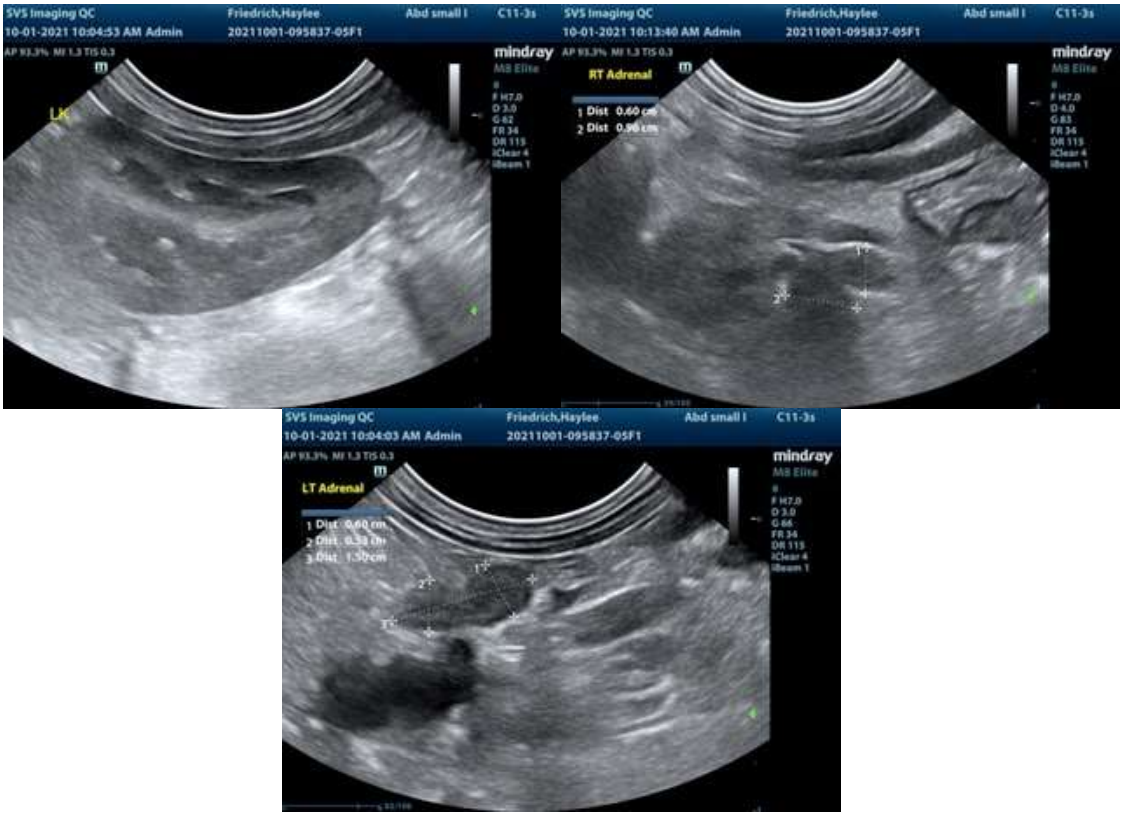

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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