



PATIENT PRESENTING CLINICAL SIGNS

Diesel Muschlitz History: ADR, intermittent vomiting, weight loss, anorexia, inappropriate urination, UTD Lepto, 1/6 murmur

SPECIES Labs: Hematocrit 40.7, WBC 5.4 with mild neutropenia and thrombocytopenia. Chemistry Panel: ALP 479, ALT 350, AST 116, GGT 17, Total Bilirubin 0.2, CK 263, T4 1.7, Cortisol 3.0

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Boxer

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

SEX

Neutered Male

The residual prostate was normal, measuring 1.1 cm diameter.

AGE

5 years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 7.2 cm in length.

WEIGHT

76 Pounds

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.1 cm length X 0.81 cm width in the cranial pole.

INTERPRETED BY

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

The right adrenal gland was indistinctly visualized yet exhibited suspected generalized enlargement, measuring potentially 4.9 cm length X 2.1 cm cranial and caudal pole width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Lehigh Valley AH
(Bath)

Liver

REFERRING VET

Dr. Tan

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 moderate coarse echotexture with evidence of parenchymal remodeling. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Variable lobar swelling most notable in the caudate liver lobe. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended with mildly prominent to echogenic walls and anechoic content. The cystic and common bile ducts were normal.

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10.11.2021

Gastrointestinal



PATIENT

Diesel Muschlitz

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.40 cm.

SPECIES

Canine

The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.38 cm.

BREED

Boxer

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

SEX

Neutered Male

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

AGE

5 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. The omentum was of uniform echogenicity.

WEIGHT

76 Pounds

ULTRASONOGRAPHIC FINDINGS

- Suspect right adrenomegaly- potential adenomatous, hyperplasia or neoplasia (i.e., pheochromocytoma, adenocarcinoma or other).
- Hepatopathy with mild caudate lobar swelling, vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis or other hepatopathy with potential for neoplasia possible
- Hyperechoic to prominent gallbladder walls- potential cholecystitis
- Sonographically unremarkable gastrointestinal tract and kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis testing to assess for or rule out occult leptospirosis may be considered. Assuming normal clotting status, hepatic FNA for screening cytology may be considered. Assessment of systemic blood pressure recommended. Ideally, further sonographic evaluation in the area of the right adrenal gland under sedation is recommended. Screening UCCR +/- LDDST may be considered if clinical suspicion of underlying hyperadrenocorticism. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 3 view chest radiographs suggested, if not done.

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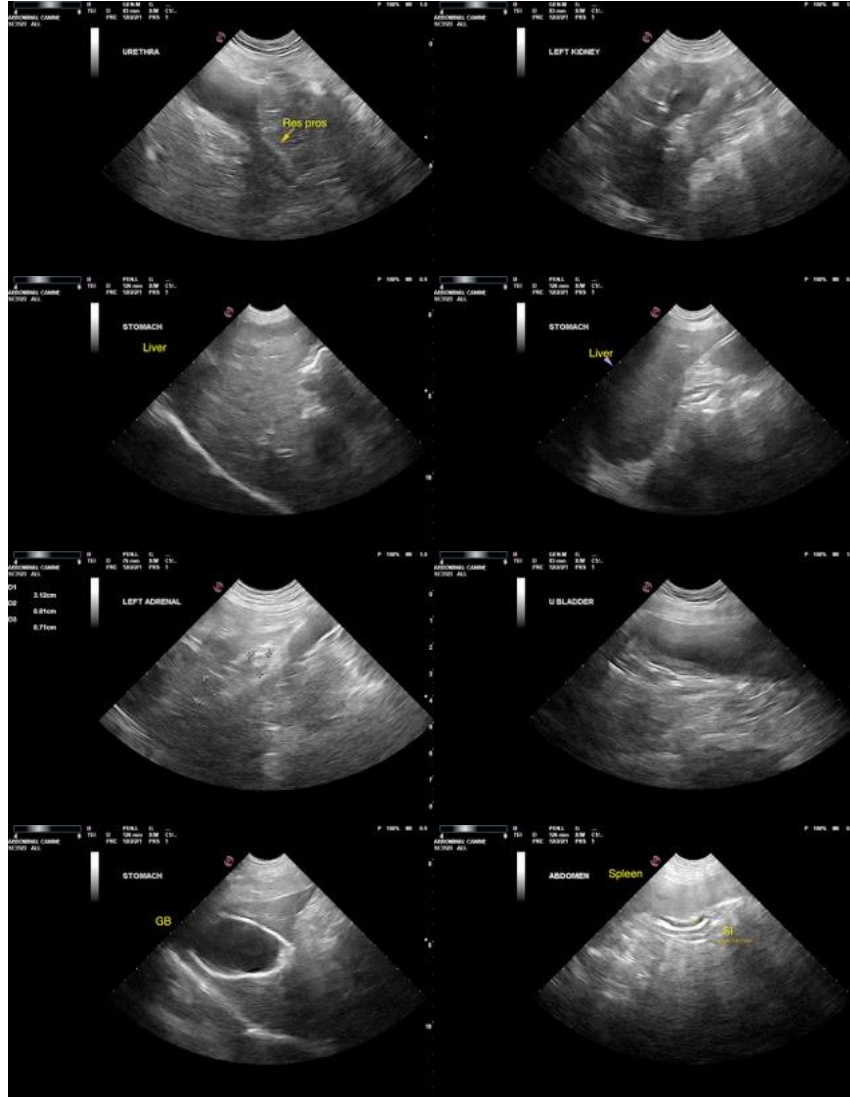
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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