



PATIENT PRESENTING CLINICAL SIGNS

Snoopy Guyan Weight loss, slightly potbellied, hemotomegally. No PU/PD. Good appetite; normal activity level.
 Abnormal PE/Chem/CBC/UA Results: ALT: 276/ ALP: 1160/ GGT:76.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Beagle

SEX Normal size and margination were 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. Mild bilateral pyelectasia was present. Bilateral focal small cortical cysts were observed. The left kidney measured 5.4 cm in length. The right kidney measured 6.1 cm in length

MN

AGE The area of the aortic trifurcation was free of pathology.

12yr

The area of the residual prostate appeared normal and free of pathology.

WEIGHT Adrenal Glands

26.3lb The bilateral adrenal glands exhibited mild to moderate enlargement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of mineralization. The left adrenal gland measured 3.3 cm length and 1.3 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length and 0.82 cm width in the caudal pole.

INTERPRETED BY

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

Spleen

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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

Chase Veterinary Clinic

Liver

REFERRING VET

Dr. Cafferella

The liver presented enlarged in size with a ventrocaudal mildly expansive non-homogeneous mass measuring 6.2 cm in diameter. The parenchyma of the liver exhibited mild remodeling. 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.

INVOICE

11213ag

The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

DATE

11/21/2022

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.



PATIENT

Snoopy Guyan

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild intermittent hyperechoic duodenojejunal mucosal specking was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

BREED

Beagle

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

12yr

- Chronic renal changes with mild bilateral pyelectasia and small cortical cysts
- Bilateral adrenomegaly-functional/non-function adenomatous change, being hyperplasia or emerging neoplasia possible
- Hepatopathy with ventrocaudal non-homogeneous mass
- Early gallbladder mucocele
- Minor pancreatic remodeling-suspect age-related changes, potential for low-grade chronic pancreatitis possible
- Gastric ingesta-probable post prandial presentation
- Non-specific minor duodenojejunal mucosal specking

WEIGHT

26.3lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

A full adrenal workup with LDDST as well as assessment of systemic BP is recommended. Assuming normal clotting status and using a 25g needle, a hepatic parenchyma/mass FNA for screening cytology is warranted for further assessment. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Sonographic reassessment of the gallbladder is recommended if progressive cholestasis is present. Three view chest radiographs +/- a GI panel to include PLI/TLI/Cobalamin/Folate are recommended to rule out occult pathology. Pending additional diagnostics, sonographic monitoring of the bilateral adrenal glands, liver mass and gallbladder is likely ideal.

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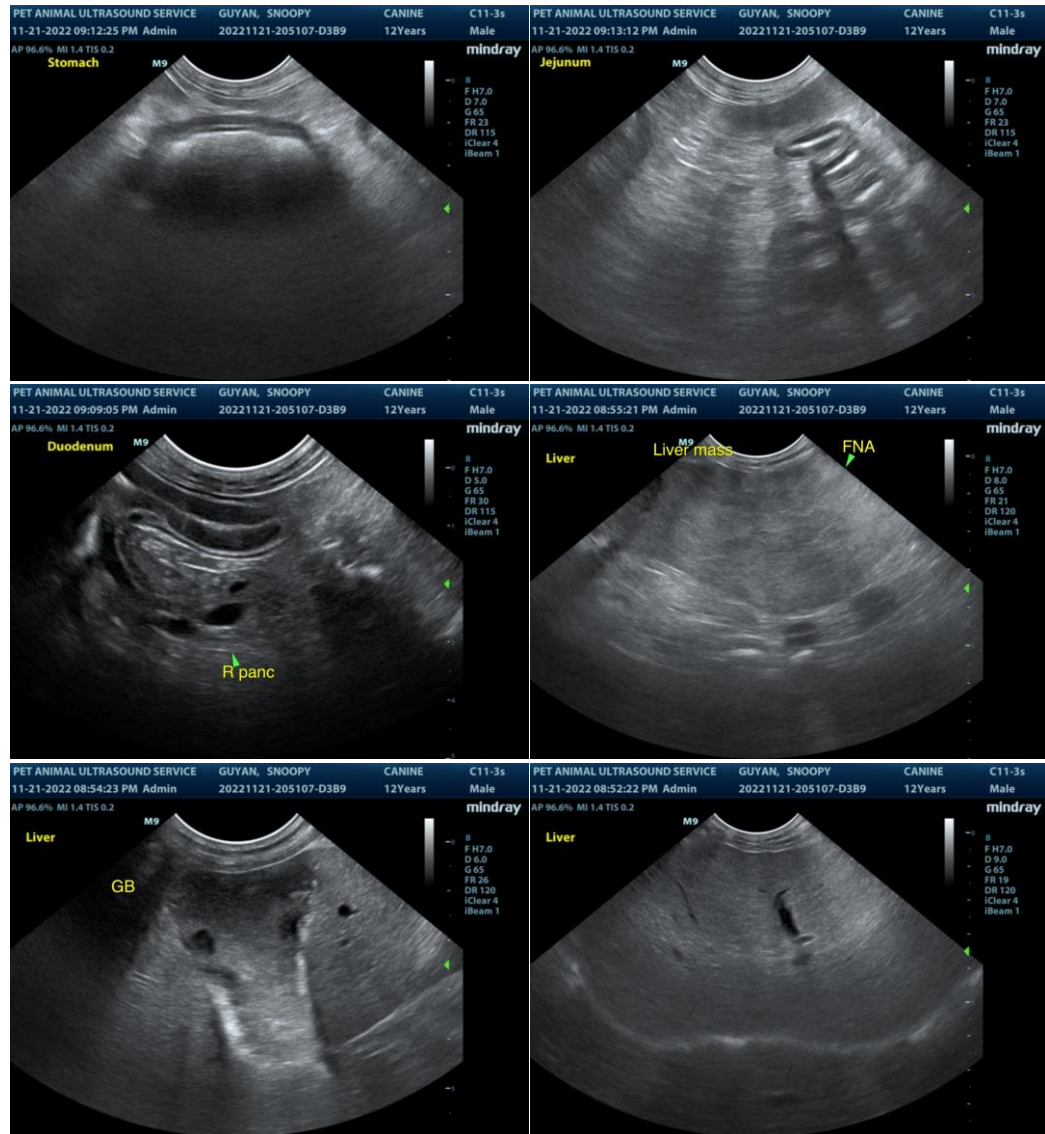
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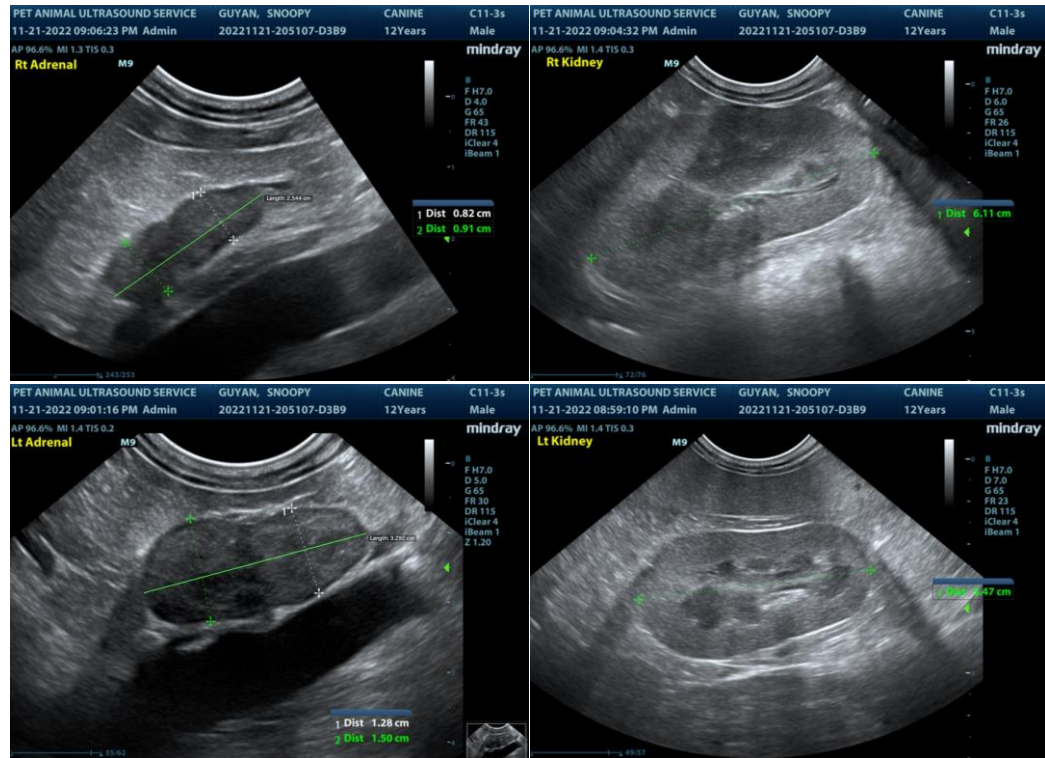
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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