



PATIENT PRESENTING CLINICAL SIGNS

Katie Awcock

History: weight loss over the last month still eating and no vomiting or diarrhea BCS 3/9 - muscle loss over ribs and spine very prominent no murmur heard in clinic but EVC detected one yesterday when she was on IV fluids - decreased fluid rate - sinus arrhythmia heard this morning by RVT but no murmur went to EVC over weekend for IV fluids and hospitalization meds: Ampicillin 114mg TID, Metronidazole 7mg/kg BID, zentoni 100mg SID, optimmune OS BID, optixcare OU BID. Azopt OU BID, Travoprost OS BID, Tobradex OU SID

SPECIES

Canine

BREED

Shih Tzu

Abnormal PE/Chem/CBC/UA Results: Reticulocytes 21.4 (24.5-31.8) Platelets 1076 (143-448) Creatinine 27 (44-133) ALT 830 (18-121) AST 79 (16-55) ALP 1372 (5-160) urine specific gravity 1.018 blood 3+ 75-100/HPF please see attached labs (most recent)

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction 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 overt pathology in the area of the proximal urethra which exhibited normal tone to a depth of 2.0 cm. Aortic trifurcation was normal.

AGE

13 Years

WEIGHT

5.2 kg

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of nonobstructive medullary renolithiasis present in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 5.9 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.58 cm width in the caudal pole. The right adrenal gland measured 1.8 cm in length x 0.57 cm width in the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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Liver

The liver exhibited mild generalized enlargement, in the mid to left liver as well. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A large, expansive, non-homogeneous mass was present, appearing to originate from and occupy the majority of the right lateral to caudate liver, measuring approximately 14 cm in diameter. Associated regional perihepatic reactive mesentery was present. The



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mass appeared to subjectively surround the portal vein and likely portohepatis. The possibility of mild gastric and duodenal displacement owing to the mass is possible.

The gallbladder was non distended in size with moderate, nonorganized yet nondependent gallbladder debris. The gallbladder was otherwise normal without evidence of inflammatory criteria as well as no evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The visible gastric walls were sonographically normal. The stomach contained mild non-shadowing retained ingesta/chyme. The gastric body wall measured 0.30 cm.

The 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.

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. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Expansive nonhomogeneous hepatic mass
- Moderate gallbladder debris (non-mucocele)
- Minor retained gastric ingesta/chyme
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the hepatic mass is suggestive of neoplastic criteria. Non-neoplastic etiologies, such as significant hyperplasia, granuloma or similar is possible yet thought less likely. Based on size and location, adjacent to the portal vein and portohepatis with likely involvement of more than one liver lobe, the liver mass does not appear to be amendable to complete surgical resection. Assuming normal clotting status, ultrasound guided FNA could be considered for initial screening cytology.



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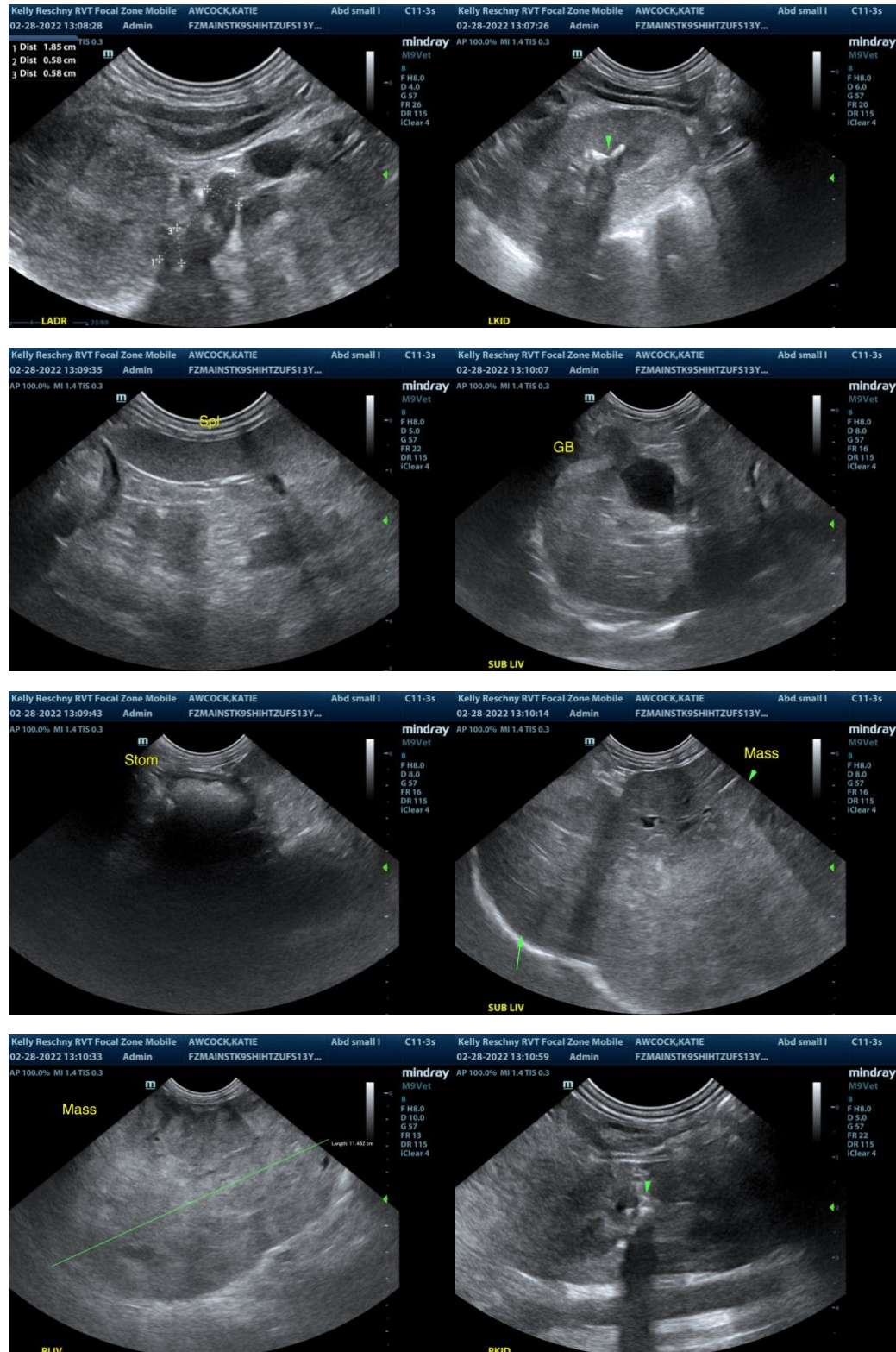
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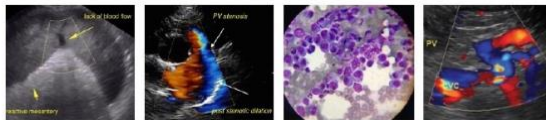
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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