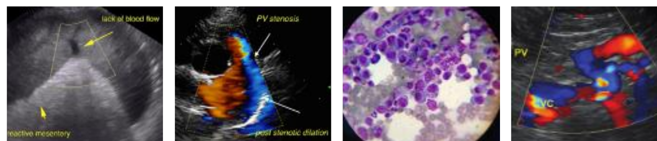


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Mackie Klimiuk

SPECIES

Canine

BREED
Cavalier King / Poodle

SEX

M/N

AGE

16

WEIGHT

12.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

16062

DATE

2/7/23

PRESENTING CLINICAL SIGNS

Weight loss Anorexia History of hyperadrenocorticism, the patient on trilostane.

Abnormal PE/Chem/CBC/UA Results: Blood work–within normal limits ACTH test–within the therapeutic level Radiograph–suspected mass caudal to the liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.

The residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length. Pinpoint medullary mineral was noted.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was mildly prominent in size based on caudal pole width measurement in light of the patient's body weight measuring 0.60 cm width at the caudal pole.

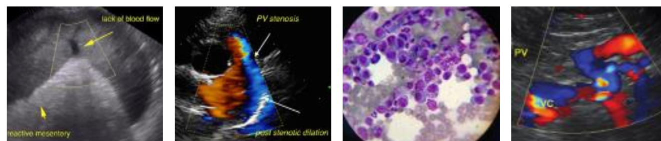
Spleen

The spleen exhibited overall normal size with primarily maintained symmetrical capsule contour and generalized mild parenchyma heterogeneity. A solitary, mildly expansive, isoechoic to nonhomogeneous nodule was present in the medial spleen with subtle associated distortion of the medial splenic capsule without evidence of parenchymal escape measuring 1.6 cm in diameter.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with areas of mild hepatic capsule asymmetry and nonuniform, mildly mixed echogenic hepatic parenchyma exhibiting intermittent, nondisruptive, discrete, hypoechoic nodules. A concurrent, solitary, thinly walled, intraparenchymal cyst containing anechoic fluid was present in the mid-ventral liver.

Suspect markedly distended gallbladder with suspected gallbladder displacement into the area of the gastric axis and caudal hepatic margins. The gallbladder potentially measured 5.0-6.0 cm in diameter containing anechoic content with mild to moderate, nonorganized, variably hyperechoic gallbladder sludge. The common bile duct was not definitively visualized yet was without evidence of definitive common bile duct dilation, stasis, or obstructive criteria.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Moderate, variably echogenic, progressively shadowing ingesta was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Concurrent mild segmental nonshadowing ingesta / chyme was present with no evidence of an overt gastrointestinal obstructive pattern 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.

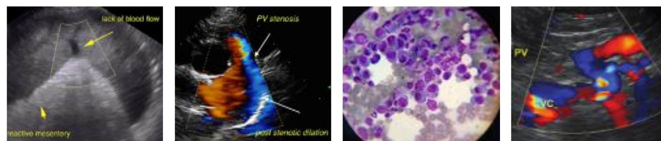
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous mild irregular discretely nodular liver with solitary intraparenchymal cyst
- Suspect markedly distended gallbladder with caudal gallbladder displacement and mild to moderate nonorganized sludge
- Overtly normal gastrointestinal tract with gastric and segmental intestinal ingesta / chyme - Some degree of possible gastrointestinal stasis or nonobstructive hypomotility could be possible if documented NPO
- Pancreatic remodeling - suspect age-related changes and incidental, possible low-grade to chronic pancreatitis
- Bilateral chronic renal changes with minor medullary mineral
- Mildly prominent right adrenal gland - likely consistent with pituitary-dependent hyperadrenocorticism
- Nonspecific mildly expansive splenic nodule - hyperplasia, hematopoiesis, splenitis, granuloma, possible emerging neoplasia are all potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reported cranial abdominal mass effect is suspected to correlate with the markedly distended, likely displaced gallbladder. Given the lack of reported icterus or evidence of cholestasis on lab work, this is of unclear clinical significance. Alternatively, a large hepatobiliary cyst with non-visualized gallbladder cannot be excluded. Ursodiol therapy may prove beneficial. No other evidence of intraabdominal masses was noted.

Assuming normal clotting status, FNA cytology of the splenic nodule using a 25-gauge needle could be considered for further clarification vs. sonographic monitoring for evidence of progression.



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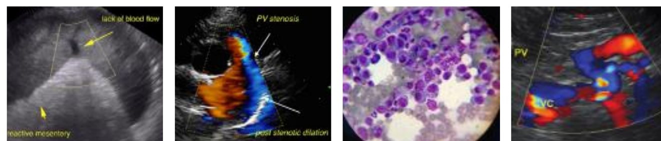

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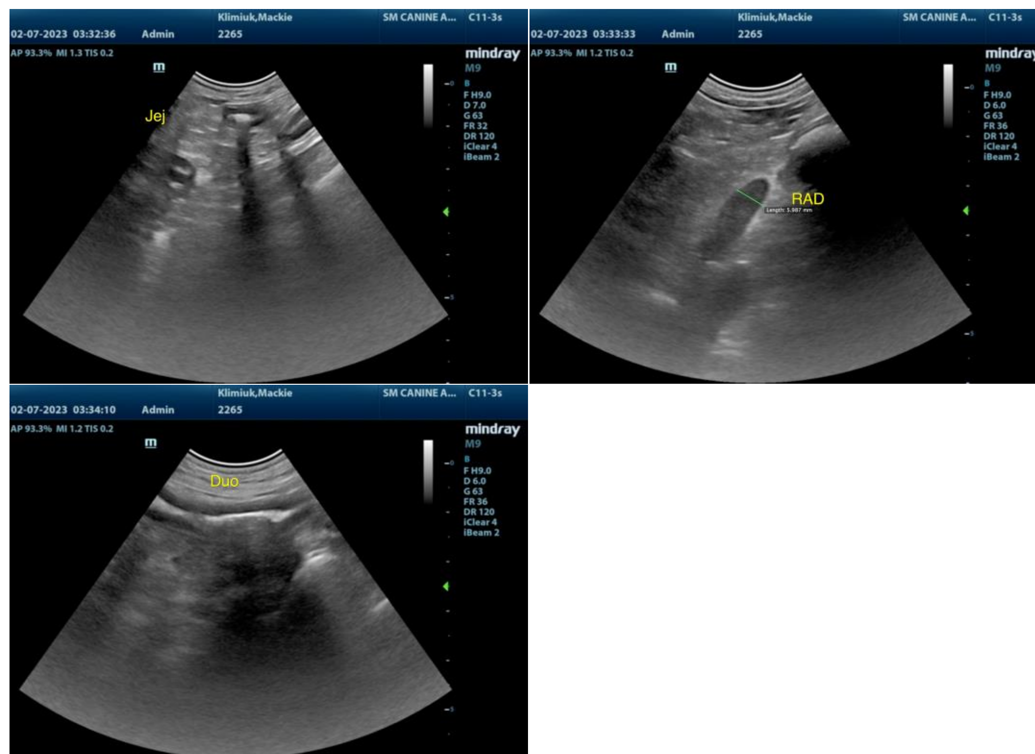

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com