



PATIENT PRESENTING CLINICAL SIGNS

Caspian Want Anorexia, vomiting, lethargy.

Medication: Metronidazole, Ampicillin, Cerenia, Lasix

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: HCT 39.4 WBC 36 w/neutrophils, suspected band neutrophils, lymphocytes, monocytes ALP1792 ALT 863 GGT 45 TBIL 1.1 CPL abnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED CARDIAC

BREED

Spitz

Urinary System

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.

SEX

MN

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 was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.5 cm in length.

AGE

2012

WEIGHT

28.2

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole and 0.6 cm width at the cranial pole.

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 Allen

Liver/Gallbladder

REFERRING VET

Meyer

The liver exhibited moderate to marked generalized enlargement with mild asymmetrical capsule contour and non-homogenous to hypoechoic parenchyma exhibiting moderate coarse echotexture. The ventral liver extended distally past the level of the gastric axis. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent to thickened hyperechoic walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

13158ag

Gastrointestinal

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.

DATE

03/14/2023



PATIENT

Caspian Want

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.

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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.

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Free Abdomen/Other

No omental masses overt lymphadenopathy was present.

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Minor pockets of peritoneal free fluid. Subtle perihepatic hyperechoic omentum was present.

AGE

2012

A brief subjective echocardiogram revealed overtly normal cardiac structure and function without evidence of left or right heart chamber enlargement with subjective adequate LV function. Concurrent moderate volume pleural effusion was present. A definitive pericardial or thoracic mass was not obvious in the visible window.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Hepatomegaly exhibiting non-homogenous hypoechoic parenchyma-primary concern for infiltrative neoplasia, potential for acute hepatitis, vacuolar hepatopathy or other hepatopathy possible.
- Non-distended gallbladder with mildly prominent/hyperechoic walls-possible mild chronic cholecystitis, no evidence of post-hepatic obstructive criteria.
- Mild chronic renal changes.
- Overtly normal GI tract, possible mild gastroenteritis pattern.
- Non-cardiogenic minor peritoneal and moderate pleural effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status a hepatic FNA for screening cytology is warranted for further assessment along with pleural effusion cytology +/- C/S if evidence of inflammatory cells. Primary concern for hepatic and potential multicentric neoplasia with secondary effusion possibly owing to lymphatic obstruction indicated. Inflammatory hepatopathy with systemic inflammatory response is possible. An extremely guarded prognosis is indicated.

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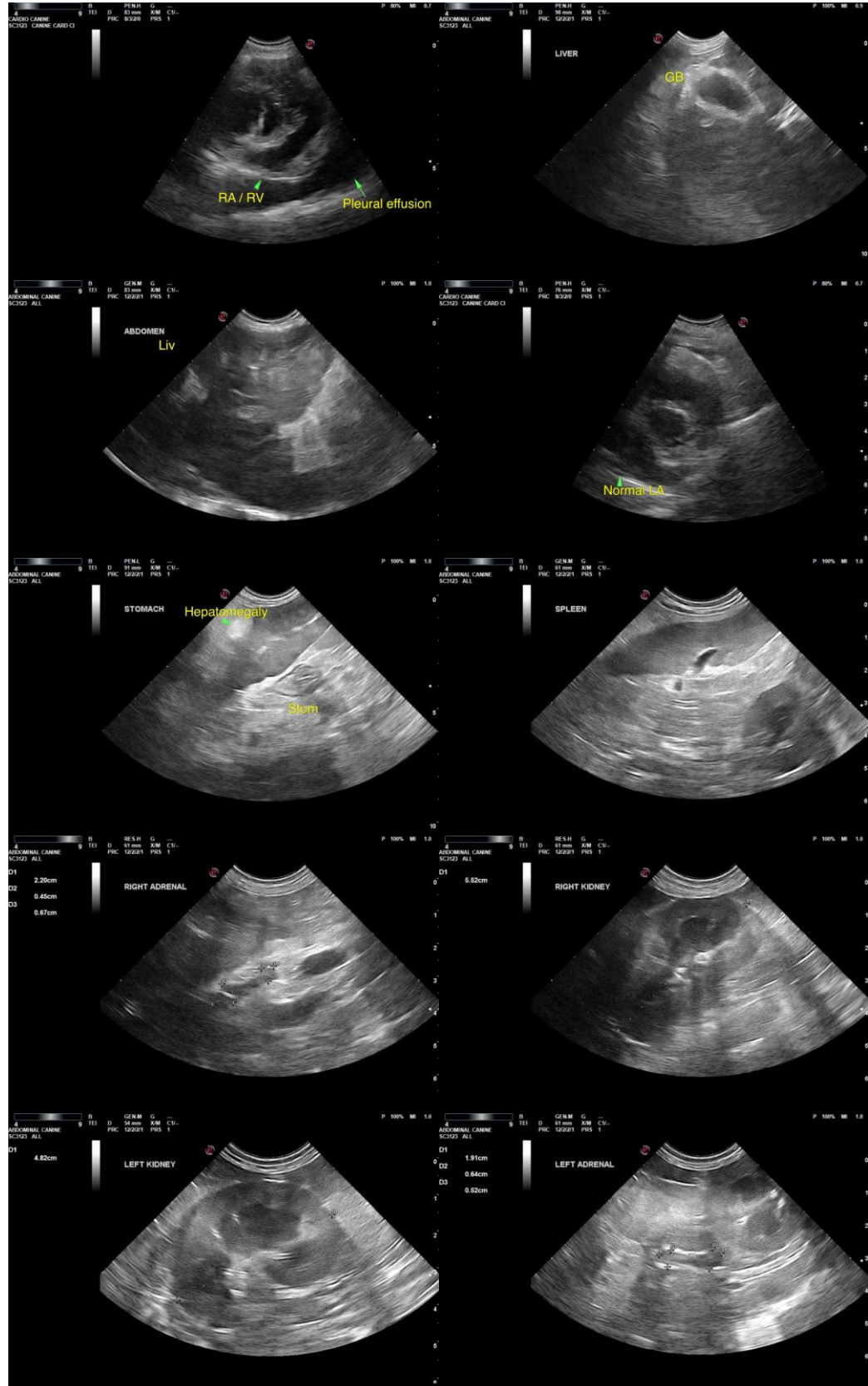
Meyer

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PATIENT

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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.

SPECIES

Canine

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.

BREED

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