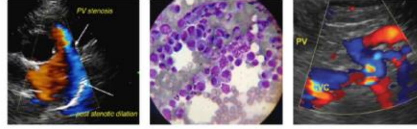
IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970

fredgromalak@gmail.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Sully Schultenover
5009A

SPECIES
Canine

BREED
Terrier Mix

SEX
Male Neutered

AGE
6 years

WEIGHT
10 kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Madison VS - Dr. Graham

INVOICE
13685

DATE
4/20/22

PRESENTING CLINICAL SIGNS

3 days ago, owner noticed that Sully's abdomen was bloated Owner noticed that his abdomen was "visibly contracting", then he vomited partially digested food shortly after Since then has been more lethargic and standoffish Inappetent that night and the next morning, but ate dinner 2 nights ago Yesterday, very slow inappetent, lethargic, and weak- took to primary care for evaluation Primary care did bloodwork, x-rays, and found abdominal fluid present Suspect splenic mass, transferred here for further diagnostics/treatment Voiding normally, still very lethargic, inappetent, but drinking water normally

Abnormal PE/Chem/CBC/UA Results: PCV/TP- 33%/7.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.63 cm in diameter.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Areas of nonobstructive medullary renolithiasis were present in both kidneys. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

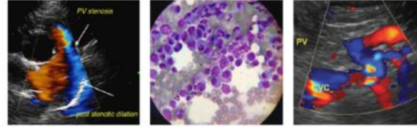
The bilateral adrenal glands were visualized, exhibiting normal size, position, and shape. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.32 cm width at the cranial pole. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.41 cm width at the cranial pole.

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.

Liver/ Gallbladder

The liver exhibited generalized nonuniform to mild mixed echogenic remodeled parenchyma. Subjective right lateral to caudate lobar hepatomegaly exhibiting nonuniform to mixed echogenic indistinctly nodular parenchyma was noted. A solitary, spherical, mildly expansive, nonhomogeneous to cavitated mass was present in the subjective caudal aspect of the caudate liver lobe, measuring 3.4



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cm in diameter. This mass potentially resulted in mild displacement or compression of the portal vein and caudal vena cava. The gallbladder was non-distended in size. The gallbladder walls were sonographically normal. Anechoic content with moderate, nondependent yet nonorganized echogenic luminal sludge. The common bile duct was normal.

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.

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 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 were evident.

Free Abdomen

Regional perihepatic to cranial abdominal hyperechoic mesentery and mild volume primarily perihepatic to mild generalized peritoneal free fluid was present. No overt or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Generalized nonuniform hepatic parenchyma exhibiting ill-defined right lateral to caudate lobar hepatomegaly with nonhomogeneous to mixed echogenic caudal caudate liver mass
- Regional perihepatic to cranial abdominal reactive mesentery and mild volume peritoneal free fluid
- Moderate gallbladder debris - possible early noninflamed gallbladder mucocele
- Sonographically normal spleen

Secondary Findings

- Nonobstructive bilateral renolithiasis
- Sonographically unremarkable bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hepatic but primarily right lateral to caudate lobe hepatic changes are nonspecific with considerations including inflammatory / immune-mediated disease, vacuolar hepatic changes, nodular hyperplasia, fibrosis, extramedullary hematopoiesis, with primary concern for right lateral to caudate lobe +/- diffuse hepatic neoplasia or other hepatopathy.

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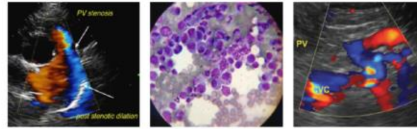

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The effusion in this case may be secondary to portal hypertension, inflammation, or potentially hemorrhage. Further assessment may include, assuming normal clotting status, ultrasound-guided FNA of the right lateral to caudate liver parenchyma, as well as the caudate mass +/- abdominocentesis for fluid analysis, cytology, +/- culture and sensitivity if clinically indicated. Correlation with a full chemistry panel to assess hepatic enzymes if not done is suggested.

Pending additional diagnostics, abdominal CT may be ideal given this presentation as, aside from the caudate mass, the liver parenchyma changes are ill defined and the extent of pathology involving the liver was difficult to determine. Three view chest radiographs are suggested, if not done.

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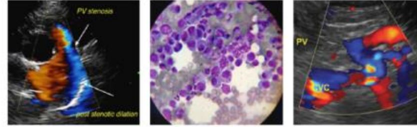

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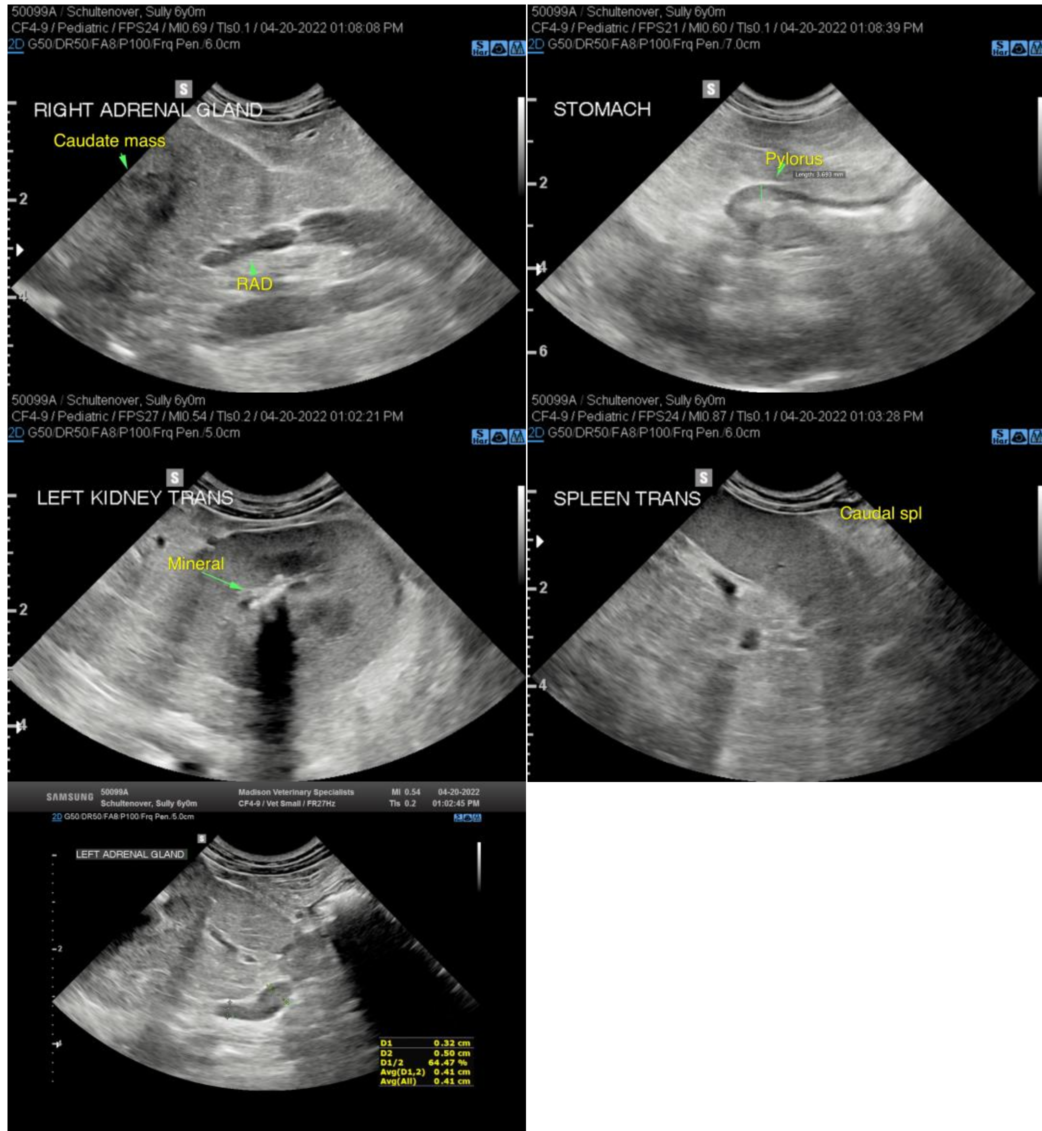

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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