



PATIENT

Diamond Adamov

PRESENTING CLINICAL SIGNS

Vomiting, weight loss, Thin 2/6 HM, Pale gums, Tense abd, susp. COM.

Meds: Pepcid 10mg BID, Benadryl 25 mg BID, Cerenia 30mg SID, Yunnan Bao 2 caps BID, Prednisone - Did not start

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC 5.66 L, HCT 39.1 L, Hemoglobin 12.9 L, WBC 4.5 L, Neut 2817 L, Mono 140 L, ALT 129 H, ALP 552 H, Bili-conjugated 0.2 H

BREED

Pitbull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

AGE

15yr

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 6.1 cm in length. The right kidney measured 6.7 cm in length.

WEIGHT

NA

The area of the aortic trifurcation was free of pathology.

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 0.44 cm width in the caudal pole. The right adrenal gland measured 0.46 cm width in the caudal pole.

INTERPRETED BY

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

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. No visualized masses or nodules were present. 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.

IMAGING PERFORMED BY

Rebecca Hamilton

Liver/Gallbladder

Subjective mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. Two indistinctly marginated isoechoic mild non-homogenous liver masses in the deep mid to left liver and right lateral to caudate liver were present. Both masses measured 6-7 cm in diameter. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction to pyloric outflow or foreign material.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

SEX

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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.

AGE

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Free Abdomen

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

WEIGHT

NA

A soft tissue structure / mass lesion was present in the right atrial lumen, measuring 3.5 cm x 2.3 cm. No evidence of pericardial effusion

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with indistinctly marginated intraparenchymal masses
- Sonographically normal gallbladder
- Sonographically normal gastrointestinal tract with mild non-shadowing gastric ingesta/ chyme
- Mild pancreatic remodeling
- Non-enlarged mildly heterogeneous spleen
- Age-related renal / adrenal changes
- Mass lesion right atrial lumen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given vomiting in this patient, the presence of non-shadowing gastric ingesta/ chyme suggests metabolic gastric stasis without evidence of mechanical obstruction. Chronic pancreatitis may be suspected if cranial abdomen/ subxiphoid discomfort on palpation. Considerations for the mass lesion of right atrial lumen may include mass or blood clot with mass favored given lack of right atrial enlargement.

Clotting status suggested to assess for hypercoagulable state. If normal clotting status, FNA cytology of accessible indistinctly marginated liver mass and screening splenic FNA cytology for further

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clarification and assessment of occult disease is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended given weight loss. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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Gastrointestinal support is indicated.

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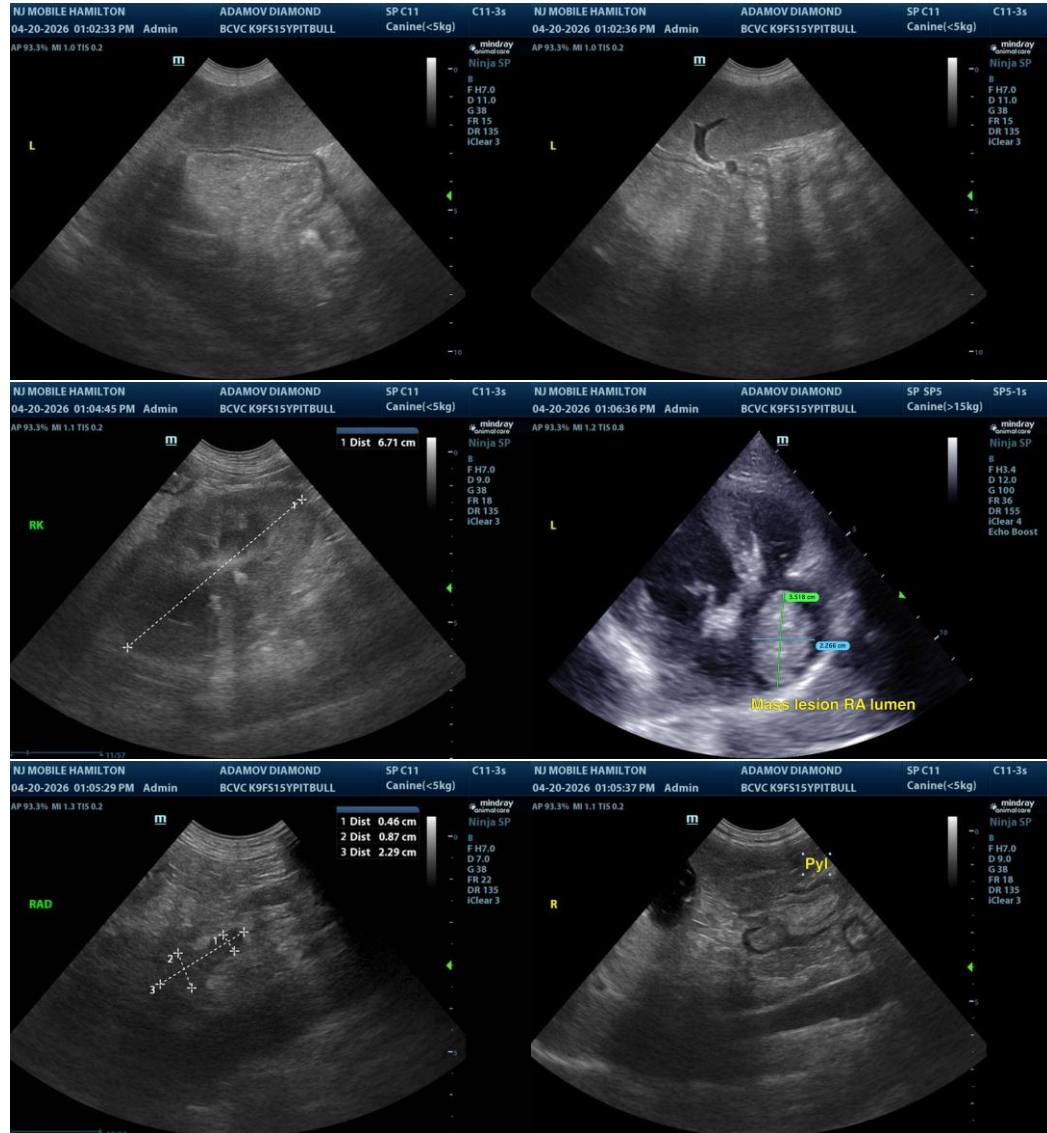
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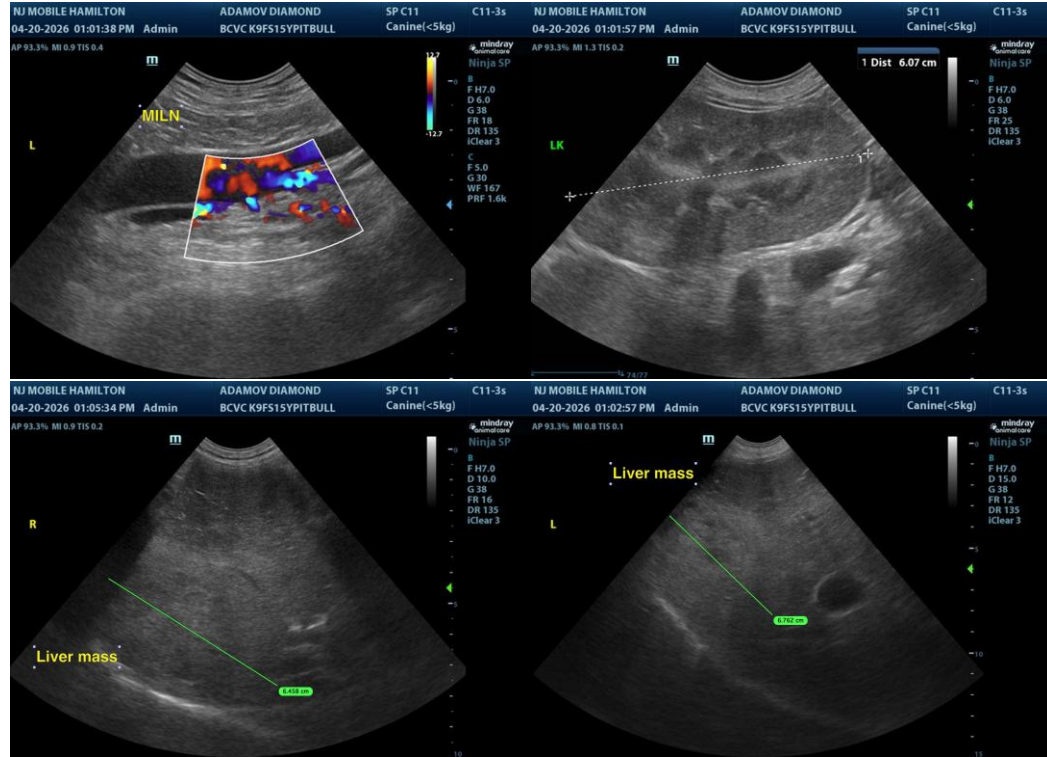
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WEIGHT

NA



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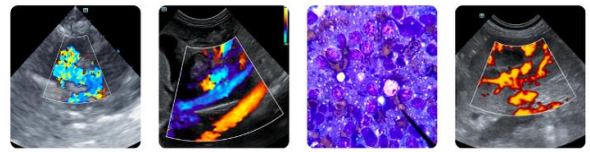
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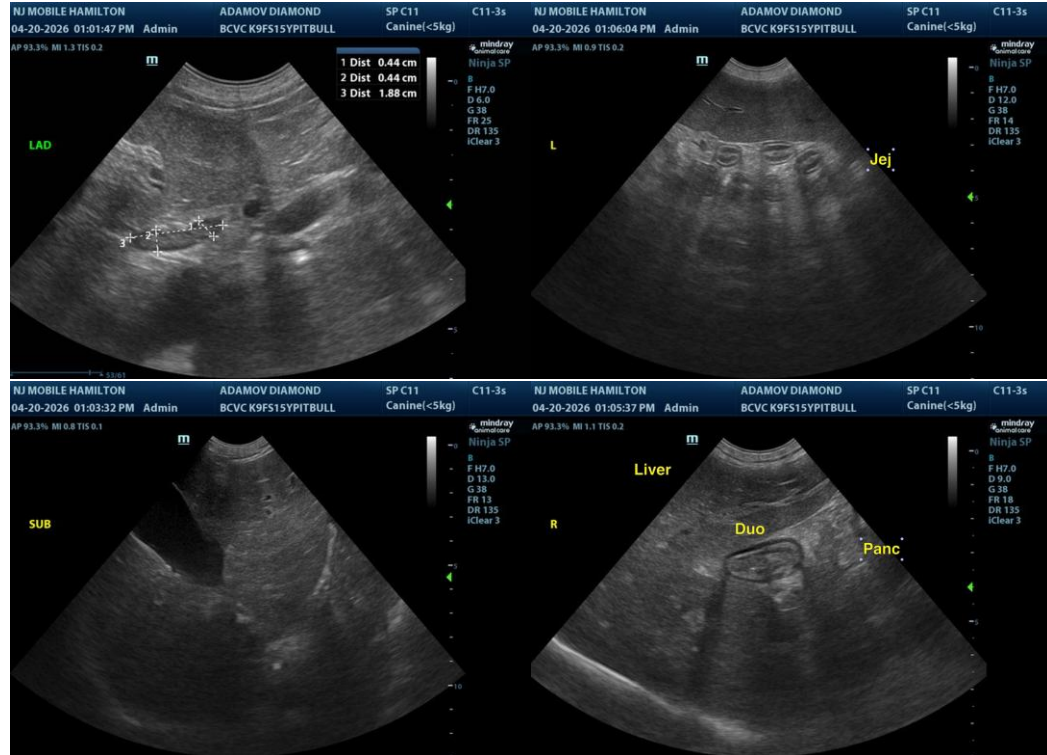
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WEIGHT

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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.

IMAGING PERFORMED BY

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