



PATIENT

Chief Henlin

SPECIES

Canine

BREED

German Shepherd
Mix

SEX

MN

AGE

9 years

WEIGHT

29 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Tumalo AH

REFERRING VET

Megan Kinnear DVM

INVOICE

16558

DATE

4/7/23

PRESENTING CLINICAL SIGNS

Patient presented for senior wellness exam and to evaluate a mass on side of neck for potential surgical removal. -- Patient has history of slightly elevated LE's. Received ursodiol and Denamarin for ~ 1 month, had not re-checked lab work thereafter. -- No current clinical signs

Abnormal PE/Chem/CBC/UA Results: 3/24/23: PE: -- Anxious, minimal tartar. Mildly dry, dull skin and haircoat, no ectoparasites noted, no evidence of pruritus or alopecia. Lump noted: approx 3 cm diam, firm, movable, sq to dermal lump at R lat neck. Previous cytology revealed keratinized epithelial tumor. Blood work: -- CHEM: -- ALT 677 U/L (10-125) -- ALP: 740 U/L (23-212) -- On last check 12/2/22, ALT was 638 and ALP was 348 UA: -- Unremarkable, USG: 1.038, mild proteinuria and mild pyuria, hematuria, but no noted bacteriuria, nor casts, nor crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. No evidence of mineral or calculi was noted.

The residual prostate was free of 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. Mildly expansive, cystic-like nodule was noted in the lateral left kidney containing subjective homogeneous intra-lesion parenchyma without evidence of parenchymal mineralization measuring ≈3.4 cm x 2.6 cm. Concurrent, small, nondisruptive medial right kidney cortical cyst measuring 0.73 cm was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.52 cm width at the caudal pole.

Spleen

The spleen exhibited possible borderline enlargement yet maintained symmetrical capsule contour with subtle generalized splenic parenchyma heterogeneity. A solitary, mildly expansive, well-demarcated, nonhomogeneous, cranial splenic, intraparenchymal nodule measuring 1.9 cm in diameter was present. The nodule did not distort the splenic capsule.



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Liver/ Gallbladder

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The liver exhibited potential borderline to mild enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, well-demarcated, nondisruptive, uniform, isoechoic, mass was present in the caudal aspect of the right lateral caudate liver measuring 7.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized variably hyperechoic gallbladder debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overtly normal wall layering containing a mild amount of variably echogenic fluid and chyme and luminal gas. No evidence of gastric mural pathology or foreign material was noted. No evidence of pyloric outflow obstruction was noted.

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

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

Cardiac

Overtly normal cardiac structure and function were noted without evidence of subjective left or right heart chamber enlargement. No evidence of masses was noted in the area of the right atrium / auricle. No evidence of pericardial effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Age-related kidneys with left kidney nonspecific cystic-appearing lesion, concurrent right kidney cortical cyst - complicated renal cyst, consolidated abscess, necrosis, cystic-appearing neoplasia, possible
- Mildly expansive nonhomogeneous splenic nodule - hyperplasia, hematopoiesis, focal splenitis, granuloma, neoplasia, possible
- Chronic hepatopathy with hepatoma-like mass lesion - subjectively benign, potential low-grade neoplasia
- Mild gallbladder debris (non-mucocele)

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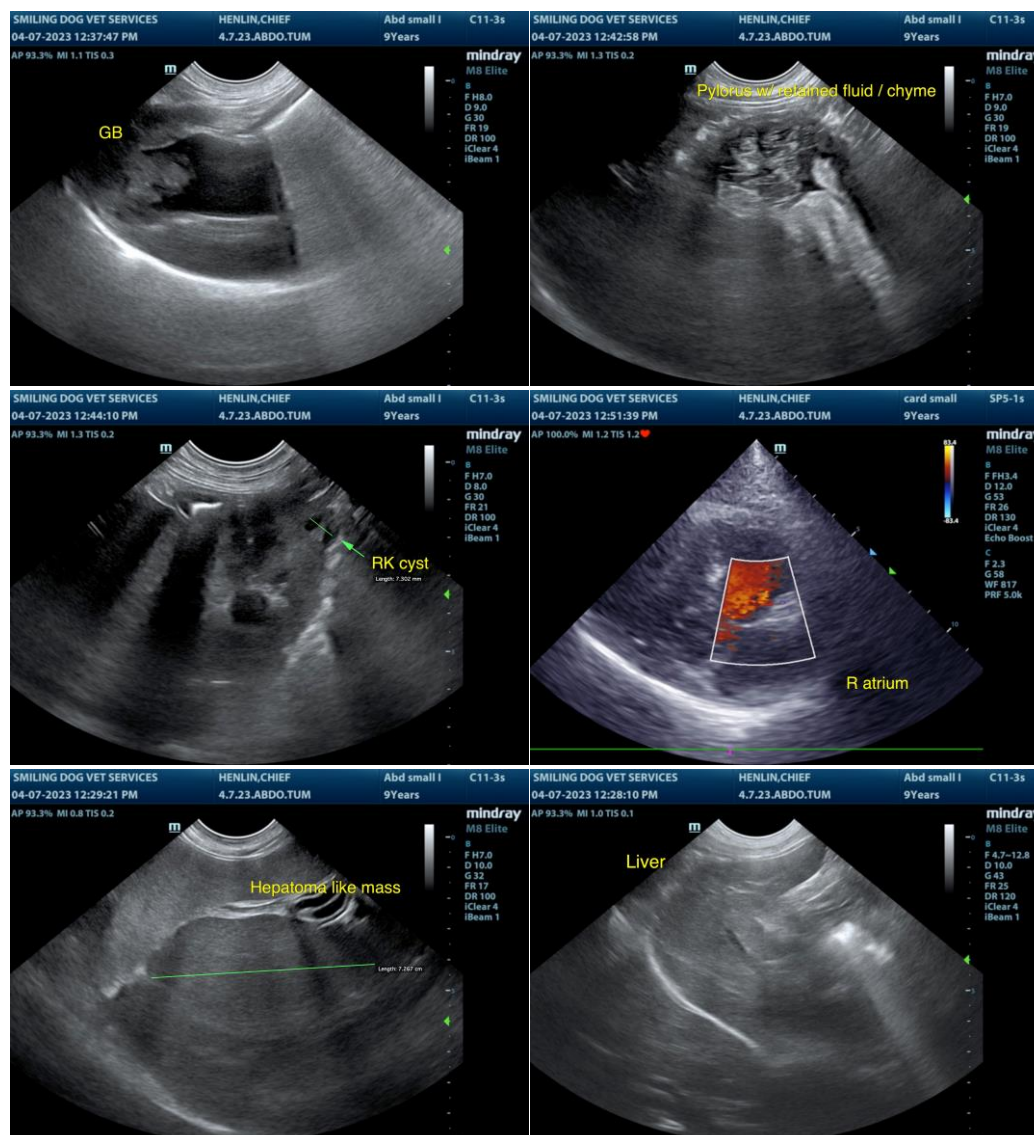
Secondary Findings

- Mild retained gastric fluid / chyme - unclear clinical significance, given the lack of reported gastrointestinal signs, suspect incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic parenchyma and hepatoma-like mass, splenic nodule, and left kidney cystic lesion FNA cytology / centesis for fluid analysis +/- C/S is warranted for further clarification. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Sonographic monitoring of the splenic nodule and renal cystic lesion for evidence of progression is recommended. Hepatic core surgical biopsy is likely required for a definitive diagnosis.





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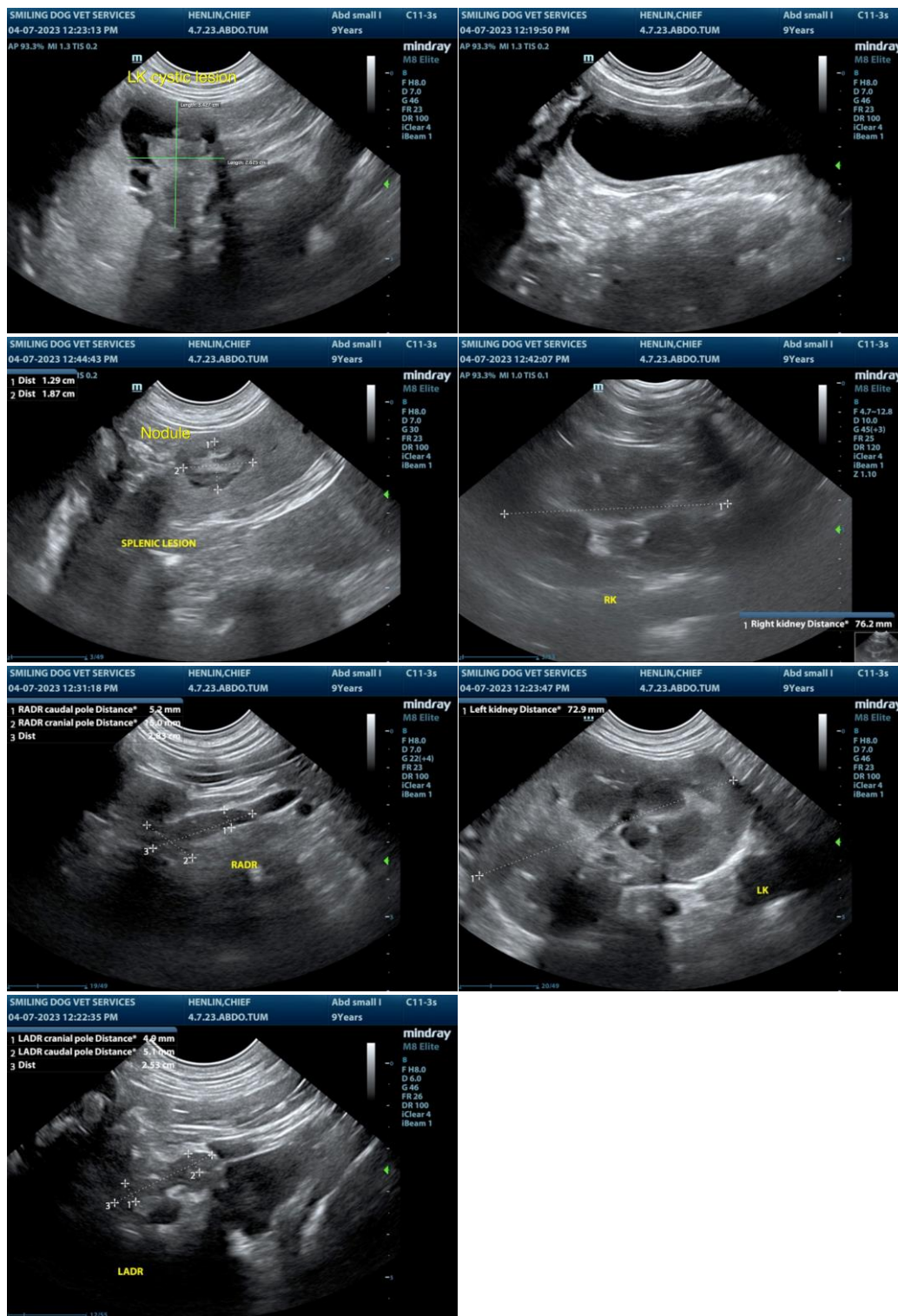
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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