



PATIENT

Guinness Welch

SPECIES

Canine

BREED

Boston Terrier

SEX

MN

AGE

13 years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wignall Animal
 Hospital

REFERRING VET

Victoria Harvey, DVM

INVOICE

15059

DATE

5/5/22

PRESENTING CLINICAL SIGNS

Recheck echo. History chronic valvular disease - Stage B1. Currently, no clinical signs. Grade III/VI systolic murmur. Elevated liver and renal values. AGT 169; ALP 598; Creat 1.7; Urea N 4.0. *Having bi-cavity ultrasound exams -Pertinent previous echo findings (9/23/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.4 cm; LA:Ao 1.55; LV 3.18; mild LAE; normal LV size and function; mild-moderate MR; moderate TR (3.1 m/s; 39 mmHg); early pulmonary hypertension

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 0.72 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.3 cm in length. The right kidney measured 4.3 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 0.54 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 0.43 cm width at the caudal pole and 0.51 cm width at the cranial pole.

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. 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.

Liver/ Gallbladder

A nonhomogeneous to cystic mass was present in the area of the right lateral to caudate liver, measuring approximately 6.0 cm in diameter. The hepatic parenchyma not involved in the right lateral to caudate mass, exhibited normal echogenicity with maintained mild to moderate coarse echotexture. No other additional hepatic masses or nodules noted.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained focally shadowing ingesta/chyme was present.

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. The duodenum wall measured 0.41 cm. The jejunum wall measured 0.37 cm.

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

SEX

Pancreas

MN

The pancreas was normal in size with subtle areas of minor capsule asymmetry. Mild nonuniform hyperechoic to mixed echogenic pancreatic parenchyma.

AGE

Free Abdomen

13 years

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

8 kg

ULTRASONOGRAPHIC FINDINGS

- Right lateral to caudate nonhomogeneous nodular to cystic liver mass
- Mild gallbladder debris (non-mucocele)
- Bilateral mild chronic renal changes
- Mixed echogenic pancreas with parenchymal remodeling- likely age-related changes and considered incidental. Potential for parenchymal remodeling owing to previous inflammation or low-grade to chronic pancreatitis possible.
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The right lateral to caudate liver mass was nonspecific with multiple etiologies, including hyperplasia, granuloma, hematopoiesis, neoplastic criteria is favored. Assuming normal clotting status, ultrasound guided FNA of the hepatic mass would be warranted for cytology. Core or surgical biopsy may be required for a definitive diagnosis. Given the location of the hepatic mass, subjectively involving more than one liver lobe and in the area of the Porto-hepatis, surgical options for complete resection may potentially be precluded. Hepatosupportive medications, including Denamarin and ursodiol, empirically, would be reasonable.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three-view chest radiographs recommended.

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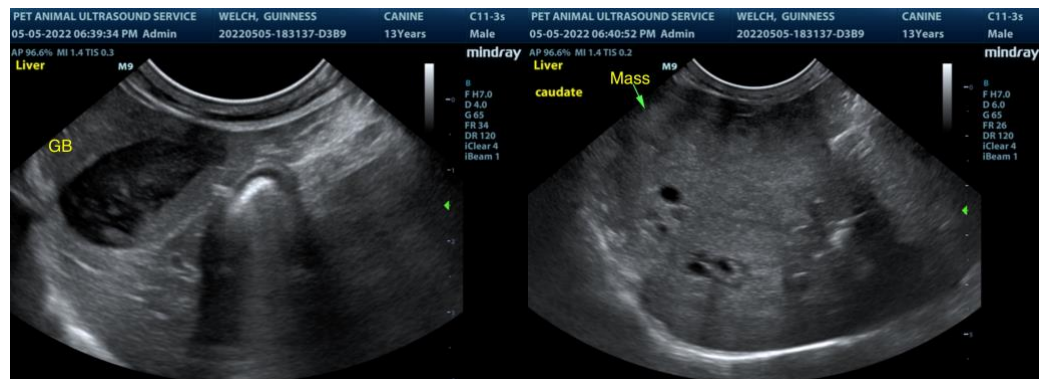
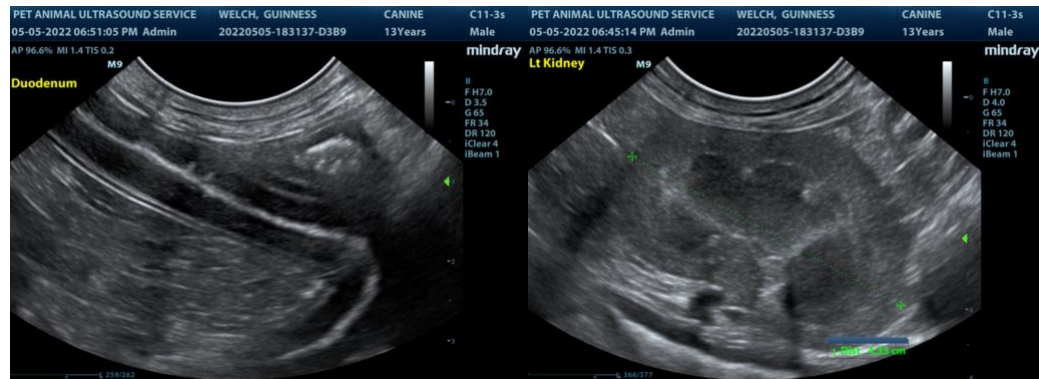
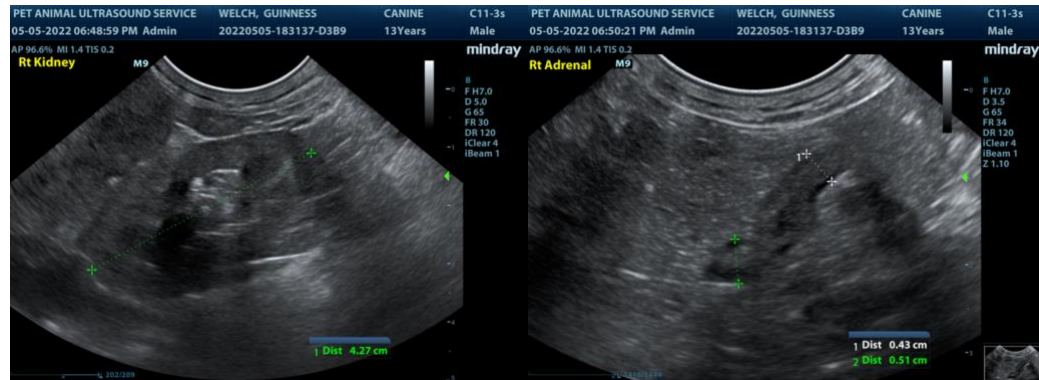
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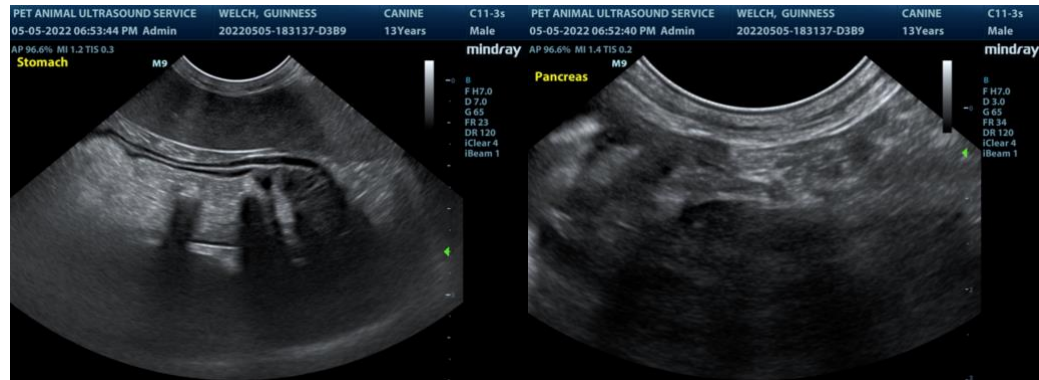
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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