



PATIENT

Blossom Knibble

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

11 years

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Rideout

INVOICE

17418

DATE

7/27/23

PRESENTING CLINICAL SIGNS

5# weight loss over last year Cutaneous hemangioma removal 12/22 Benign, with complete excision
Current Medications Gabapentin 100 mg PO q12 hours Radiographic Findings None done recently.
Last films 12/2020 showed hepatic enlargement Primary Question/Differential to Be Answered in This Exam Any obvious changes to abdominal organs that would help explain weight loss? What do adrenals look like?

Abnormal PE/Chem/CBC/UA Results: ALT 289 ALP > 2000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size based on caudal pole width measurement in light of body weight with mild asymmetrical capsule contour and nonhomogeneous parenchyma. There was no evidence of parenchymal mineralization. The left adrenal gland measured 2.8 cm length x 0.77 cm width at the caudal pole.

The right adrenal gland was normal in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.5 cm length x 0.62 cm width at the caudal 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.



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Liver/ Gallbladder

A moderately sized, irregular, mixed echogenic, focally cystic mass occupying the subjective right lateral to caudate liver extending into the cranial abdomen past the level of the gastric axis, was present measuring ~10.0-11.0 cm in diameter. Surrounding regional hyperechoic perihepatic omentum was present. The mass appeared to extend into the area of the porta hepatis. Intact sonographically unremarkable left liver was noted. No evidence of peritoneal free fluid was present. The hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were 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

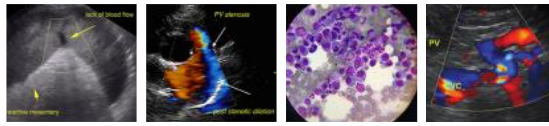
There was no overt lymphadenopathy or evidence of perihepatic or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Right lateral to caudate liver mass
- Mild gallbladder sediment (non mucocele)
- Mild chronic renal changes
- Mildly enlarged irregular left adrenal gland - adenomatous change, benign hyperplasia, potential for emerging primary or metastatic adrenal neoplasia possible
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the liver mass is sonographically consistent with neoplastic criteria i.e., carcinoma or other. Assuming normal clotting status, liver mass FNA cytology could be considered for initial clarification. Biopsy is likely required for a definitive diagnosis. Curative surgical options for the liver mass are likely precluded, given the likely involvement of more than one liver lobe and subjective extension into the area of the porta hepatis.



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Systemic BP is recommended to assess for evidence of hypertension associated with the mildly enlarged, irregular left adrenal gland.

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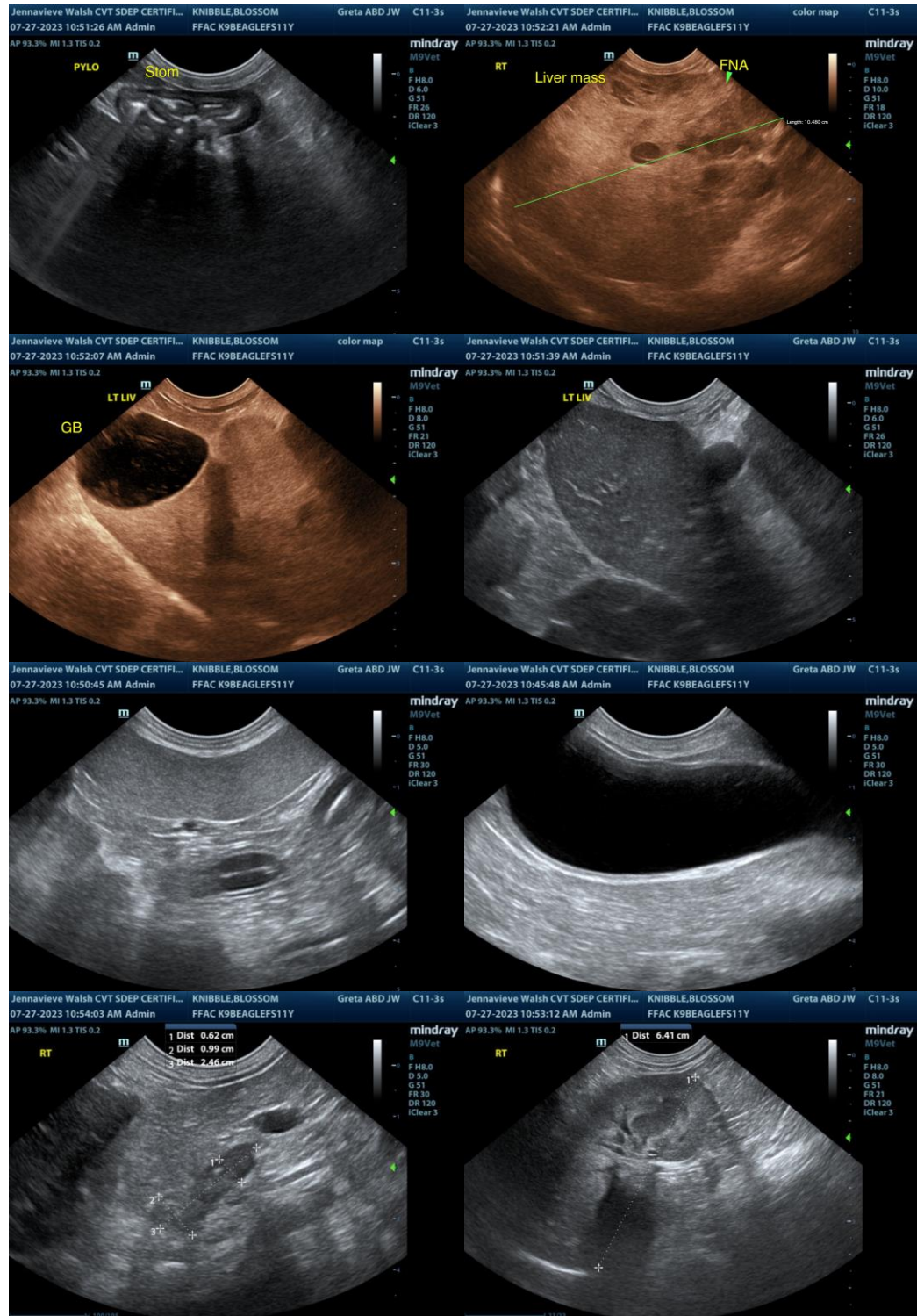
Dr. Rideout

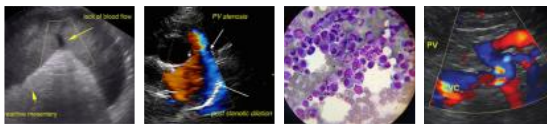
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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