

PATIENT

Luther Vance

PRESENTING CLINICAL SIGNS

History-elevated liver values on screening for NSAIDs for arthritis

SPECIES

Abnormal PE/Chem/CBC/UA Results: AST 127, ALT 934, ALKPPOS 1568, EOS 1512- Unable to obtain a BP

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

GSH Mix

Urinary System

SEX

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.

MN

AGE

12 years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

WEIGHT

76 lbs.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral noted. The left kidney measured 7.3 cm in length. The right kidney measured 7.3 cm in length.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left adrenal gland exhibited enlargement at the cranial pole, maintained capsule integrity yet mild asymmetrical capsule contour. Nonhomogeneous left adrenal parenchyma was noted with indistinct nonhomogeneous to mildly hypoechoic nodule in the cranial left adrenal gland. No overt evidence of parenchymal mineralization. The overall left adrenal gland measured 4.2 cm in length x 1.7 width at the cranial pole and 0.97 cm width at the cranial pole. The indistinct left adrenal nodule measured approximately 1.7 cm x 1.1 cm.

HOSPITAL NAME

Pine Creek VC

The right adrenal gland exhibited generalized enlargement with areas of mild capsule asymmetry, yet capsule integrity was overtly maintained. Generalized nonhomogeneous to mixed echogenic parenchyma was noted. Obvious evidence of right adrenal parenchymal mineralization was not noted. The right adrenal gland measured 4.4 cm x 3.2 cm.

REFERRING VET

Dr. Denny Nolet

Potential for vascular invasion associated with the left or right adrenal gland cannot be definitively excluded yet was note obvious.

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Spleen

DATE

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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



PATIENT

Luther Vance 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.

SPECIES *Liver/ Gallbladder*

Canine The liver was normal to mildly enlarged in size with areas of capsule asymmetry. Nonhomogeneous parenchyma was noted, exhibiting moderate coarse echotexture and evidence of parenchymal remodeling. Intermittent variably sized nonhomogeneously hypoechoic intraparenchymal macronodules to small masses. An example of liver macronodule to small mass measured 4.3 cm in diameter.

BREED

GSH Mix

SEX

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

MN

Gastrointestinal

AGE

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.

12 years

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.

WEIGHT

76 lbs.

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

Pancreas

INTERPRETED BY

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DABVP (Canine and Feline)

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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Pine Creek VC

- Bilateral adrenomegaly with right adrenal mass and indistinct left adrenal nodule
- Irregular to mild heterogeneous liver, exhibiting several to potential multiple intraparenchymal macronodules to small masses
- Mild chronic renal changes

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Both adrenal glands were abnormal and reveal potential for bilateral adrenal tumors. High suspicion for neoplasia associated with the right adrenal gland, although potential for neoplastic criteria associated with the left adrenal gland, although suspected, was not as obvious. Potential for mixed pathology, such as adenomatous change, benign adrenal hyperplasia or other is possible. Full adrenal work up is suggested if clinical signs consistent with Cushings disease are present.

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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HOSPITAL NAME

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REFERRING VET

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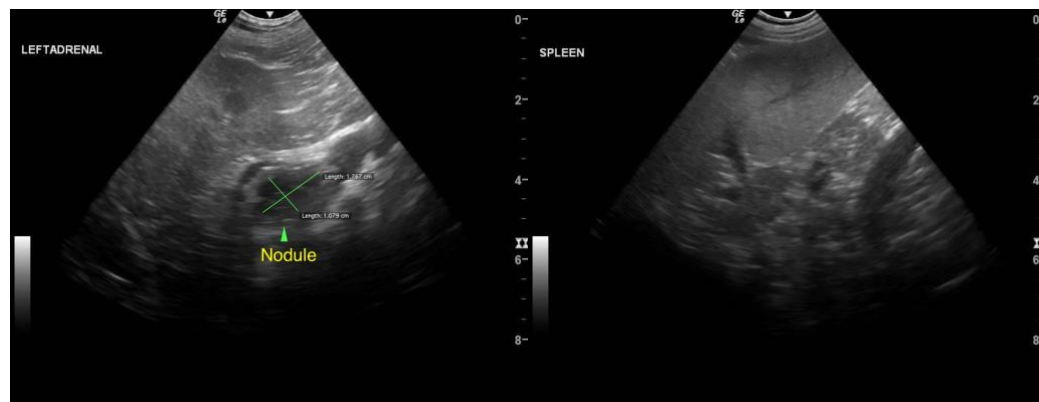
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The hepatic presentation was nonspecific with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, areas of nodular to regenerative hyperplasia, hematopoiesis, fibrosis, infiltrative primary or metastatic neoplasia or other hepatopathy is possible. Screening blood pressure is advised to assess for evidence of hypertension, which may allude to a pheochromocytoma. Further assessment of the liver may include FNA cytology, assuming normal clotting status and using a 25-gauge needle. Empirically, hepatosupportive medications, including Denamarin and Ursodiol would be reasonable.





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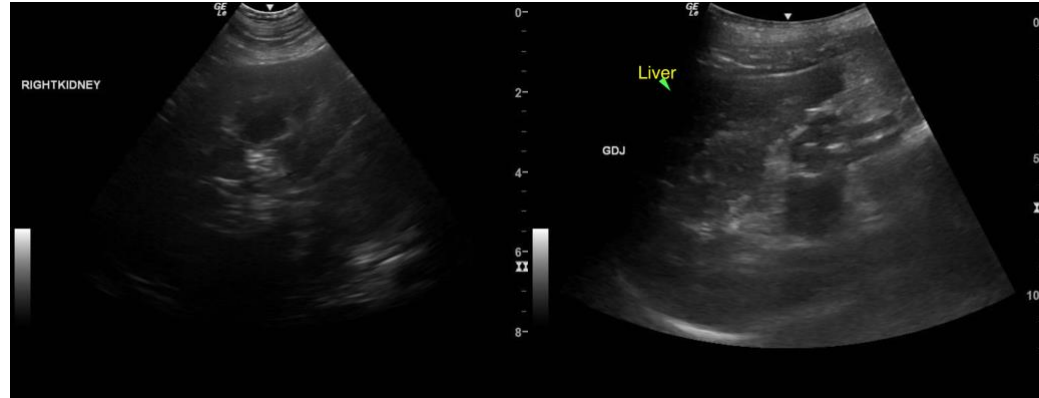
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AGE

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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.

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

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