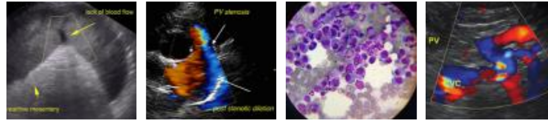


PATIENT

Buster Millikin

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

7 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Reid Veterinary Hospital

REFERRING VET

Dr. Harrison Reid

INVOICE

14817

DATE

8/16/23

PRESENTING CLINICAL SIGNS

Noted a markedly enlarged gall-bladder (P not fasted), suspect extra-mural mass on P GIT (small intestine?) roughly 4x5cm in size, abnormal urinary sediment/shadowing in the bladder. Was not able to assess common bile duct. Kidneys not detected at time of exam (large abdomen and P not sedated) during focused u/s.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labratory Findings Will send via email. Current Medications Prednisone 20mg Radiographic Findings Will send via DICOM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended containing anechoic urine with mild, non-dependent, particulate sediment. The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No overt pathology was noted in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mildly indistinct corticomedullary border demarcation was present with indistinct hyperechoic cortical foci, which may indicate indistinct pinpoint areas of cortical microinfarction, fibrosis, or mineralization. There was no evidence of pyelectasia. The left kidney measured 7.1 cm in length. The right kidney measured 8.6 cm in length.

Adrenal Glands

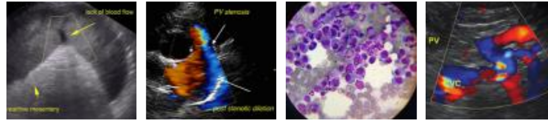
The left adrenal gland was mildly enlarged in size based on caudal pole width measurement in light of body weight yet maintained symmetrical capsule contour with primarily nonhomogeneous, nonmineralized left adrenal parenchyma. The left adrenal gland measured 3.3 cm length x 1.3 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation. The right adrenal gland potentially measured 0.87 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.

Liver/ Gallbladder

The liver was moderately enlarged in size with a symmetrical, mildly rounded capsule contour. Generalized uniform hyperechoic hepatic parenchyma exhibiting mild coarse echotexture and normal



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hepatic vascular volume were noted. There were no visualized masses or nodules. The gallbladder was non-distended in size containing anechoic content with moderate, mildly congealed yet nonorganized hyperechoic gallbladder sediment. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 contained mild, nonshadowing lumen ingesta / chyme without signs of 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

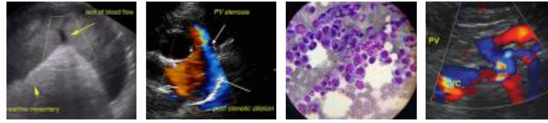
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting mild uniform parenchyma hyperechogenicity - likely consistent with steroid / vacuolar hepatopathy, potential for cholangiohepatitis, lipidosis, other hepatopathy with infiltrative round cell neoplasia considered unlikely
- Nondistended gallbladder with moderate mildly congealed gallbladder sediment - not consistent with mucocele criteria
- Sonographically unremarkable gastrointestinal tract with mild nonshadowing gastric ingesta / chyme
- Left to possibly bilateral mild nonspecific adrenomegaly
- Early to mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intrabdominal masses. Assuming normal clotting status and using a 25-gauge needle and with vitamin K pretreatment, screening hepatic FNA cytology could be considered primarily to ensure only benign changes are present or assess for nonobvious inflammatory criteria. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.



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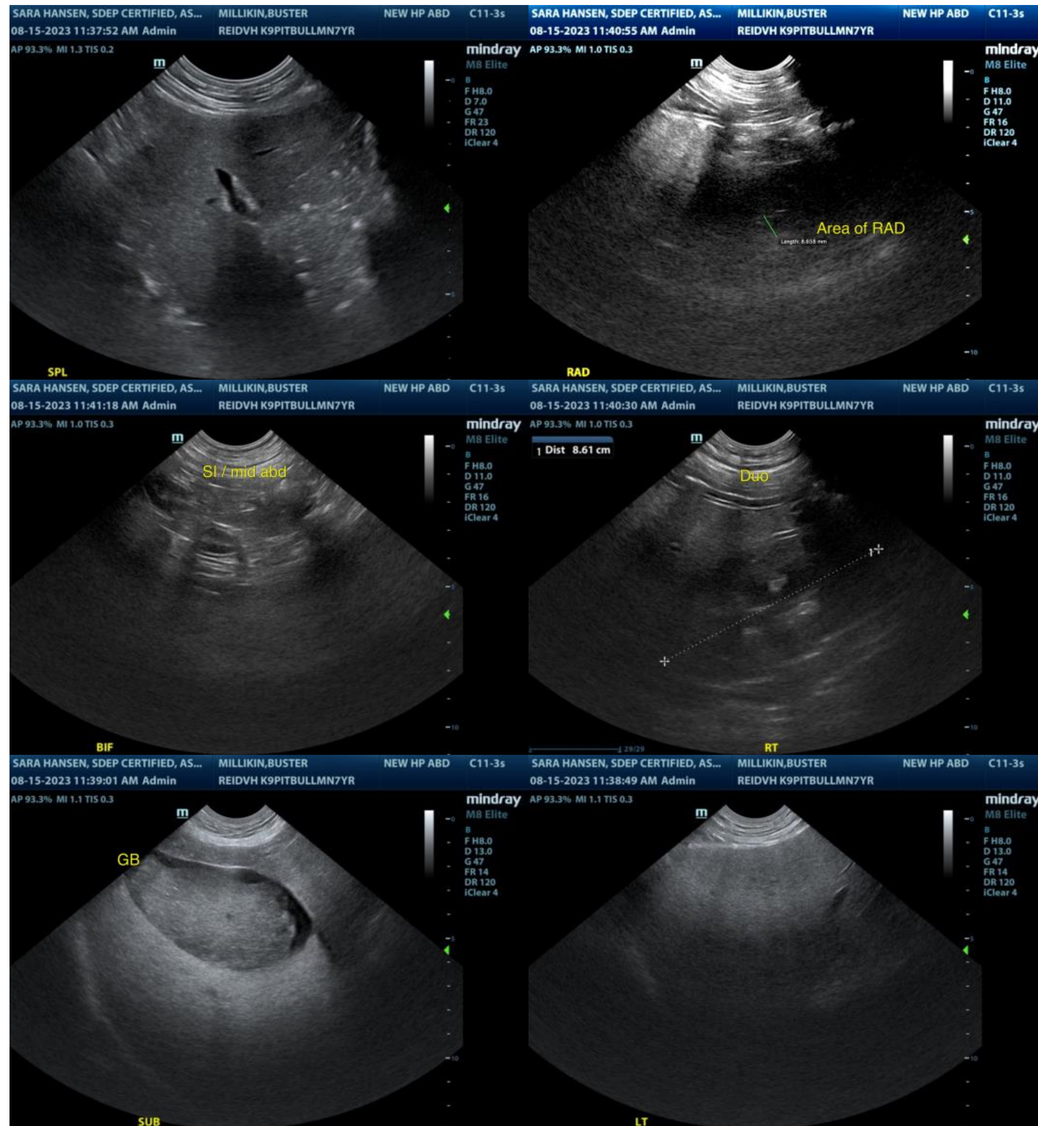
The potential for mild bilateral adrenomegaly is nonspecific, given current Prednisone therapy. Screening blood pressure is recommended to assess for evidence of hypertension. However, there is no overt evidence of adrenal neoplastic criteria.



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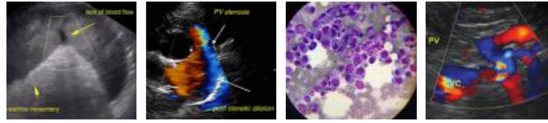

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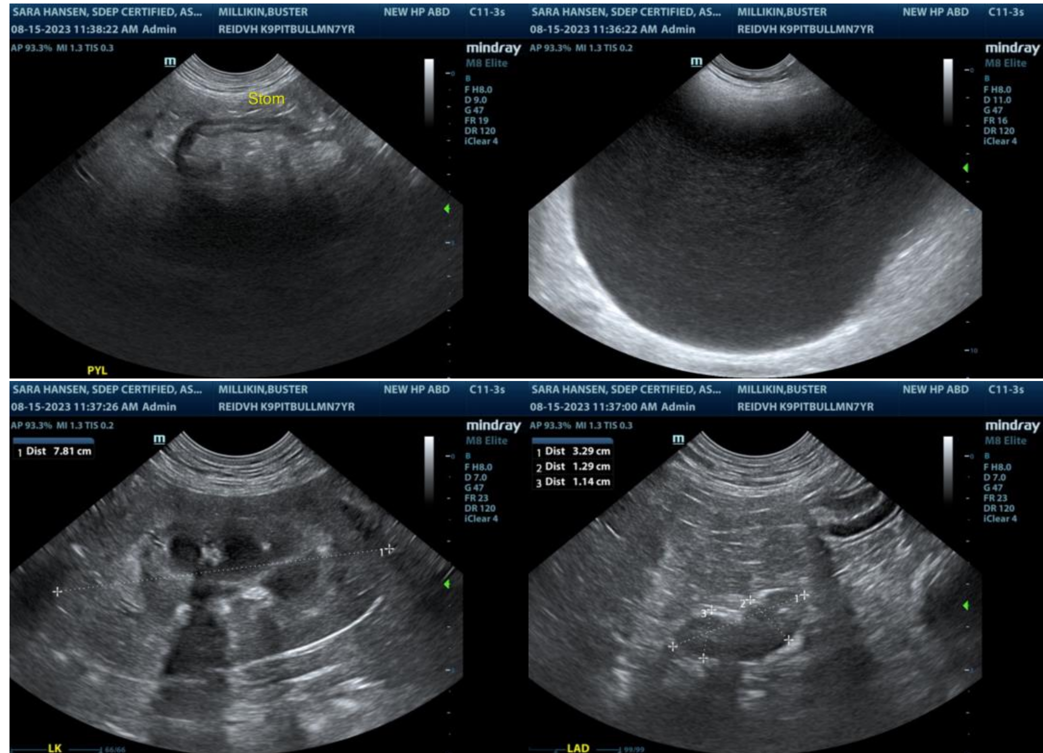

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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