



PATIENT PRESENTING CLINICAL SIGNS

Bella Attilio History: Elevated liver values

Medication: Gabapentin

SPECIES

ALP 6413, ALT 614, Total protein 7.6, Glob 4.9, Sodium/potassium ratio 24, unremarkable CBC.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

SEX

FS

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. Small hypoechoic nodules were present in both kidneys. Example of left kidney nodule measured 0.89 cm diameter. Example of right nodule measured 0.77 cm diameter. The left kidney measured 9.2 cm. The right kidney measured 7.7 cm.

AGE

8 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

115 Pounds

Adrenal Glands

The left adrenal gland exhibited generalized enlargement with asymmetrical contour with non-homogeneous to hypoechoic parenchyma. Capsular expansion was present without overt evidence of capsular escape or obvious vascular invasion. The left adrenal gland measured 6.8 cm length x 4.4 cm width.

INTERPRETED BY

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

Concurrent mild right adrenomegaly noted exhibiting similar echogenicity and echotexture. The right adrenal gland measured 3.4 cm length x 1.3 cm at the cranial pole and 1.2 cm at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Community VP

Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Multiple variably sized yet expansive hypoechoic parenchymal nodules were present. Example of nodule measured 3.3 cm in diameter. An expansive hypoechoic mass lesion was noted in the area of the caudate liver lobe measuring 8.2 cm x 4.2 cm. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. Mild echogenic non-organized luminal debris was also present. The common bile duct was normal.

REFERRING VET

Dr. Carpenter

INVOICE

24921

DATE

8.25.2021



PATIENT *Gastrointestinal*

Bella Attilio 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.

SPECIES 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.

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

BREED *Pancreas*

Lab Mix 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 was evident.

SEX *Free Abdomen*

FS Multiple enlarged, hypoechoic hepatic lymph nodes were present adjacent to the portal vein. Example measured 2.9 cm x 2.5 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.

AGE 8 years Regional mild perihepatic and perilymphatic reactive mesentery noted. No effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

115 Pounds

- Hepatomegaly with generalized parenchyma hyperechogenicity
- Multiple hypoechoic parenchymal nodules and hypoechoic mass lesion in area of the caudate liver lobe
- Gallbladder wall edema with mild debris
- Left adrenal mass with concurrent mild right adrenomegaly
- Hypoechoic to swollen hepatic lymphadenopathy
- Non-specific yet suspicious bilateral kidney nodules

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the sonographic abnormalities in this study are consistent with multicentric neoplasia involving the generalized liver, left adrenal gland, and hepatic lymph nodes with suspicion for early involvement of the bilateral kidneys and potential right adrenal gland. Assuming normal clotting status, hepatic parenchymal and mass lesion or nodular FNA (if accessible) recommended for screening cytology with potential for oncology consult and chemotherapeutic intervention. 3-view chest radiographs recommended.

IMAGING PERFORMED BY

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ARDMS/RVT

HOSPITAL NAME

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REFERRING VET

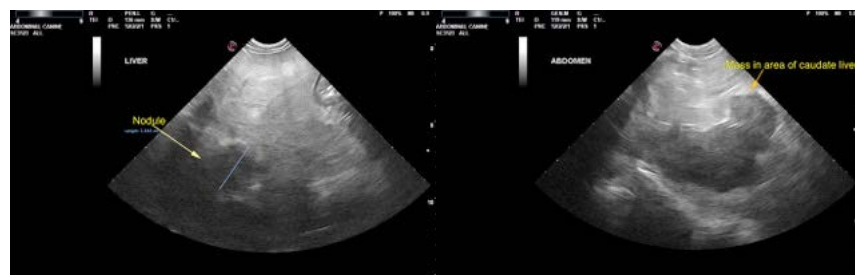
Dr. Carpenter

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PATIENT

Bella Attilio

SPECIES

Canine

BREED

Lab Mix

SEX

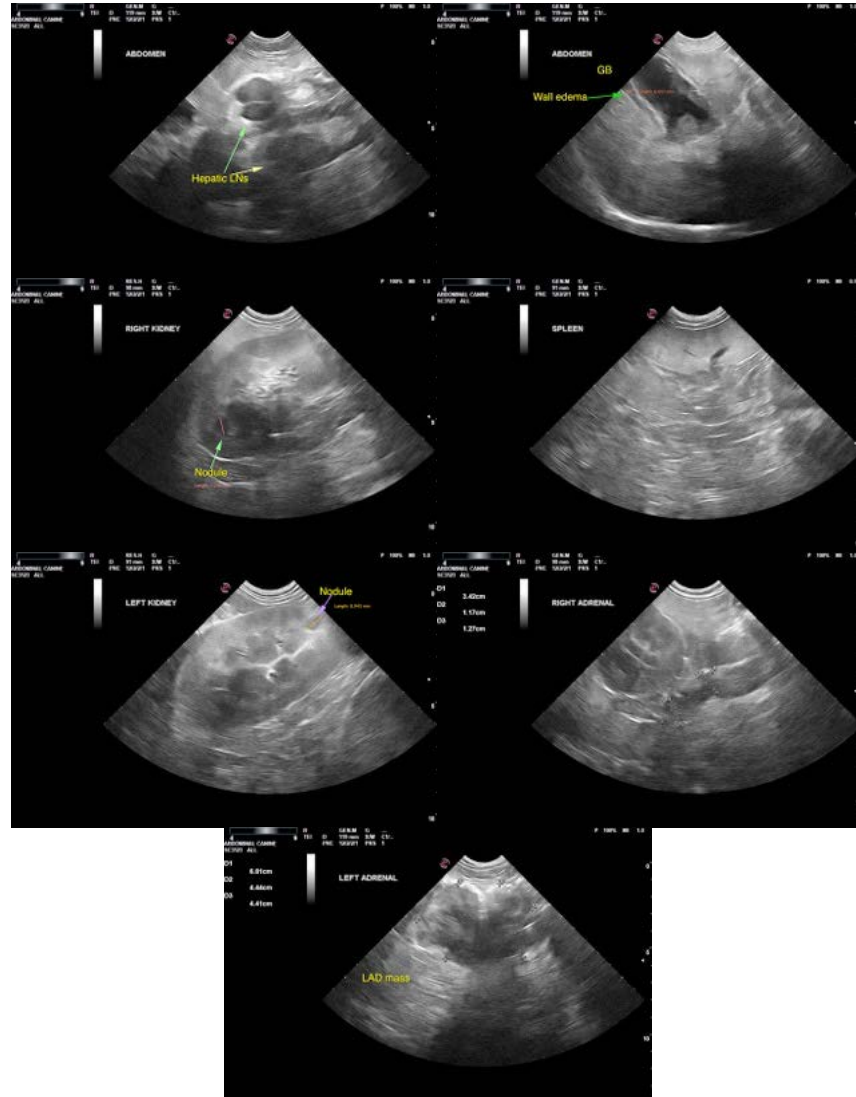
FS

AGE

8 years

WEIGHT

115 Pounds



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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