



PATIENT PRESENTING CLINICAL SIGNS

Gema Vazquez History: History of mammary carcinoma removal ALP 985, ALT 224, CBC wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

BREED

Yorkie Mix

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. Bilateral pinpoint medullary mineral was noted. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

SEX

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The area of the aortic trifurcation was free of pathology.

AGE

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A solitary hypoechoic lymph node vs uterine stump was present dorsal to the urinary bladder with surrounding hyperechoic mesentery measuring ~1.0 cm in diameter.

WEIGHT

11.2

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 1.7 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Pottstown Animal
 Wellness Services

Liver

The liver was subjectively enlarged in size with normal structure, and contour. The liver parenchyma was nonhomogeneous with areas of variable to mixed echogenicity. A solitary moderately sized hyperechoic nodule was present in the mid liver measuring 2.7 cm in diameter.

REFERRING VET

Dr. DiBuono

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

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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.

DATE

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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.



PATIENT

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

Gema Vazquez

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

Canine

Free Abdomen

No omental masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mildly prominent solitary lymph node vs uterine stump with surrounding hyperechoic omentum
- Bilateral chronic renal changes
- Hepatomegaly exhibiting nonhomogeneous to regional parenchyma and solitary hyperechoic nodule
- Mild gallbladder debris (non-mucocele)
- Mild pancreatic remodeling

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AGE

2011

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall appearance of the liver was nonspecific with considerations including vacuolar hepatopathy, inflammatory hepatopathy, benign parenchymal remodeling, hematopoiesis, fibrosis while the possibility for primary vs neoplasia or other hepatopathy cannot be excluded. Further assessment may include hepatic parenchyma and nodule FNA for screening cytology assuming normal clotting status.

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The potential solitary lymphadenopathy vs uterine stump both of which may present sonographically similar given the location does not appear to be accessible to ultrasound guided FNA. Sonographic monitoring of this area with initial recheck in 4 weeks to assess for evidence of progression would be ideal. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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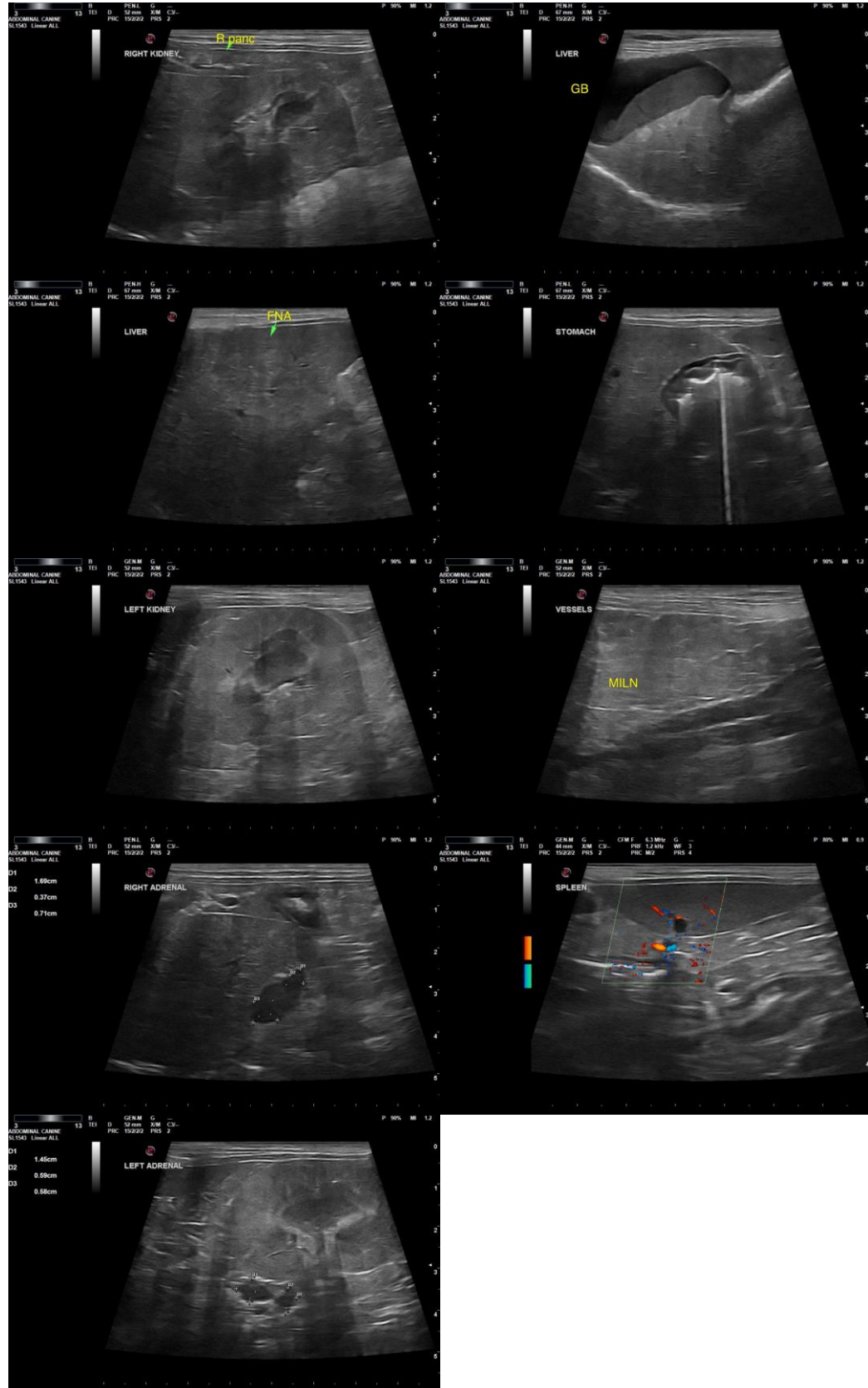
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PATIENT

Gema Vazquez

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.

SPECIES

Canine

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.

BREED

Yorkie Mix

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