

**PATIENT**

Hannah Portrey

SPECIES

Canine

BREED

Brittany Spaniel

SEX

FS

AGE

12yr

WEIGHT

45lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Milford Veterinary
Clinic**INVOICE**

11316ag

DATE

08/08/2022

PRESENTING CLINICAL SIGNS

History: Enlarged abdomen, "pot-bellied" appearance. Previously tested for hyperadrenocorticism, NSF

Abnormal PE/Chem/CBC/UA Results: Radiographs of abdomen possible opacity near spleen/liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was enlarged in size with areas of mild capsule asymmetry. Nonhomogeneous to mixed echogenic parenchyma without evidence of mineralization was present. Potential of vascular invasion associated with the left adrenal gland possible yet not definitive. The left adrenal gland measured 3.3 cm width at the caudal pole and 5.1 cm length.

The right adrenal gland was mildly enlarged in size. The right adrenal gland measured 1.0 cm width at the caudal pole and 3.0 cm length.

Spleen

The spleen exhibited overall normal size and contour with subtle parenchyma heterogeneity and intermittent hypoechoic nodules an example measuring 0.75 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was subjectively enlarged in size exhibiting nonhomogeneous parenchyma with moderate coarse echotexture and parenchymal remodeling. A mildly expansive nonuniform ventrocaudal mass extending ventrally past the level of the gastric axis measuring approximately 5 cm in diameter was present. A separate solitary intraparenchymal cyst was present in the mid liver. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nondependent hyperechoic luminal debris. 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.

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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly exhibiting generalized non-homogeneous parenchymal with ventrocaudal mass and solitary intraparenchymal cyst
- Mild gallbladder debris (non-mucocele)
- Left adrenal mass, concurrent mild right adrenomegaly
- Intermittent hypoechoic splenic nodules

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status hepatic mass and parenchyma FNA is warranted for cytology. Screening BP advised to assess for evidence of hypertension which may allude to a left adrenal pheochromocytoma. Recheck adrenal testing with LDDST could be considered if not recently done.

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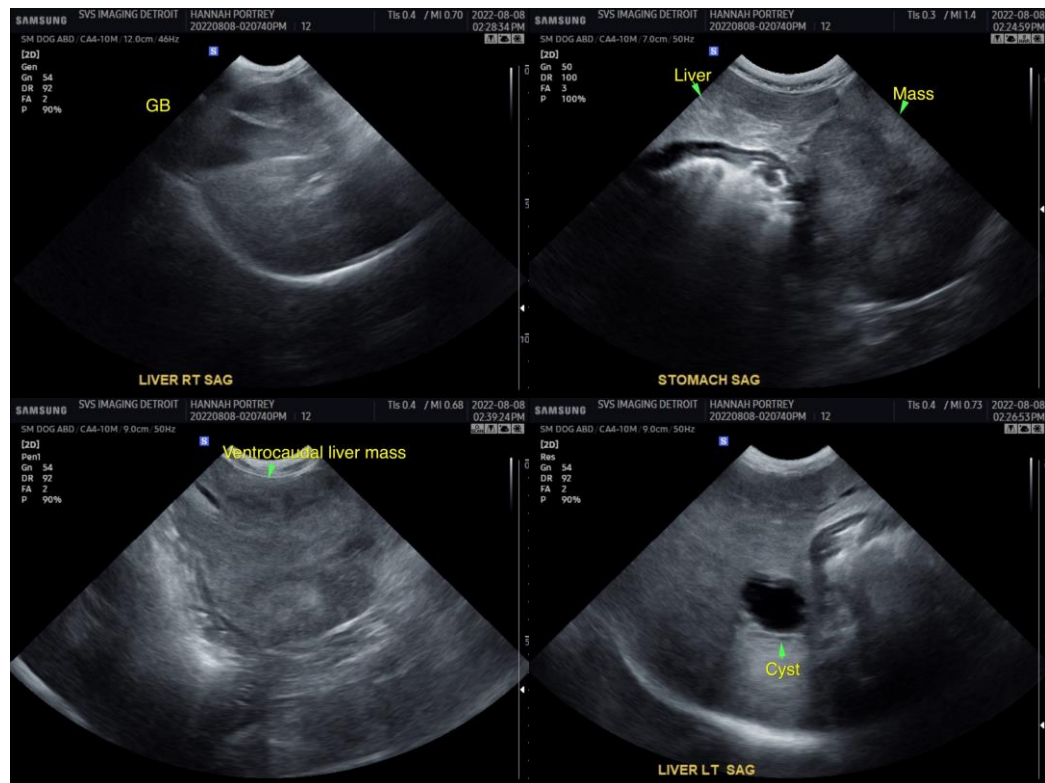
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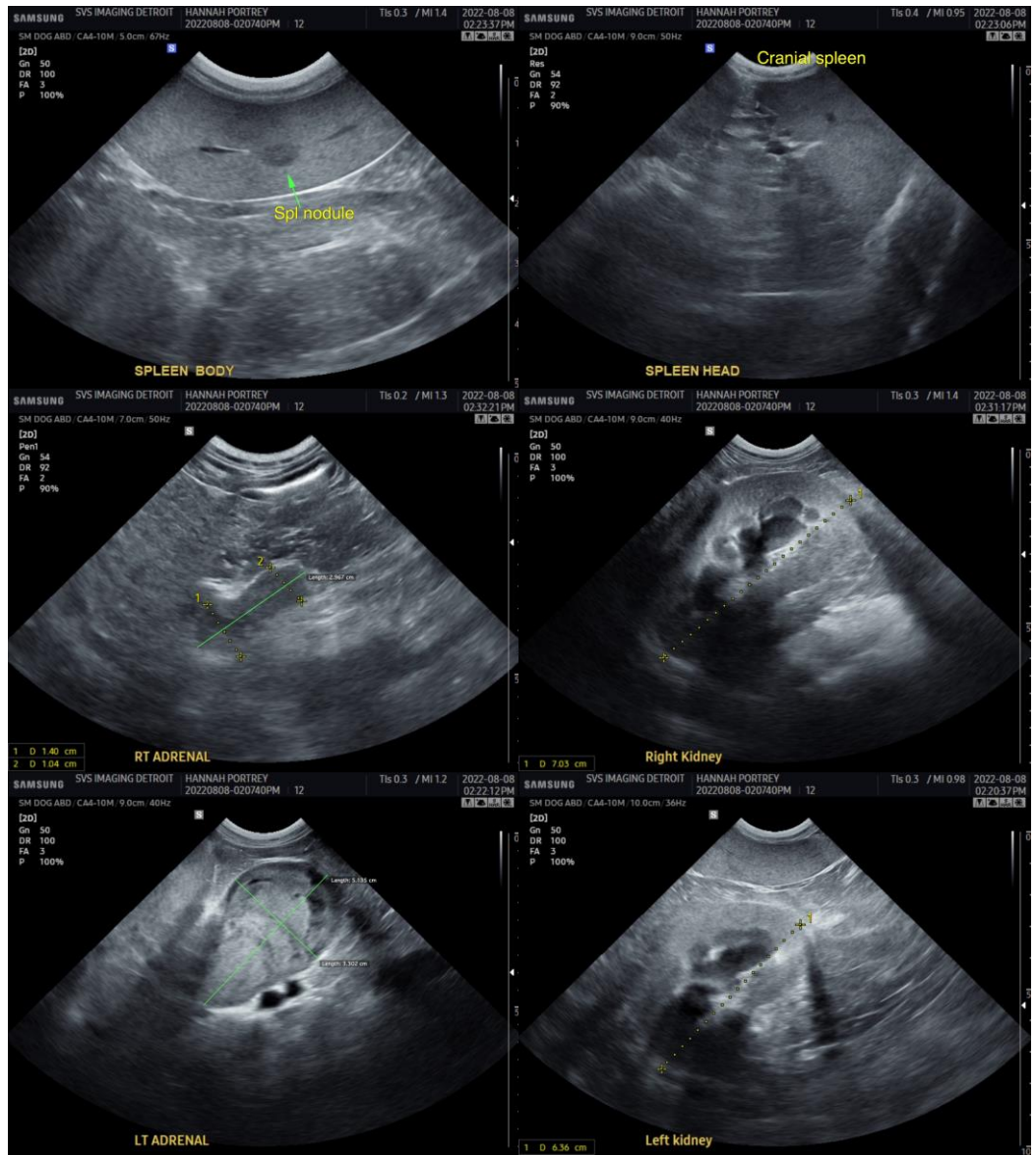
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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