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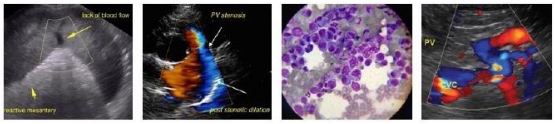

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lucy Muschala

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Spayed female

AGE

13 years

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hospital Ancaster

REFERRING VET

Dr. Davis

INVOICE

10436ag

DATE

04/20/2022

PRESENTING CLINICAL SIGNS

History: Assessment: BAR px: potbellied appearance, alp high on previous bloodwork, drinking lots. o reports she had a Cushing's test that was neg. i don't see it in the file on Proin, well controlled

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly distended in size yet subjective normal tone with anechoic urine. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. No uroliths or sediment present. 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild nonhomogeneous cortex was noted with some moderately increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands exhibited prominent size. Nonhomogeneous and nonmineralized parenchyma and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.9 cm length and 0.82 cm width in the caudal pole. The right adrenal gland measured 3.0 cm length and 1.0 cm width in 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

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. The capsule of the liver was symmetrical to mildly swollen rounded in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content with mild to moderate nondependent yet nonorganized sludge. 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 ingesta/chyme with no signs of ileus, obstruction or foreign material.

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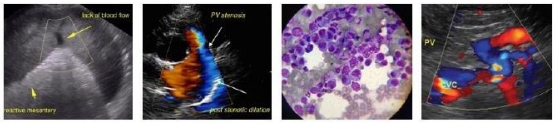

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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.

Free Abdomen

Moderately sized spherical to asymmetrical mixed echogenic mass was present in the cranial abdomen with direct effacement and potential connection to the mid caudoventral liver. The mass measured approximately 10 cm. Subtle regional reactive mesentery was noted around the mass. No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting uniform mild parenchyma echogenicity.
- Mild to moderate gallbladder sludge (non-mucocele).
- Unspecified mixed echogenic cranial abdominal mass.
- Moderate chronic renal changes.
- Bilateral prominent to mildly irregular adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, suspect hepatic origin for the cranial abdominal mass with potential connection to the liver through a small portion of hepatic parenchyma. Potential for non hepatic origin of the mass i.e. pancreas or other may be possible. Although sampling is required for further clarification, the mass suggestive of neoplastic criteria although non neoplastic etiologies i.e. granuloma or other may be possible. Assuming normal clotting status, an ultrasound guided FNA of the mass is warranted for screening cytology. The mass did not appear to involve the spleen, bilateral kidneys, adrenal glands or GI tract.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

If a strong clinical concern for hyperadrenocorticism, recheck adrenal testing may be considered. No overt evidence of renal neoplastic criteria was noted.

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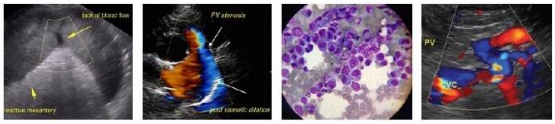

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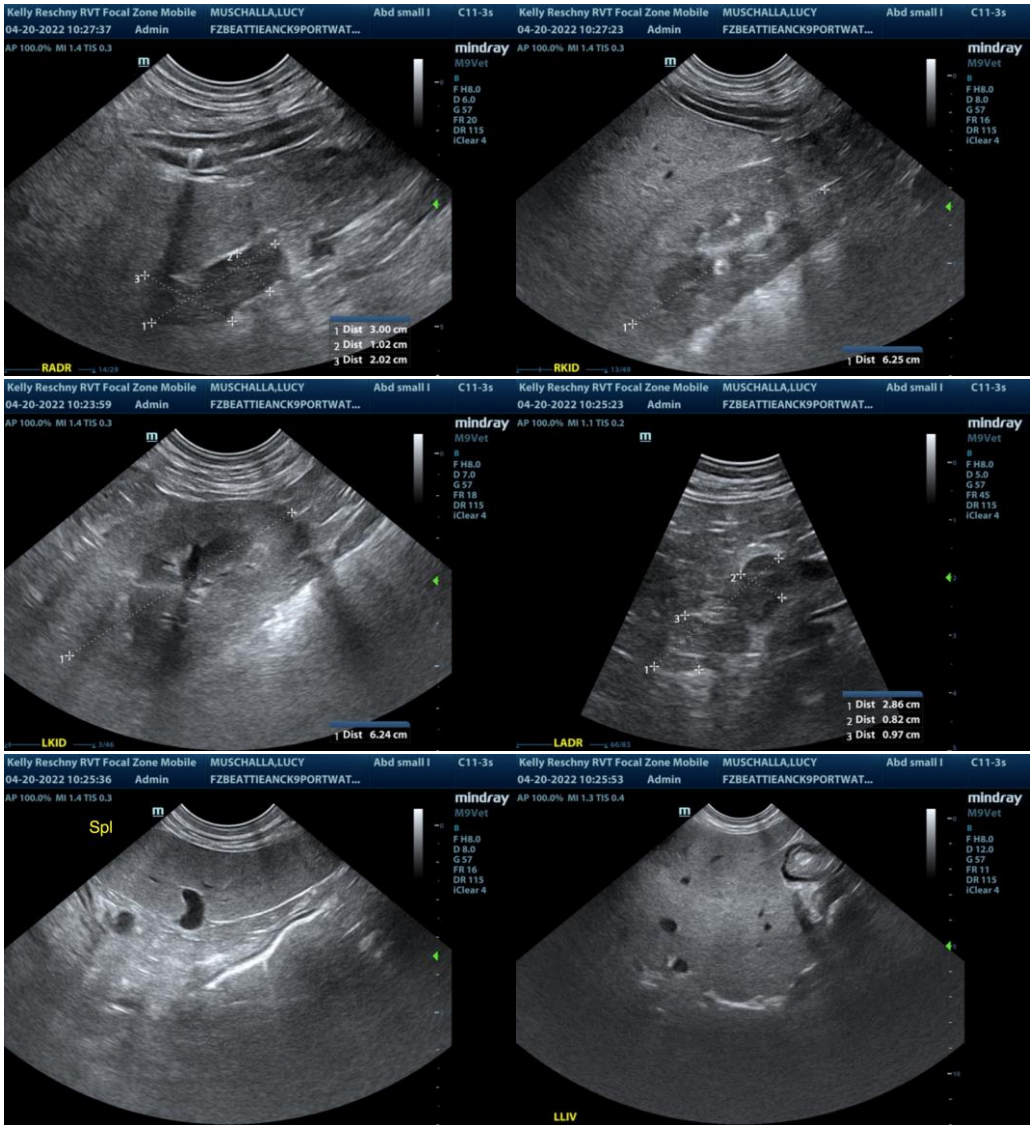

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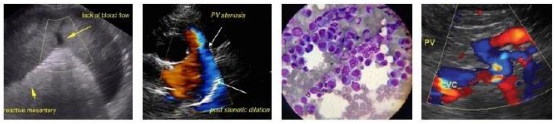

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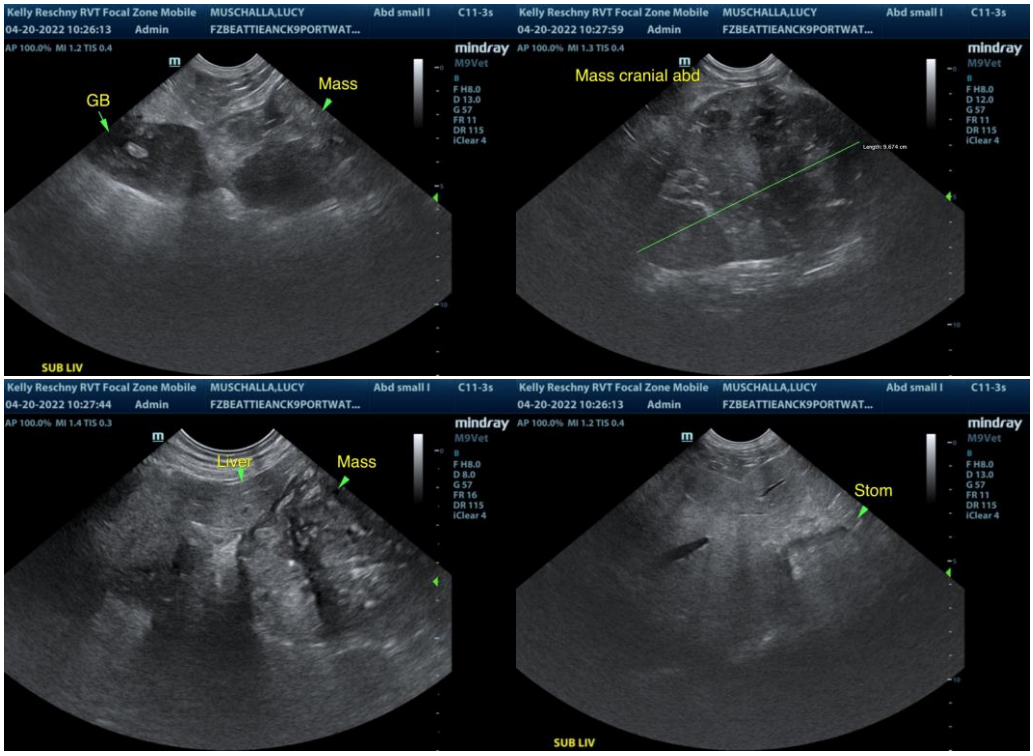

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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