



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Ariel Ammenwerth-Tonic History: Ptyalism and lethargy past 10 days.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A

BREED CBC: Mild thrombocytosis.

Beagle Serum Biochemistry: Elevated globulins and ALP activity.

Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Full urinary bladder with a normal thickness and appearance of the wall. Mottled echogenic irregular polyploid non-vascularized mass (0.9 x 1.2 cm) on the apical wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

WEIGHT Normal trigone area, proximal urethra (0.1 cm), and iliac blood vessels.

42 # Normal iliac lymph nodes (1.2 cm). Ureters not visualized.

INTERPRETED BY Normal renal size (left 5.4 cm, right 6.6 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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 MMedVet (Med), PhD, Dipl.
 ECVIM

Reproductive System

N/A.

IMAGING PERFORMED BY Adrenal Glands

Sonya Myers, DVM Normal position, echogenic appearance, shape, and size. Left 0.36/0.34 cm, right 0.51/0.52 cm. Hyperechogenic parenchymal nodule (0.5 x 0.8 cm) in the right gland.

HOSPITAL NAME Spleen

Lake Emma Animal Hospital Normal size (1.6 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET Liver

Dr Wilder

INVOICE Enlarged with rounded edges, diffuse hyperechogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. FNA taken with no obvious post aspirate hemorrhage evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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DATE

1/26/23


PATIENT
Gastrointestinal

Ariel Ammenwerth-Tonic

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.49 cm, jejunum 0.37 cm, colon 0.15 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach wall (up to 0.74 cm) with no loss of layering. Small amount of gas within the stomach.

SPECIES

Canine

Pancreas
BREED

Beagle

Normal size (0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen
SEX

Normal mesenteric lymph nodes (1.4 cm).

FS

No ascites.

Age

Large subcutaneous lipoma (8 x 14 cm) on the thorax.

9 years

ULTRASONOGRAPHIC FINDINGS
WEIGHT

42 #

Primary Findings:

- Hepatopathy.
- Gastritis.
- Right adrenal nodule.
- Urinary bladder mass.

INTERPRETED BY

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Secondary Findings:

- Gall and urinary bladder sediment.
- Lipoma.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal
Hospital

REFERRING VET

Dr Wilder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be vacuolar, metabolic, reactive, hyperplasia, hepatitis, and infiltrative neoplasia.

Etiologies for the gastritis would be non-specific (bacterial, toxins, dietary indiscretion), helminths, *Helicobacter* gastritis, ulcerative disease, inflammatory bowel disease, and emerging neoplasia.

The most likely etiology for the adrenal nodule would be an adenoma (functional/non-functional).

Etiologies for the urinary bladder mass would be benign polyp and transitional cell carcinoma.

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Further assessment needs to be based on the pending cytology results but could include urine and fecal analyses, BRAF assay, and gastroscopy with biopsies. Adrenal function testing (ACTH stimulation/LDDS test) would be indicated if there are compatible clinical signs of Cushing's disease.

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Specific therapy would be dependent on an etiological diagnosis.



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Ariel Ammenwerth-Tonic

SPECIES

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IMAGES

Liver



Stomach





PATIENT

Urinary bladder

Ariel Ammenwerth-Tonic

SPECIES

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WEIGHT

42 #



Right adrenal



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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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