



PATIENT PRESENTING CLINICAL SIGNS

Zuma Rudkin History: Asymptomatic elevated liver enzyme activity.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: Elevated liver enzyme activity, cholesterol and calcium (extremely mild).

Hound Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Full urinary bladder with a normal thickness appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

13 years

Normal trigone area, proximal urethra (1 cm), and iliac blood vessels.

WEIGHT

Normal iliac lymph nodes (2.1 cm). Ureters not visualized.

52 #

Normal renal size (left 6.9 cm, right 7.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY

Reproductive System

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N/A.

Adrenal Glands

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Normal position, echogenic appearance, and shape but enlarged. Left 0.72/0.68 cm, right 0.77/0.68 cm.

Sonya Myers, DVM

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Spleen

Banfield Altamonte Springs

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

REFERRING VET

Dr Martinez

Liver

INVOICE

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Mottled echogenic vascularized cavitary parenchymal mass in the left lateral lobe (3.7 x 3.8 cm). Multiple hypoechogenic irregular vascularized parenchymal masses throughout the other lobes, up to 2.6 x 4.1 cm in size, some resulting in bulging of the overlying capsule. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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PATIENT

Gastrointestinal

Zuma Rudkin

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.53 cm, jejunum 0.35 cm, colon 0.2 cm) and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (0.71 cm) with no loss of layering.

SPECIES

Canine

Pancreas

BREED

Hound

Normal size (left 1.2 cm, right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

FS

Normal mesenteric lymph nodes (2.7 cm)
No ascites.

Age

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic masses.
- Bilateral adrenomegaly.
- Gastritis.

WEIGHT

52 #

Secondary Findings:

- Gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Sonya Myers, DVM

Etiologies for the hepatic masses would be nodular regeneration, granulomas, and neoplasia.

HOSPITAL NAME

Banfield Altamonte Springs

The most likely etiology for the adrenomegaly would be disease stress, with pituitary-dependent Cushing's disease a differential diagnosis.

REFERRING VET

Dr Martinez

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

INVOICE

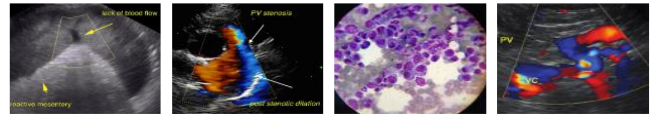
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Further assessment would be FNA cytology of the hepatic masses; however, Tru-Cut/wedge biopsy may be required for a final etiological diagnosis. Additional assessment that could be considered would be fecal analysis, ionized calcium, PTH, adrenal function testing (ACTH stimulation/LDDS test), and gastroscopy with biopsies.

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Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Zuma Rudkin

IMAGES

Liver

SPECIES

Canine

BREED

Hound

SEX

FS

Age

13 years

WEIGHT

52 #

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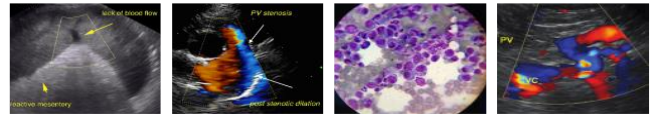
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PATIENT

Stomach

Zuma Rudkin

SPECIES

Canine

BREED

Hound

SEX

FS

Age

13 years

WEIGHT

52 #



INTERPRETED BY

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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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