


PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Brady Kuhn
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.

Boston terrier
Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN *Urinary System*

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

WEIGHT
Normal trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

30 #
Normal iliac lymph nodes (2 cm). Ureters not visualized.

Normal renal size (left 5.6 cm, right 5.7 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule. Mild bilateral pinpoint mineralization.

INTERPRETED BY *Reproductive System*

Small hypoechoic prostate (0.6 cm).

Adrenal Glands

Left – normal position, echogenic appearance, and shape but enlarged (0.76/0.65 cm). Irregular hyperechogenic parenchymal nodule (0.6 cm) in the cranial pole.

Right – normal position, echogenic appearance, shape, and size (0.65/0.57 cm).

Spleen

Normal size (1.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Focal hypoechoic nodule (1.1 cm) in the body of the spleen.

INVOICE *Liver*

304203
Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and mildly irregular capsule. Multiple parenchymal hypoechoic nodules up to 1.1 x 2.3 cm in size. No masses evident. FNA taken with no obvious post aspirate hemorrhage.

DATE

5/10/23

Remo Lobetti, BVSc,
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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal Hospital

REFERRING VET

Dr Lesmes


PATIENT *Gall bladder*

Brady Kuhn Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

SPECIES *Gastrointestinal*

Canine Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.44 cm, jejunum 0.42 cm, colon 0.22 cm) and peristaltic activity, and no distension of the lumen.

BREED

Boston terrier *Pancreas*

SEX Normal size (left 1.6 cm, right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

MN

Age *Free Abdomen*

12 years Normal mesenteric lymph nodes (1.5 cm).
No ascites evident.

WEIGHT

30 #

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Nodular hepatopathy.
- Left nodular adrenomegaly.
- Splenic nodule.

Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease, and infiltrative neoplasia.

Etiologies for the left adrenomegaly would be disease stress and emerging pituitary-dependent Cushing's disease.

Etiologies for the adrenal nodule would be nodular hyperplasia, functional/non-functional adenoma, and emerging neoplasia.

Etiologies for the splenic nodule would be hyperplasia, hematoma, granuloma, abscess, and neoplasia.

Further assessment needs to be based on the pending cytology results but could include FNA cytology of the splenic nodule and adrenal function testing (ACTH stimulation/LDDS test). Tru-Cut/wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic therapy would be ursodiol.



PATIENT IMAGES

Brady Kuhn **Liver**

SPECIES

Canine

BREED

Boston terrier

SEX

MN

Age

12 years

WEIGHT

30 #

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PATIENT Left adrenal

Brady Kuhn

SPECIES

Canine

BREED

Boston terrier

SEX

MN

Age

12 years

WEIGHT

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Spleen



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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