

**PATIENT**

Corporal Warder

SPECIES

Canine

BREED

American Bulldog Mix

SEX

MN

AGE

16 years

WEIGHT

29 kg

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM**IMAGING PERFORMED
BY**

Sonya Myers, DVM

HOSPITAL NAMEOviedo Veterinary Care
and Emergency**REFERRING VET**

Dr Lucignani

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DATE

6/15/22

PRESENTING CLINICAL SIGNS

History: Ataxia, collapse.

Physical Examination: Pale mucosa.

Urinalysis: N/A.

CBC: Non-regenerative anemia, PCV 22%.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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

Normal trigone area, proximal urethra (0.8 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.6 cm). Ureters not visualized.

Normal renal size (left 6.7 cm, right 7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. Faint pinpoint mineralization of the left kidney.

Reproductive System

Small hypoechogenic prostate (1.4 cm).

Adrenal Glands

Normal shape, echogenic appearance, and position. Normal size of left 0.65/0.62 cm. Enlarged right gland (3.8 x 0.93/0.57 cm).

Spleen

Not visualized.

Liver

Normal size with diffuse increased echogenic appearance, and some loss of portal markings. Two parenchymal non-vascularized masses in the right liver – one having a mottled echogenic appearance, irregular in shape and with small cavitations, and 9.2 x 10.7 cm in size; and the other having a hyperechogenic appearance and irregular shape and 5.6 x 7.2 cm in size. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.


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Gastrointestinal

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Normal appearance of the duodenum, ileo-cecal junction and colon with no loss of layering, normal wall thickness (duodenum 0.37 cm) and no distension of the lumen. Thickening of the stomach (0.6 cm) and segmental thickening of the small intestine (up to 0,52 cm) but with no loss of layering or distension of the lumen.

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Pancreas
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Normal size (right 1.7 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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Free Abdomen
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Prominent mesenteric lymph nodes (0.5 x 2.6 cm) with normal shape and echogenic appearance. Small amount of ascites in the cranial abdomen.

Hyperechoic appearance of the mesentery around the right liver lobe.

Thorax
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Normal appearance of the heart.
No pericardial or pleural effusion evident.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic masses.
- Hepatopathy.
- Right adrenomegaly.
- Mesenteric lymphadenomegaly.
- Ascites.

Secondary Findings:

- Gastro-enteropathy.
- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic masses would be neoplasia (ruptured hemangiosarcoma) with granulomas, nodular regeneration, and organized hematoma, differential diagnoses.

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Etiologies for the hepatopathy would be age-related changes, secondary to the masses, reactive, vacuolar, metabolic, chronic hepatitis, and infiltrative neoplasia.

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The most likely etiology for the right adrenal would be stress/disease related hyperplasia with emerging Cushing's disease, a differential diagnosis.

The most likely etiology for the mesenteric lymph nodes would be reactive with lymphadenitis and infiltrative neoplasia, less likely differential diagnoses.



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The ascites can be ascribed to the hepatic masses – hemorrhage or portal hypertension.

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Initial further assessment would be serum biochemistry, 3-view thoracic radiographs, FNA cytology of the liver and masses, and thoracentesis with analysis of the ascitic fluid. Additional diagnostics that could be considered would be fecal analysis and adrenal function testing (ACTH stimulation/LDDS test).

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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT IMAGES

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Liver

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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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