



PATIENT

Princess Nibbles
Morgan

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

8 years

WEIGHT

61 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

VCA Clermont AH

REFERRING VET

Dr. Calzada

INVOICE

76329

DATE

7/31/23

PRESENTING CLINICAL SIGNS

History: BW showed increased liver enzymes with unexplained weight loss. Hx of Fanconi syndrome.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine. Small uroliths were noted (up to 0.4 cm).

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. The urethra measured 0.6 cm.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. The iliac lymph nodes measured 2.0 cm.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.2 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The left adrenal gland was normal in position with an echogenic appearance, but enlarged (0.85 cm). Focal, hyperechogenic nodule was noted and measured 0.7 x 0.7 cm in the caudal pole.

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.0 cm.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules were evident. A focal, mottled echogenic, solid, parenchymal mass was noted and measured 3.1 x 6.1 cm located at the base of the right gallbladder. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the **stomach**, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The stomach measured 0.43 cm, duodenum measured 0.34 cm, jejunum measured 0.45 cm and the colon measured 0.12 cm.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 1.5 cm. The right pancreas measured 0.9 cm.

Free Abdomen

Normal mesenteric lymph nodes and measured 5.3 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic mass.
- Left adrenomegaly with nodule.
- Small uroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for hepatic mass would be hepatoma, nodular hyperplasia, organized hematoma and primary hepatic neoplasia.

Etiologies for the left adrenal gland would be reactive hyperplasia and emerging pituitary dependent Cushing's disease.

Etiologies for the nodule within the adrenal gland would be benign adenoma, functional adenoma, emerging carcinoma.

Further assessment would be urinalysis, urine culture, adrenal function testing (ACTH stimulation, LDDST), three view thoracic radiographs and FNA and cytology of the hepatic mass.

Specific therapy would be dependent on an etiological diagnosis.



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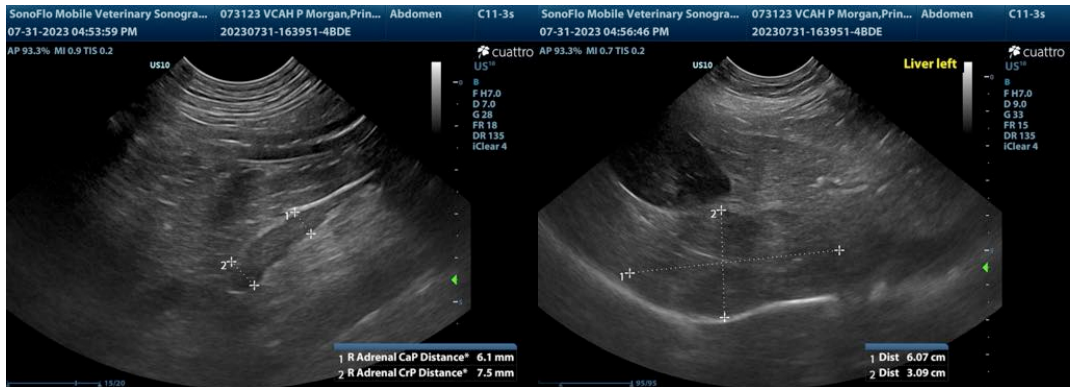
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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