



PATIENT

Beans Micucci

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.9 kg

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Morris

INVOICE

46191

DATE

3/27/23

PRESENTING CLINICAL SIGNS

work up for cushings, weak positive LDDST, mild mod proteinuria, thin haircoat, PUPD, pot bellied meds: thyrotabs, telmisartan

Abnormal PE/Chem/CBC/UA Results: ALP 211, ALT 250, GGT 27, pre and post BA pr25, post 22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (to a depth of 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 5.9 cm. The right kidney measured 6.0 cm.

Adrenal Glands

Both adrenal glands are diffusely enlarged and hyperechoic. There is normal phrenic vasculature and the adrenals are found in their normal location. The left adrenal gland measured 7.7 mm cranially, 9.3 mm caudally. The right adrenal gland measured 6.9 mm cranially, 9.1 mm caudally.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. There is a 5.6 cm x 6.0 cm cystic mass located in the right caudal region of the liver. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance. Wall thickness measures 4.4 mm.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Duodenum wall measures 4.9 mm. Jejunum wall measures 3.9 mm.

The visible portions of the colon are of normal thickness with intact wall layering. Colon wall measures 1.3 mm. The ileocecal junction is visualized and normal.



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Pancreas

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

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Free Abdomen

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There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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Neutered Male

ULTRASONOGRAPHIC FINDINGS

- 6.0 cm cystic liver mass
- Mild bilateral adrenal enlargement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

15.9 kg

The mild increase in size of both adrenal glands could be consistent with Cushing's disease but might also represent benign hyperplasia. If the low-dose Dexamethasone suppression test is equivocal, then either retesting in 2-3 months, or looking for further confirmation with an ACTH stim test would allow further confidence as to whether treatment should be initiated.

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The mass in the liver may represent either a biliary carcinoma, or perhaps a benign mass such as a cystadenoma. A fine needle aspirate could be considered for further diagnosis. If surgical removal were being considered, then a preoperative CT scan would be recommended for planning. 3-view chest radiographs are also recommended.

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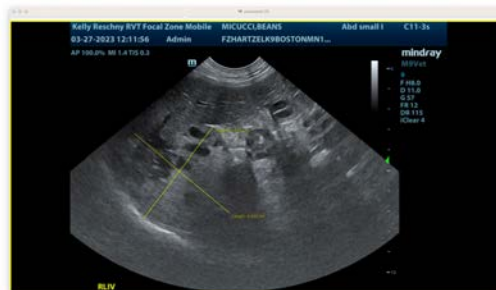
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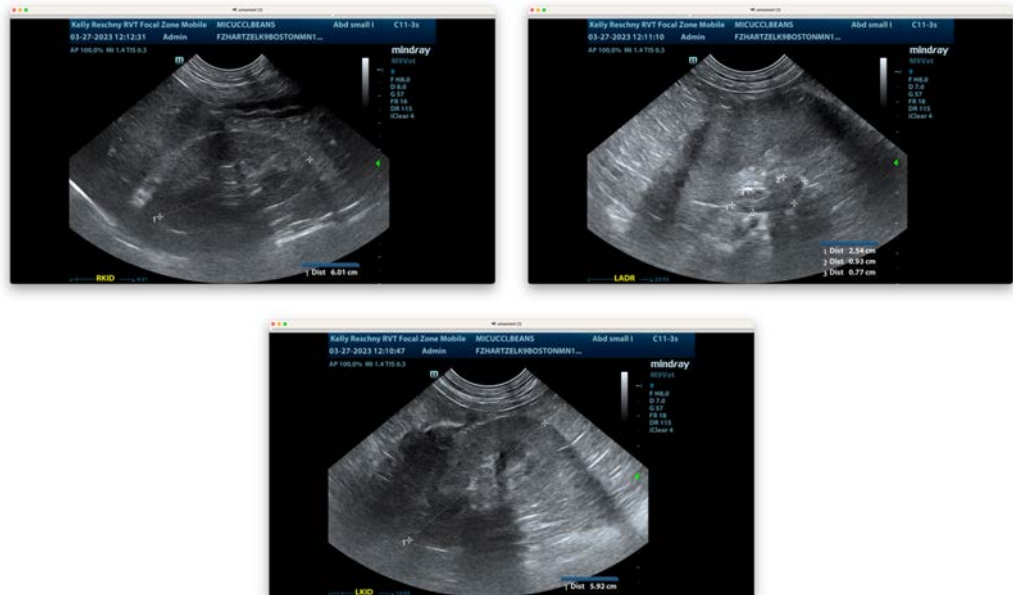
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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