



PATIENT

Tailrr Baker

PRESENTING CLINICAL SIGNS

History: Tailrr Baker. 37 images 14yr FS Portuguese Water Dog Ultrasound requested for evaluation of persistently elevated liver enzymes. FNA's of liver mass are pending. Meds: Ursodiol 250mg for 1/2 tab p.o. q24h

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 1/11/2023 P: ALP continued rise 1723 ALT mild elev 384 Na 151, K 5.8, Na:K 26 T4 normal 11/1/22 Glucose 78 LKP 1045 GGT 56 CK 281 10/29/22 Diarrhea, Wt loss ALKP 1600

BREED

Terrier Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location.

AGE

14 years

The left kidney is normal in size (6.64 cm in length) with a normal shape and smooth peripheral contours. The cortex is isoechoic relative to the spleen with several small cysts present, as well as pinpoint hyperechoic foci. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT

17 kg

The right kidney is normal in size (6.32 cm in length) with a normal shape and smooth peripheral contours. The cortex is isoechoic relative to the spleen with several small cysts present (the largest measuring 2.00 cm in diameter), as well as pinpoint hyperechoic foci. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Callihan
Pacific Crest

The right adrenal gland is in normal size (1.21 cm at cranial pole) (0.53 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Pacific Crest
Mobile Vet Svc

Spleen

The spleen is normal in size (1.44 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Van Winkle
Village VH

Liver

A >9.00 cm heterogenous cavitated mass is arising from the left side. The lesion causes capsular expansion. In the remainder of the liver, the margins are curvilinear. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

12132

DATE

2.1.23

The gall bladder lumen is distended. The wall is thin and smooth. A small amount of aggregated, echogenic debris is observed within the lumen (most of which is gravity dependent and some of which is suspended). The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is considered likely with a low possibility of a benign process (i.e., a focal inflammatory process).

Secondary Findings

- Bilateral chronic renal changes with dystrophic mineralization, cortical cysts, and trace right pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If hepatic cytology results are inconclusive, consider an abdominal exploratory with surgical removal or debulking of the liver mass (with submission for histopathology). An abdominal CT scan would be useful in presurgical planning.





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.

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