

**DATE PRESENTING CLINICAL SIGNS**

8.18.2022 Follow-up from previous AUS; P doing well. Last exam was 6/14/22. Currently on Hills ID diet (liver diet) + Our PP; has gained weight

PATIENT

Jade Casey

Current Medications: Sentinel.
 Date of Previous IntraPet Ultrasound: 4/12/22. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, BS, RDMS.

PRESENTING CLINICAL SIGNS**BREED**

Goldendoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

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 the visible portion of the proximal urethra are normal.

AGE

1.30.2012

The **left kidney** is normal size (6.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

67 lbs

The **right kidney** is normal size (6.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

Adrenal Glands

The **left adrenal gland** is normal size (0.78 cm at cranial pole) (0.83 cm at caudal pole) (2.34 cm in length); normal shape; 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

Essex Middle River
 VC

The **right adrenal gland** is normal size (0.85 cm at cranial pole) (0.85 cm at caudal pole) (2.81 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Hicks

Spleen

The **spleen** is normal in size (1.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.58 cm hyperechoic nodule is observed at the craniomedial aspect. Splenic vasculature is normal.

INVOICE

11433

Liver

The **liver** is prominent in size. An 8.62 x 5.09 cm isoechoic to slightly heterogenous, mildly cavitated mass is observed on the left side. The mass causes capsular expansion. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen and homogenous in appearance, with normal curvilinear peripheral contours. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left hepatic mass (similar in size compared to the previous sonogram). Differentials include adenoma, adenocarcinoma, other.

Secondary Findings

- Minor age-related renal changes.
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for pulmonary metastatic disease.
- If surgery is not to be pursued, consider continued serial sonographic monitoring (i.e., every 3-4 months) to assess for progression of the hepatic mass.



